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Comments

7/20/98:

Union Carbide

Union Carbide comments to OSHA (1978), attached 9/16/77 letter also by HB Rhodes (UC), asking that up to 500 lb/day of friable, asbestos-containing wastes be treated as non-hazardous wastes by the state of California. UC contracted survey analysing citizen attitudes on cancer risks (1977) circulated in AIA and shared with U.S. government officials.

Other letters by HB Rhodes as representative/leader of AIA (1977), re coordination of industry comments to government.

JUL 6 1978 10018

STATEMENT BY THE ASBESTOS INFORMATION ASSOCIATION/NORTH AMERICA

in regard to the

DEPARTMENT OF LABOR

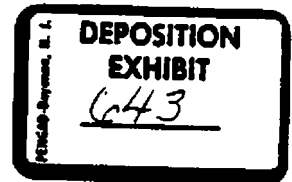
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

PROPOSED RULEMAKING

"IDENTIFICATION, CLASSIFICATION AND
REGULATION OF TOXIC SUBSTANCES
POSING A POTENTIAL OCCUPATIONAL
CARCINOGENIC RISK"

29 CFR Part 1990

CFR 42, No. 192 - Tuesday, October 4, 1977



Presented at the public hearing in
Washington, DC on July 19, 1978 by
Dr. H. B. Rhodes, Chairman, AIA/NA
Standards Advisory Committee

MARGINALIA
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D R A F T

June ²⁶~~22~~ 1978

My name is Harrison B. Rhodes and I am employed as a Technology Manager in the "Calidria" Asbestos Department of the Union Carbide Corporation. My educational background is in chemical engineering where I hold a degree of Dr. Eng. Sci. from Columbia University in New York City.

^{testimony}
This/~~introduction~~ is presented on behalf of the Asbestos Information Association/North America. AIA/NA is an incorporated, nonprofit organization of 53 firms in the United States and Canada engaged in the manufacture or processing of asbestos-containing products and in the mining and milling of asbestos fiber. I serve the AIA/NA as Chairman of the Standards Advisory Committee, Chairman of the Committee on Air Monitoring, and as a member of the Executive Committee.

INTRODUCTION AND SCOPE OF COMMENTS

The present rulemaking on a "generic" approach to the regulation of occupational exposure to carcinogens places the asbestos industry in a unique and somewhat ambiguous position. As you are well aware, asbestos was the subject of OSHA's first health standard promulgated in June 1972. Extensive revisions to this standard were proposed on October 9, 1975. These revisions were to be applied to the manufacturing segment of the industry only. The construction industry, which is extremely important to us because it uses ^{over}~~about~~ 70% of all of the asbestos-containing products manufactured, was excluded from the proposed revisions. It is to be the subject of a separate rulemaking.

The wisdom of separate treatment for the construction industry was borne out by a series of OSHA Construction Industry Advisory Committee hearings on asbestos held during 1976. The Committee found numerous serious problems in the application of the requirements of the proposed asbestos manufacturing standard to the construction setting.

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The position that OSHA takes in these upcoming asbestos hearings will

We will, however, address undoubtedly be influenced by this generic rulemaking. /~~We focus, however, on the asbestos questions in the future asbestos rulemaking proceedings and this proposal, which is the only one that has been proposed to date, to~~ confine our remarks today to a brief discussion of two specific issues in the ~~proposal, which are the two most general issues of process and procedure in the present rulemaking proposal which impact on us directly and which have not been addressed by others. They are:~~

[illegible]

1. The relationship of existing standards to those that will be promulgated under a generic approach.
2. The development of appropriate standards for the construction industry and other industries characterized by non-fixed places of employment.

THE RELATIONSHIP OF THE PROPOSED GENERIC STANDARD TO EXISTING STANDARDS

OSHA today has health standards in effect which cover asbestos, 14 specific carcinogens, vinyl chloride, ~~and~~ coke-oven emissions, ~~styrene~~ benzene and acrylonitrile. ~~These standards were developed during appropriate administrative hearings where the various parties involved could present their special problems and the consequences of various alternatives were examined. The final regulations were, in effect, tailored in the arena of adversity for the particular conditions in the industries involved.~~

The generic approach proposed in this hearing is expressly intended to speed the promulgation of standards for substances for which standards do not exist. Of necessity, its model standards are broadly drawn and do not reflect specific adaptations for given industries or for segments of industry.

For substances now covered by OSHA standards, the workers are already

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extensively protected. If new information becomes available by which OSHA can document an imminent hazard, selective changes in the standard can be made under the provisions of Section 6(b) of the Occupational Safety and Health Act. Otherwise the urgency which is the rationale for the "generic" approach does not exist.

In view of the extensive records that have been developed in the promulgation of the existing standards, we believe it is inappropriate for OSHA to override a standard based on the record with a broadly drawn formula-type standard. Any changes in existing standards which OSHA believes to be appropriate should be made selectively under the current administrative and statutory procedures with no issues excluded from consideration because of OSHA policy.

CONSIDERATIONS FOR OSHA HEALTH STANDARDS - INDUSTRIES WITH NON-FIXED PLACES OF EMPLOYMENT

Over the past six years OSHA has evolved a basic format for health standards which relies heavily upon widespread, repeated monitoring to determine compliance. Universal medical surveillance is also required with both medical and monitoring records stored by the employer for forty years or more. These principles are well exemplified by the present "generic" proposal

The Asbestos Information Association/North America has contracted with Equitable Environmental Health, Inc. to conduct a detailed study of the use of asbestos-containing products in the construction industry. We have also been working closely with various trade and contractors associations. As this work progresses it has become increasingly evident that there are two fundamental

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difficulties in applying the repeated monitoring and universal medical surveillance principles of OSHA standards to the construction industry:

1. There are hundreds of thousands of "transient" work places, i.e, work places that generally exist for only a few months or less and are replaced by others. A standard where each work place must be monitored is completely impractical.
 2. A work force of several million persons is involved. A majority of this force works for a number of different employers over the course of a year. Contractors also enter and leave the market with great regularity. Any sort of all-inclusive medical surveillance and record-keeping by individual employers is clearly unworkable. Such a program would also be too fragmented to contribute to the protection of the worker or to research.
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OSHA had had a similar study in progress for about two and a half years that is still not completed. It seems reasonable to assume from this long delay that OSHA has also become well aware of the extraordinary complexity in the development of a feasible health standard for this industry.

RECOMMENDATIONS

In order to clarify the relationship between existing health standards and the present generic proposal, and to recognize that other specific approaches are necessary for industries characterized by non-fixed places of employment, it is requested that the following words be added to Subpart A, Paragraph 1990.1 Scope:

"Substances for which health standards have been promulgated and are in effect shall not be subject to the provisions of Part 1990. This section does not apply to construction work within the scope of paragraph 1910.12 of this part or to other non-fixed places of employment."

We believe that this request is reasonable, is consistent with the intent of the generic approach, and necessary to avoid future misunderstanding of ^{this} ~~the~~ proposed rulemaking.

MARGINALIA
REJECTED

R. Allenbach
T. W. Carmody
E. M. Fenner

R. F. X. Fusaro
R. H. Mereness
J. L. Myers

F. Ottoboni
P. C. Rekemeyer
E. W. Shortridge

W. C. Thurber
P. Weisser
File



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

September 16, 1977

Dr. Harvey Collins
State of California
Department of Health
714 P Street
Sacramento, CA 95814

Dear Dr. Collins:

This confirms my telephone conversation of September 16, 1977, regarding a possible serious problem in the Proposed Regulations R-(71-76) of Title 22, Div. 4, Hazardous and Extremely Hazardous Wastes as it relates to asbestos. Both the present and the proposed regulations include "asbestos" as Item No. 77 in the specific listing of Hazardous Wastes and Hazardous Materials under paragraph 60281 (c) of Article 9. "Asbestos waste" is also included in the listing of common names under Part (c) of the same paragraph. The regulations require that the wastes included in this list must be moved only by licensed haulers with proper manifests and be disposed of in Class I or Class II-1 facilities which have permits to receive hazardous wastes.

In contrast to this, a publication, "Disposal Site Design and Operation Information", by the California State Water Resources Control Board dated December 1976, states on page 26:

"2522. Group 3 Wastes. Group 3 wastes consist entirely of nonwater soluble, nondecomposable inert solids, examples include but are not limited to the following:

2522(c) Industrial wastes such as clay products, glass, inert slags, asbestos, inert tailings, inert rubber scrap and inert plastics." (Emphasis added.)

Under this wording, Group 3 wastes can be sent to Class III disposal sites which are much more plentiful and less expensive than Class I or Class II-1. It is our understanding that the present enforcement practice for asbestos-containing wastes is disposal in Class III dumps in the manner described in the recent letter to automotive brake shops. A possible exception to this is demolition jobs where large quantities of friable asbestos materials have been used for fireproofing and insulation. In view of the very large civil and criminal penalties for violations of waste disposal regulations now included in Assembly Bill 1593 it seems most appropriate to try to resolve this inconsistency in the statutes at this time.

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September 16, 1977

We believe that the present approach wherein moderate quantities of asbestos or asbestos-containing materials are allowed to go to Class III disposal sites is reasonable and realistic. This should not pose a substantial present or potential hazard to human health or environment. Large quantities of asbestos fiber or asbestos-containing material which can easily release such fiber, however, can conceivably represent a hazard and may properly be handled under the hazardous waste provisions of the regulations. A distinction in terms of the quantity of asbestos fiber involved should, therefore, be made as permitted under the statutory authority contained in AB 1593:

"25117. 'Hazardous waste' means a waste, a combination of wastes, which because of its quantity, concentration, or physical, chemical or infectious characteristics..."
(Emphasis added.)

In making this distinction, the amount of asbestos fiber that is present or which can be released easily is the critical factor. Fiber which is firmly held in a binder presents little, if any, hazard and should not be included. On this basis, the following approach is suggested:

1. Define a term "friable asbestos waste" as any waste that contains more than 1% asbestos by weight and that can be crumbled, pulverized, or reduced to powder when dry, by hand pressure. This would eliminate bound asbestos from treatment of a hazardous waste.
2. Set a limit of up to 500 pounds of friable asbestos waste or up to 50 pounds of unbound asbestos fiber which any source can generate for disposal in a Class III site per day as the maximum quantity.

These values are derived from the Federal EPA limit of 160 ft.² of friable asbestos material from demolition which is not required to be deposited in a regulated disposal site. Thus, for an assumed insulation thickness of 3 inches, a density of 15 pounds per cubic foot, and an asbestos content of 10%:

$$\left(\frac{3}{12}\right)(160)(15) = 600 \text{ lbs. of friable material}$$

$$(600)(0.10) = 60 \text{ lbs. of contained asbestos}$$

There are several ways that these changes could be incorporated into the proposed regulations, but the simplest and most direct appears to be as follows:

1. Deleted #77 "Asbestos" from 60218 (d) list since the regulations are only applicable to asbestos waste and it may be confusing to have asbestos wastes included in both lists.
2. Expand the term "asbestos waste" in the list under paragraph 60218 (e) to:

September 16, 1977

Asbestos waste that contains more than 1% asbestos by weight and that can be crumbled, pulverized or reduced to powder, when dry by hand pressure. Daily quantities of such material not to exceed 500 pounds of total material or 50 pounds of contained asbestos, whichever is the less, from any one source may be treated as non-hazardous waste.

We want to thank you for this opportunity for comments. If there are any questions or if we can be of any further assistance, please let us know.

Very truly yours,

Harrison B. Rhodes

Harrison B. Rhodes
Technology Manager

HBR:dal

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UNION CARBIDE CORPORATION

1730 PENNSYLVANIA AVENUE, N.W.

WASHINGTON, D.C. 20006

MS. LESLYE A. ARSHT

MANAGER, PUBLIC RELATIONS

WASHINGTON OFFICE

TELEPHONE (202) 872-8335

October 19, 1977

Dear Mr. Mereness:

Attached, per the request of Harry Rhodes, you will find the attitudinal survey data gathered by Cambridge Reports, Inc. for Union Carbide Corporation on cancer risks which was the subject of recent presentations at Consumer Product Safety Commission and the Environmental Protection Agency on October 5th and Occupational Safety and Health Administration on October 13. J.B. (Jack) Browning, Corporate Director of Safety, Health and Environmental Affairs for Union Carbide and Gene Pokorny of Cambridge Reports, Inc. made the presentations and answered the questions of those present.

I thought it would be helpful for those who study the findings and who attended the presentations on them to understand the thinking at Union Carbide that led to this survey.

As we all know, cancer has become an issue of increasing concern to Americans who, with alarming regularity, are being told that substances in everyday use are potentially cancer-causing. The recently proposed ban on one of these substances, saccharin, has led to widespread public debate over what kind of roles the government should play: whether the government should ban all public use of possible carcinogens or whether under certain circumstances, it should also explore alternative regulatory strategies.

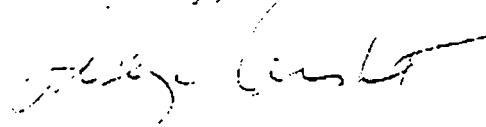
To shed more light on this public issue, Union Carbide Corporation commissioned Cambridge Reports, Inc., a highly-respected opinion research organization, to ask 1,500 Americans some questions about cancer -- its frequency and its risks -- and policies for dealing with carcinogens.

Even though a limited number of questions were asked in this public attitude study, the information developed from the in-depth, personal interviews with a representative sampling of adult Americans appears to offer some fascinating -- and often conflicting -- insights into public perceptions of cancer risks and regulatory policy.

We believe that the findings of this study have a special value to all in the public and private sector who are concerned with controlling -- and preventing -- cancer. For they pinpoint some challenges and point to some possible guideposts on how Americans view their own role -- and the role of government in dealing with carcinogens.

Should you have any questions about the findings of the survey, I would be glad to discuss them with you.

Sincerely,



Mr. Robert H. Mereness
Asbestos Information Association/
North America
1745 Jefferson Davis Highway
Crystal Square - Building 4
Suite 509
Arlington, VA 22202



ASBESTOS INFORMATION ASSOCIATION

1745 Jefferson Davis Highway, Crystal Square 4, Suite 509
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29 November 1977

Memorandum For: EXECUTIVE COMMITTEE
Messrs. Gabrielson
Alcorn
Cross
Drs. Weill
Kotin
Enterline
Pelnar

Subject: Cambridge Reports, Inc. survey, "An
Analysis of Citizen Attitudes Toward
Cancer Risks"

Enclosed is a report of a survey conducted by Cambridge Reports, Inc. at the request of Union Carbide on the subject of individual attitudes toward cancer risks.

Attention is invited to the covering letter which explains why Union Carbide contracted for the survey and notes that the results of the survey have been presented to officials of OSHA, EPA, and CPSC. By separate communication it has been learned presentations of the survey will be given to other government agencies including FDA and NCI. Transmittal of the enclosures was delayed pending permission for dissemination.


R. H. Mereness
Executive Director

RHM:v

Enclosures

An Analysis of Citizen Attitudes
Toward
Cancer Risks

Prepared for
Union Carbide Corporation

June 1977

~~CONFIDENTIAL~~

ASBESTOS IN AIR
1725 N. 11th St.
Suite 100, Oak Ridge, Tenn.
Anderson, Va. 22801

MONITION

This analysis is provided for the internal use of the Union Carbide Corporation, its employees and consultants.

Should Union Carbide release any portion of the analysis to any public medium, it is the responsibility of the Corporation to insure that the release is in strict conformity with that provided in these pages.

Cambridge Reports, Incorporated reserves the right to correct any public release of erroneous data or analyses by the release of the correct information or such other measures as may be needed.

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Methodology

This is an analysis of a survey of the attitudes of the American people toward cancer and Federal regulation of carcinogens. It is based on 1,500 in-depth, personal interviews conducted with a representative sample of adult Americans, from 1 June 1977 to 23 June 1977. All of the interviews were conducted in person, in the homes of the respondents by trained, professional interviewers. A description of the basic survey methodology is available on request.

Objectives

The major objectives of this survey were:

1. To examine current attitudes about the causes and frequency of cancer.
 - a. Manmade vs. naturally occurring carcinogens.
2. To survey perceptions of the "risks" and benefits of carcinogens.
 - a. Opinions about carcinogens with "real" social benefits.
 - b. Levels of information about carcinogens.

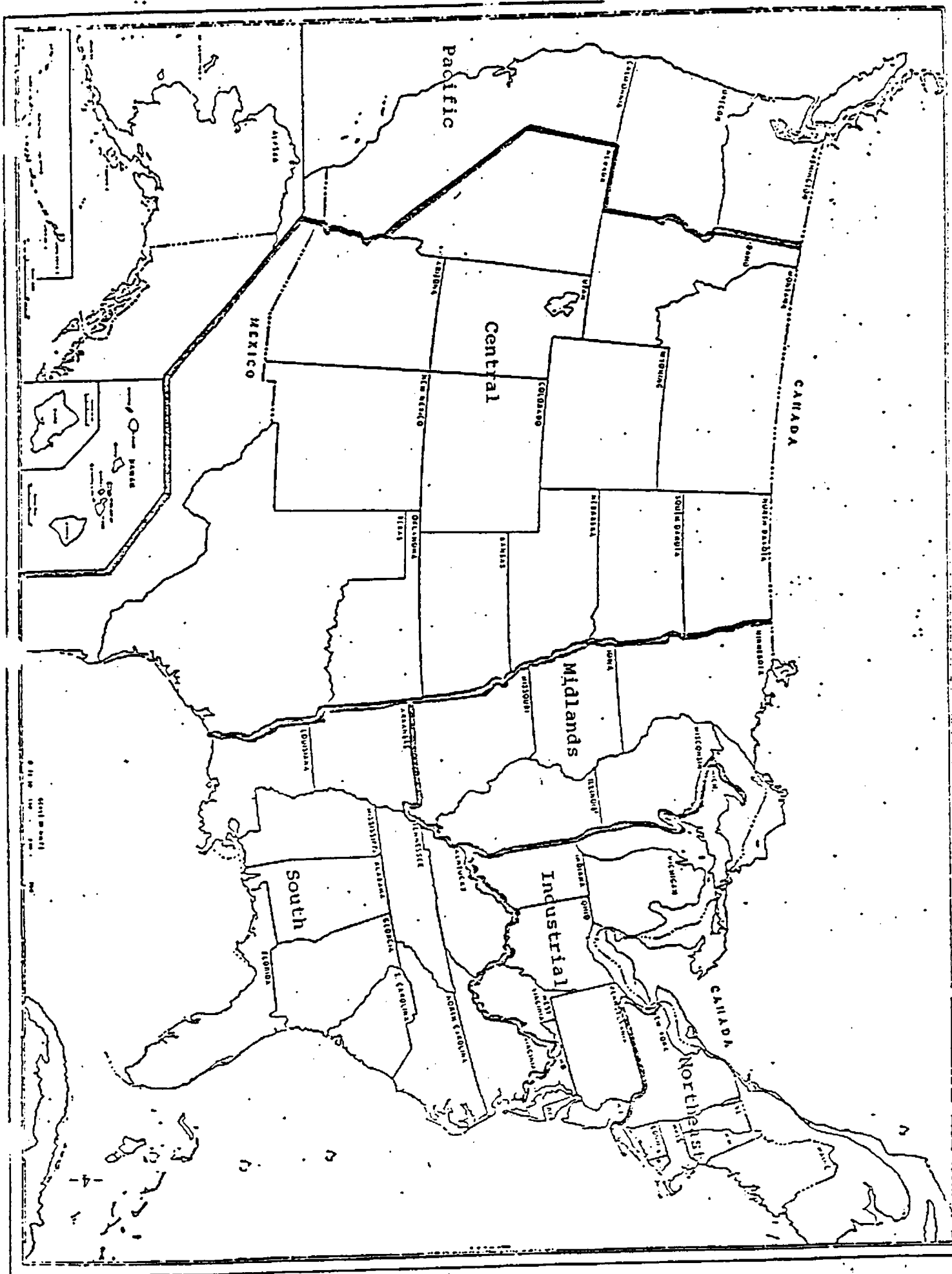
3. To measure current attitudes toward Federal regulation of carcinogens.
 - a. Attitudes toward the FDA bans on food dyes and saccharin.
4. Attitudes toward an alternative system of truth-in-labeling for carcinogens.

Notes on Analysis

It will be helpful to keep several points in mind:

1. An asterisk (*) by a row or column of figures indicates that the numbers are based on a sample size too small to be entirely reliable and, thus, conclusions based on them should be treated with caution. This does not mean that the figures are wrong, but that an insufficient number of interviews makes it impossible to show that they are definitely right for that area.
2. For easy referral, a complete listing of all the questions used in this survey has also been included at the end of the report in Appendix A.

3. A map delineating the areas used for analysis appears at the beginning of the report.



Cancer: Knowledge and Attitudes

Cancer has become an issue of increasing concern to many Americans. With alarming regularity, substances in widespread use have been accused of being carcinogenic. Particularly after saccharin was accused, a debate has sprung up over what role government should take in this area: should the FDA be allowed to ban all suspected carcinogens or should an individual be allowed a choice, even at the risk of cancer? In this report we sought to explore popular feelings about cancer -- its causes and frequency -- and the role of Federal regulation. We also presented two recent cases to highlight the basic question of who should decide whether an individual uses a carcinogen.

We began our analysis with a look at people's perceptions of cancer -- what are the causes, frequencies and sources? We also presented a number of statements about carcinogens in order to get a clearer idea of how much cancer people feel is attributable to environmental pollution by man-made substances.

What causes cancer?

We asked respondents what they feel the major causes of cancer are today. Not surprisingly, the table which follows

shows significant variation in their responses. However, nearly one out of every five Americans thinks cigarette smoking is the major cause of cancer today. Food additives and preservatives were the second most frequently mentioned cancer agents.

Taking all types of the disease cancer together,
what do you think is the major cause of cancer today?

Smoking, cigarettes	18%
Food additives, artificial preservatives, bad food contents	8
Pollution, pollutants, polluted environment	7
Hereditary, born with it, whether you have it in you, a factor inside us all	5
Virus	4
Chemicals	4
Air pollution, smog, pollution in atmosphere	4
Our environment (unspecified as to what environment - physical or life style)	3
Diet, people don't eat right	3
Stress, nerves, hectic society, life style	2
General health, general lack of care about health or your body, wear and tear on body	2
Many things combined	1
God's will	1
It is unknown, no one really knows	1
Other	4
Don't know	34

Three-fourths of Americans cite a variety of other causes, many related to environmental pollution and the American lifestyle. As the frequency and diversity of cancer increases, we can expect to see a concurrent increase in the number of things considered carcinogenic.

How much cancer is there?

Over three-fifths of our respondents feel that the amount of cancer is increasing or staying the same while only 4% feel cancer is decreasing.

Do you think the amount of cancer in society
is increasing, decreasing, or remaining the
same?

Increasing	61%
Decreasing	4
Remaining the same	26
Don't know	8

The demographic tables which follow show women are more inclined than men to feel cancer is increasing. Jewish respondents and residents of the Midlands area also stand out. We found virtually no support for the idea that cancer is decreasing; not 10% of any group expressed that view.

Do you think the amount of cancer in society is increasing?
(continued)

	Increasing	Decreasing	Remaining the same	Don't know
<u>Religion</u>				
Protestant	62	5	25	8
Catholic	58	5	30	8
Jewish	69	4	17	11
Other	72	1	21	6
None	53	5	30	7
<u>Political ideology</u>				
Liberal	59	5	27	10
Moderate	64	4	23	8
Conservative	62	5	27	6
<u>Urban/rural</u>				
Urban	61	4	25	10
Suburban	62	6	26	6
Rural	62	3	27	8
<u>Area</u>				
Northeast	55	6	30	9
Industrial	67	4	23	6
Midlands	68	5	20	7
South	50	6	31	13
Central	67	1	28	5
Pacific	65	4	22	9

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Next we asked people who felt cancer was increasing why they felt that way. Their responses are shown in the following table.

[IF INCREASING] Why do you think it is increasing?

✓ You hear more about it	10%
Pollution, more pollutants, pollution of environment, water pollution	8
Population growth, population boom, more people	8
Smoking, cigarettes, more people smoking	7
Food additive's and artificial preservatives, more chemicals in food	7
More people are dying from Cancer, everyone seems to be getting it, more instance of it	7
Stress, nerves, hectic society, life style, the way we live	4
— Chemicals, increasing number of chemicals, chemicals in fertilizers, fertilizers, chemicals in water	4
— Air pollution, air quality, atmosphere, smog	3
Our environment (unspecified as to physical or life style)	3
Poor diet, what we eat, improper diet, bad eating habits	3
— Doctors find it easier, increased detection, earlier diagnosis, better methods of detecting it	3
— More people being tested and more people are aware	2
Haven't found a cure, no cure	2
No one knows, it is unknown	1
Life span increasing, people live longer	1
Fatal	1
Many things combined	1
God's will	1
Other	6
Don't know	19

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People mention a lot of the same factors that were mentioned as causes of cancer. Thus it appears that Americans feel cancer is inextricably linked to the American lifestyle. Notably, one out of every ten respondents cited increased coverage (i.e. increased public awareness) of cancer as their reason for believing it is on the increase.

Is cancer environmentally induced?

We presented respondents with two statements about the cause of cancer and found an even split in their choices.

Which of these statements is closer to your opinion?

Most cancer is caused by things like industrial pollutants, cigarette smoke and food additives, and substances both natural and man-made in the environment around us.	41%
Don't know	18
While environmental factors play a part, most cancer cannot be explained solely by environmental factors.	42

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A review of the things cited as major causes for cancer and its increase shows that a majority of people clearly feel that the factors mentioned in the first statement are the principal agents of cancer. However, the second statement is not wholly contradictory to the first since a predisposition or particular vulnerability to cancer does not preclude a significant environmental role in causing cancer. This is in fact a view widely held in the medical profession.

Demographic tables which follow show that younger people, liberals and residents of the Northeast feel that environmental factors cause most cancer. Respondents with higher incomes feel cancer is not caused solely by environmental factors. Though only a small percentage of the sample (6%), a majority of respondents with graduate or professional degrees feel cancer can't be explained solely by environmental factors.

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Which of these statements is closer to your opinion: Most cancer is caused by things like industrial pollutants, cigarette smoke and food additives, and substances both natural and man-made in the environment around us, or; while environmental factors play a part, most cancer cannot be explained solely by environmental factors.

	Environmental factors	Don't know	Not solely by environmental factors
<u>Overall</u>	413	13	42
<u>Total household income</u>			
\$0-3,999	50	23	27
\$4-6,999	49	24	27
\$7-9,999	37	20	43
\$10-12,999	42	16	42
\$13-14,999	47	13	40
\$15-19,999	35	15	50
\$20-24,999	46	12	42
Over \$25,000	33	15	52
<u>Age group</u>			
13-25	48	15	38
26-35	41	14	45
36-45	41	13	46
46-55	39	16	45
56-65	39	19	43
Over 65	35	30	35
<u>Sex</u>			
Female	36	19	46
Male	46	17	38
<u>Race</u>			
White	42	16	42
Black	34	28	39
<u>Head of household</u>			
Yes	42	18	40
No	38	17	45

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Do you think that cancer is caused by environmental factors or not?
(continued)

	Environmental factors	Don't know	Not solely by environmental factors
<u>Education</u>			
Some grade school	41	27	32
Some high school	40	22	39
High school graduate	39	17	44
Technical/vocational	50	15	35
Some college	43	11	46
College graduate	40	20	39
Graduate school	38	10	52
<u>Religion</u>			
Protestant	38	18	44
Catholic	45	18	37
Jewish	40	23	36
Other	39	9	53
None	54	15	31
<u>Political ideology</u>			
Liberal	50	12	39
Moderate	39	19	42
Conservative	37	17	46
<u>Urban/rural</u>			
Urban	43	17	40
Suburban	38	18	44
Rural	40	17	42
<u>Area</u>			
Northeast	48	19	33
Industrial	45	17	39
Midlands	37	19	44
South	35	21	44
Central	42	12	46
Pacific	36	18	46

Of course, not all environmental factors are necessarily man-made. Many of the substances that have been accused of causing cancer when ingested occur naturally. While we saw our sample about evenly divided about the role of environmental factors, we see them by a two-to-one margin endorsing the idea that not all cancer causing substances are man-made.

Many cancer causing substances occur naturally and are not man-made.

Agree	513
Don't know	22
Disagree	27

Agreement was strong among 36 to 55 year olds, while 18 to 25 year olds showed the strongest disagreement. Jewish respondents and liberals are more likely to feel carcinogens are mainly man-made substances. A clear majority of residents of the Industrial and Pacific areas argue that carcinogens are, by and large, naturally occurring.

Would you agree or disagree: Many cancer-causing substances occur naturally and are not man-made.

	<u>Agree</u>	<u>Don't know</u>	<u>Disagree</u>
<u>Overall</u>	51%	22	27
<u>Total household income</u>			
\$0-3,999	49	22	29
\$4-6,999	46	27	28
\$7-9,999	59	19	23
\$10-12,999	46	28	26
\$13-14,999	61	6	33
\$15-19,999	56	16	28
\$20-24,999	44	23	33
Over \$25,000	54	18	27
<u>Age group</u>			
18-25	47	16	37
26-35	52	19	29
36-45	56	20	24
46-55	55	22	23
56-65	50	23	27
Over 65	49	31	20
<u>Sex</u>			
Female	52	22	26
Male	50	21	29
<u>Race</u>			
White	52	19	29
Black	46	36	18
<u>Head of household</u>			
Yes	51	21	28
No	51	22	26
<u>Education</u>			
Some grade school	47	31	22
Some high school	52	23	25
High school graduate	54	21	25
Technical/vocational	38	18	44
Some college	50	15	35
College graduate	54	23	23
Graduate school	53	18	29

Would you agree that many cancer-causing substances occur naturally?
(continued)

	<u>Agree</u>	<u>Don't know</u>	<u>Disagree</u>
<u>Religion</u>			
Protestant	54	21	25
Catholic	49	23	28
Jewish	37	23	41
Other	51	15	34
None	41	22	37
<u>Political ideology</u>			
Liberal	47	18	35
Moderate	52	25	23
Conservative	55	18	27
<u>Urban/rural</u>			
Urban	51	21	28
Suburban	50	23	27
Rural	54	20	26
<u>Area</u>			
Northeast	51	25	24
Industrial	56	17	27
Midlands	51	16	33
South	45	30	24
Central	56	17	26
Pacific	48	21	31

Risks and Benefits: The Saccharin Controversy

The proposed Food and Drug Administration ban on saccharin has raised questions about Federal regulation of carcinogenic substances. The widespread opposition to the ban seems to indicate that Americans are not in favor of banning all carcinogens; that is, people are willing to incur some risk of cancer if they feel a product is of some benefit to them. This same attitude is clearly seen in the case of cigarettes and no doubt people feel that allowing people to smoke, which seems clearly established as a cause of cancer, makes the banning of saccharin a rather inconsistent and irrational move.

Risks and benefits in the context of cancer

Americans have been told countless times that cigarettes cause cancer yet nearly 50% continue to smoke (see Cambridge Report 4). Thus there must be a risk-benefit ratio for carcinogens. We asked respondents to describe what "risks" and "benefits" meant to them if they were deciding whether or not to use a carcinogen.

When you think of risks in the context we are now discussing, what does the word "risk" mean to you?

Taking a chance, people take chances, a gamble	37%
Taking a chance with your health, chance of illness	14
Taking a chance with your life, you could die, putting yourself on the line	8
Danger, hazard, some consequence	6
Risk should be up to the person involved, each person has the right to decide, if people want to continue - let them do it	6
Potential hazard or danger, maybe some danger	5
Being dangerous to yourself, done at you own peril	2
Slight chance, potentially remote factor	2
Hazard in use, take a risk by using product	2
By ignoring information you are taking a chance	2
Preventable danger, exposing yourself to needless danger	1
Foolishness, haphazardness	1
Trying something, give it a try	1
Other	6
Don't know	8

When you think of benefits in the context we are now discussing, what does the word "benefits" mean to you?

Improved health, welfare to your health, saving a life, longer life	123
To gain by, gains, coming out ahead, betterment, improvement, for the better, something better	10
To help, helping	9
Something good, good things	8
For my good, to do good for you	5
Good result, good will evolve, good in the end	4
Pleasures of consumption, good foods and smoke myself to death	4
To your advantage, advantage	3
What I receive, getting something	3
Reward, financial reward	2
Freedom of choice, let me be my own judge	2
Removal of risk	2
Advantage outweighs risk, enjoy something that outweighs risk	1
More good than bad	1
For it, with it, in agreement, yes	1
Nothing	2
Other	17
Don't know	13

Respondents have fairly typical notions of risks and benefits. A plurality feel "risk" implies taking a chance, particularly a chance with your health in the case of carcinogens. Benefit implies coming out ahead, making a net gain, particularly in terms of improved health or a longer life.

As these definitions of risk and benefit show, people seem to clearly understand both concepts and use them in some mental equation to decide when the benefits outweigh the risks.

Should the choice be left to the individual?

Two out of three Americans feel that the individual ought to have the right to make his own decision whether to use a cancer-causing substance.

Some people say that people ought to be allowed to make the decision at their own risk as to whether or not the benefits gained from something outweigh the risks incurred. That is, if a person wants to risk getting cancer from using saccharin he should be allowed to, as in the case of smoking tobacco. Others say that many people aren't able to assess the risks involved and that the only solution is to ban potentially dangerous products at the Federal level. Would you favor allowing individuals to make their own risk-benefit decisions or do you favor bans at the Federal level?

Individual risk	66%
Don't know	12
Ban at Federal level	22

Demographic tables which follow reveal that people making over \$25,000 and residents of the Central area are the strongest proponents of individual risk decisions. Jewish respondents show the strongest support for a Federal ban on potentially dangerous products.

Some people say that people ought to be allowed to make the decision at their own risk as to whether or not the benefits gained from something outweigh the risks incurred. That is, if a person wants to risk getting cancer from using saccharin he should be allowed to, as in the case of smoking tobacco. Others say that many people aren't able to assess the risks involved and that the only solution is to ban potentially dangerous products at the Federal level. Would you favor allowing individuals to make their own risk-benefit decisions or do you favor bans at the Federal level?

	Individual risk	Don't know	Ban at Federal level
<u>Overall</u>	663	12	22
<u>Total household income</u>			
\$0-3,999	56	20	24
\$4-6,999	56	17	27
\$7-9,999	63	12	25
\$10-12,999	65	11	23
\$13-14,999	68	9	23
\$15-19,999	73	10	17
\$20-24,999	67	8	25
Over \$25,000	78	5	17
<u>Age group</u>			
18-25	68	10	22
26-35	66	12	21
36-45	70	9	21
46-55	63	13	25
56-65	69	9	23
Over 65	59	18	23
<u>Sex</u>			
Female	65	13	22
Male	66	11	23
<u>Race</u>			
White	68	10	22
Black	49	24	27
<u>Head of household</u>			
Yes	65	12	24
No	68	12	20

Would you favor allowing individuals to make their own risk-benefit decisions or do you favor bans at the Federal level? (continued)

	Individual risk	Don't know	Ban at Federal level
<u>Education</u>			
Some grade school	52	27	21
Some high school	60	16	24
High school graduate	69	8	23
Technical/vocational	67	13	20
Some college	70	11	19
College graduate	68	6	26
Graduate school	67	7	27
<u>Religion</u>			
Protestant	67	11	22
Catholic	65	13	22
Jewish	52	11	37
Other	55	19	25
None	69	8	23
<u>Political ideology</u>			
Liberal	63	11	26
Moderate	66	13	21
Conservative	71	8	22
<u>Urban/rural</u>			
Urban	62	13	25
Suburban	69	9	22
Rural	69	15	17
<u>Area</u>			
Northeast	70	11	20
Industrial	63	12	25
Midlands	64	12	24
South	57	19	24
Central	75	9	16
Pacific	70	6	24

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Carcinogenics with "real" social benefit

We found strong majority support among survey participants for allowing cancer-causing substances with "real" social benefit to be available for public use.

Some argue the following. They say that if a substance causes cancer and there is no social benefit from it -- as in the case of food coloring -- then the substance should be banned. On the other hand, if a substance causes cancer, but there is a "real" benefit from it for many -- as in the case of saccharin usage by diabetics -- then the substance should be permitted to be used to gain that benefit. Do you think possible cancer-causing substances should be permitted if they have "real" social benefits?

Yes	59%
Not sure	24
No	16

The demographic tables which follow show there is support for permitting beneficial carcinogens to be available to the public among all groups. The strongest proponents of this view are 18-35 year olds, college graduates, conservatives and respondents with more education and higher incomes. People living in the Central and Pacific areas also feel carcinogens with "real" social benefit should not be restricted by Federal regulation. A majority of every group opposes the banning of socially beneficial carcinogens.

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Some argue the following. They say that if a substance causes cancer and there is no social benefit from it — as in the case of food coloring — then the substance should be banned. On the other hand, if a substance causes cancer, but there is a "real" benefit from it for many — as in the case of saccharin usage by diabetics — then the substance should be permitted to be used to gain that benefit. Do you think possible cancer-causing substances should be permitted if they have "real" social benefit?

	<u>Yes</u>	<u>Not sure</u>	<u>No</u>
<u>Overall</u>	59%	24	16
<u>Total household income</u>			
\$0-3,999	55	26	19
\$4-6,999	52	31	17
\$7-9,999	58	26	16
\$10-12,999	62	23	15
\$13-14,999	59	18	23
\$15-19,999	69	18	13
\$20-24,999	60	23	16
Over \$25,000	66	22	12
<u>Age group</u>			
18-25	65	20	15
26-35	65	21	14
36-45	55	23	22
46-55	54	23	24
56-65	64	25	11
Over 65	51	35	14
<u>Sex</u>			
Female	60	24	16
Male	59	25	16
<u>Race</u>			
White	63	22	15
Black	38	38	24
<u>Head of household</u>			
Yes	58	26	16
No	61	23	16
<u>Education</u>			
Some grade school	47	35	19
Some high school	59	26	15
High school graduate	59	23	17
Technical/vocational	73	14	13
Some college	61	22	17
College graduate	67	22	12
Graduate school	61	22	17

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Should possible cancer-causing substances be permitted if they have social benefit? (continued)

	<u>Yes</u>	<u>Not sure</u>	<u>No</u>
<u>Religion</u>			
Protestant	58	25	17
Catholic	57	27	16
Jewish	61	24	15
Other	73	15	11
None	70	15	14
<u>Political ideology</u>			
Liberal	58	24	13
Moderate	56	23	16
Conservative	65	20	15
<u>Urban/rural</u>			
Urban	57	25	18
Suburban	61	22	17
Rural	63	26	12
<u>Area</u>			
Northeast	53	29	18
Industrial	56	22	21
Midlands	60	24	16
South	61	28	10
Central	64	20	16
Pacific	63	23	14

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Of course, "real" social benefit is a very subjective criterion which further argues for individual choice in the use of carcinogens. At the same time, people must know just what risk they are taking -- that is, how much of a chance they have of getting cancer from a certain substance -- before they decide if the benefits outweigh the risks.

Federal government regulation of carcinogens

Despite all this support for "risk-taking," when we presented respondents with a statement that roughly approximates the Delaney amendment -- the current model for Federal regulation of carcinogens -- we found a plurality support.

No substance or chemical should be permitted to be sold if it is found to induce cancer when consumed in any size dosage by man or animal.

Agree	49%
Don't know	13
Disagree	34

In earlier questions, a majority of respondents opposed Federal banning of all carcinogens, while now a plurality supports very strict regulatory powers for the government. This result is particularly surprising since the definition of carcinogen used in the above statement is very broad.

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Demographic tables which follow show that 46-55 year olds, blacks and Jewish respondents agree most strongly with stringent regulation of carcinogens. Respondents with more education, incomes over \$25,000 and residents of the Central area voice the strongest disagreement with broad Federal regulatory powers.

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Would you agree or disagree: No substance or chemical should be permitted to be sold if it is found to induce cancer when consumed in any sized dosage by man or animal.

	<u>Agree</u>	<u>Don't know</u>	<u>Disagree</u>
<u>Overall</u>	49%	18	34
<u>Total household income</u>			
\$0-3,999	53	25	21
\$4-6,999	54	20	26
\$7-9,999	50	16	34
\$10-12,999	51	18	31
\$13-14,999	52	15	34
\$15-19,999	45	15	41
\$20-24,999	41	12	47
Over \$25,000	47	13	40
<u>Age group</u>			
18-25	45	23	33
26-35	41	18	41
36-45	53	13	34
46-55	58	13	29
56-65	51	16	33
Over 65	51	21	28
<u>Sex</u>			
Female	49	17	34
Male	49	18	34
<u>Race</u>			
White	48	17	36
Black	54	24	22
<u>Head of household</u>			
Yes	50	16	33
No	47	19	34
<u>Education</u>			
Some grade school	54	26	20
Some high school	52	22	27
High school graduate	50	17	33
Technical/vocational	60	21	19
Some college	45	11	43
College graduate	45	16	39
Graduate school	37	13	50

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Do you agree that no substance should be sold if it induces cancer?
(continued)

	<u>Agree</u>	<u>Don't know</u>	<u>Disagree</u>
<u>Religion</u>			
Protestant	47	18	35
Catholic	53	18	28
Jewish	64	13	24
Other	46	8	46
None	41	19	41
<u>Political ideology</u>			
Liberal	51	16	34
Moderate	46	20	34
Conservative	50	15	35
<u>Urban/rural</u>			
Urban	50	18	31
Suburban	50	16	34
Rural	44	18	38
<u>Area</u>			
Northeast	51	22	27
Industrial	53	16	31
Midlands	50	14	36
South	43	25	31
Central	45	14	41
Pacific	50	12	39

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We found that people who favor stringent regulation of carcinogens are also overwhelmingly willing to sacrifice the diversity of products now available in order to facilitate this regulation.

[IF RESPONDENT FEELS THAT NO SUBSTANCE OR CHEMICAL SHOULD BE PERMITTED TO BE SOLD IF IT IS FOUND TO INDUCE CANCER WHEN CONSUMED IN ANY SIZE DOSAGE BY MAN OR ANIMAL]

In order to do this, would you be willing to sacrifice the diversity of goods you now have if many of them could not meet this standard?

Yes	74%
Don't know	16
No	10

The demographic tables which follow show that people making over \$25,000 annually, Jewish respondents and residents of the Northeast are most willing to sacrifice a diversity of goods if that is necessary to ban all carcinogens.

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(If respondent feels that no substance or chemical should be permitted to be sold if it is found to induce cancer when consumed in any size dosage by man or animal) In order to do this, would you be willing to sacrifice the diversity of goods you now have if many of them could not meet this standard?

	<u>Yes</u>	<u>Not sure</u>	<u>No</u>
<u>Overall</u>	74%	16	10
<u>Total household income</u>			
\$0-3,999	81	14	5
\$4-6,999	73	19	8
\$7-9,999	68	18	15
\$10-12,999	68	17	15
\$13-14,999	68	19	13
\$15-19,999	78	12	11
\$20-24,999	74	18	8
Over \$25,000	90	7	3
<u>Age group</u>			
18-25	73	12	15
26-35	69	13	17
36-45	77	16	7
46-55	76	17	7
56-65	78	16	7
Over 65	72	22	6
<u>Sex</u>			
Female	72	19	9
Male	75	14	11
<u>Race</u>			
White	75	15	10
Black	68	24	9
<u>Head of household</u>			
Yes	75	15	10
No	73	18	9
<u>Education</u>			
Some grade school	67	25	8
Some high school	69	19	12
High school graduate	74	16	11
Technical/vocational	81	13	6
Some college	71	14	15
College graduate	87	9	4
Graduate school	82	12	6

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Would you be willing to sacrifice diversity of goods by banning
carcinogenic products? (continued)

	<u>Yes</u>	<u>Not sure</u>	<u>No</u>
<u>Religion</u>			
Protestant	72	17	11
Catholic	73	19	8
Jewish	92	—	9
Other	80	5	14
None	78	15	6
<u>Political ideology</u>			
Liberal	74	13	14
Moderate	71	17	12
Conservative	76	17	7
<u>Urban/rural</u>			
Urban	73	17	10
Suburban	76	15	10
Rural	72	17	11
<u>Area</u>			
Northeast	80	11	9
Industrial	72	18	11
Midlands	66	20	14
South	65	22	13
Central	83	9	8
Pacific	82	15	4

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What is the socially acceptable ratio of
risk-to-benefit for carcinogenic substances?

We asked people how they evaluate the risk-benefit ratio
for carcinogenic substances.

Some people say that we always have to incur some
risks -- in this case, cancer -- if we want to get
significant benefits. They argue that seldom does
anything come to any of us without some kind of
price. On the other hand, other people say that
this is not true. That when it comes to cancer no
benefits can outweigh the risks involved. Which is
closer to your view?

Take some risks	50%
Don't know	19
Take no risks	31

The demographic breakdowns which follow show that
pluralities in all groups feel that some benefits can outweigh
the risk of cancer, that is, respondents are willing to
take some risks.

People who are 36-45 years old and residents of the Central
and Pacific regions clearly feel that certain benefits can make
taking the risk of cancer worthwhile. Both blacks and Jewish
respondents are highly undecided on the issue.

Thus, it is clear that Americans are willing to take the
chance of getting cancer if they perceive some benefit can be
attained from taking the risk. Now we will look at just what
sort of benefit could cause people to take such a risk.

Some people say that we always have to incur some risks — in this case, cancer — if we want to get significant benefits. They argue that seldom does anything come to any of us without some kind of price. On the other hand, other people say that this is not true. That when it comes to cancer no benefits can outweigh the risks involved. Which is closer to your view?

	<u>Some risks</u>	<u>Don't know</u>	<u>No risks</u>
<u>Overall</u>	50%	19	31
<u>Total household income</u>			
\$0-3,999	43	26	32
\$4-6,999	42	27	31
\$7-9,999	45	18	37
\$10-12,999	53	20	27
\$13-14,999	56	15	29
\$15-19,999	55	20	25
\$20-24,999	54	15	32
Over \$25,000	63	10	27
<u>Age group</u>			
18-25	51	16	32
26-35	51	16	33
36-45	58	16	27
46-55	47	23	30
56-65	51	20	29
Over 65	45	25	29
<u>Sex</u>			
Female	50	19	30
Male	50	19	31
<u>Race</u>			
White	53	17	30
Black	35	31	34
<u>Head of household</u>			
Yes	50	18	32
No	50	21	30
<u>Education</u>			
Some grade school	37	31	32
Some high school	53	23	24
High school graduate	49	19	32
Technical/vocational	43	18	39
Some college	55	16	30
College graduate	54	13	33
Graduate school	60	12	28

Do you think that it is worth it to make certain risks - like cancer - in order to get significant benefits or that no benefits can outweigh the risks where cancer is involved? (continued)

	<u>Some risks</u>	<u>Don't know</u>	<u>No risks</u>
<u>Religion</u>			
Protestant	52	20	29
Catholic	47	20	32
Jewish	35	31	35
Other	46	18	36
None	57	8	35
<u>Political ideology</u>			
Liberal	51	15	35
Moderate	51	20	30
Conservative	53	13	29
<u>Urban/rural</u>			
Urban	47	21	33
Suburban	54	16	30
Rural	52	21	28
<u>Area</u>			
Northeast	52	17	31
Industrial	48	20	32
Midlands	47	19	34
South	46	26	28
Central	56	16	28
Pacific	55	15	30

If the individual is to make the choice, he must be able to evaluate the risk he is dealing with. Although two-thirds of the respondents favor individual choice, two-thirds also feel they do not personally know enough to evaluate the possible cancer risks of various chemicals. Thus, although some Americans want to be given the choice, they do not have enough information to make an intelligent decision.

Do you personally feel you have enough information
to decide about the possible cancer risks of
various chemicals?

Yes	20%
Not sure	12
No	68

Demographic tables which follow show blacks, urban dwellers, and residents of the Industrial and South areas feel strongly that they cannot evaluate the possible cancer risks of various chemicals. Jewish respondents, 36-45 year olds and respondents with graduate degrees all feel somewhat more able to make an informed decision. However, never do even one-third of the respondents consider themselves informed enough to decide on the potential cancer risks of various chemicals. Clearly this finding argues for a dramatic increase in the information available to the public regarding potentially carcinogenic substances. Reactions to possible solutions to this problem will be presented later on in this report.

Do you personally feel you have enough
information to decide about the possible
cancer risks of various chemicals?

	<u>Yes</u>	<u>Not sure</u>	<u>No</u>
<u>Overall</u>	20%	12	68
<u>Total household income</u>			
\$0-3,999	19	11	70
\$4-6,999	14	11	75
\$7-9,999	22	12	66
\$10-12,999	18	10	72
\$13-14,999	23	6	71
\$15-19,999	29	11	60
\$20-24,999	15	14	71
Over \$25,000	22	12	66
<u>Age group</u>			
18-25	20	10	70
26-35	22	11	67
36-45	27	12	61
46-55	19	10	71
56-65	18	12	70
Over 65	16	17	68
<u>Sex</u>			
Female	21	11	68
Male	20	12	68
<u>Race</u>			
White	22	11	67
Black	10	14	76
<u>Head of household</u>			
Yes	19	13	68
No	22	10	68
<u>Education</u>			
Some grade school	16	15	70
Some high school	17	13	70
High school graduate	20	10	70
Technical/vocational	21	12	67
Some college	23	11	66
College graduate	22	16	63
Graduate school	27	6	68

Do you feel you know enough about
possible cancer risks of various
chemicals? (continued)

	<u>Yes</u>	<u>Not sure</u>	<u>No</u>
<u>Religion</u>			
Protestant	19	12	70
Catholic	21	12	67
Jewish	26	26	48
Other	24	4	72
None	25	17	59
<u>Political ideology</u>			
Liberal	20	10	70
Moderate	19	14	68
Conservative	23	10	67
<u>Urban/rural</u>			
Urban	17	11	72
Suburban	25	12	63
Rural	20	14	66
<u>Area</u>			
Northeast	19	10	71
Industrial	15	10	76
Midlands	25	12	63
South	14	14	72
Central	28	9	63
Pacific	28	17	55

Specific issues

To this point we have seen that the public take somewhat contradictory positions on the issues involved. They want to be allowed to make risk-benefit decisions but they don't really feel qualified to do so. They endorse the idea that some cancer-causing substances should be permitted if they have "real" benefits, but they also endorse a version of the Delaney amendment that sets a strict, flat ban on all cancer-causing substances.

To try to sort this out, we asked respondents to react in two specific cases -- the ban on saccharin and the ban on food dyes. As the table shows, a majority of Americans oppose the first, while one quarter of the public says saccharin should be banned. A majority of the public support the ban on food dyes, while one quarter says no to that. Thus we have about one quarter of the public who will always ban, one quarter who don't seem inclined to ever ban and about half the population in the middle.

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Do you approve the government ban on saccharin? (continued)

	yes - approve	yes - disapprove	yes - not sure	Have not heard about it
<u>Religion</u>				
Protestant	23	54	20	3
Catholic	27	47	24	3
Jewish	24	38	38	—
Other	22	58	15	5
None	31	61	7	1
<u>Political ideology</u>				
Liberal	32	48	18	2
Moderate	23	48	27	1
Conservative	20	61	16	3
<u>Urban/rural</u>				
Urban	26	51	20	3
Suburban	21	55	22	3
Rural	25	52	20	3
<u>Area</u>				
Northeast	22	51	25	2
Industrial	30	47	21	2
Midlands	28	54	15	3
South	24	49	23	4
Central	17	65	14	4
Pacific	21	55	22	2

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Recently the government banned certain food dyes used in things like cherries and hot dogs because of studies showing they might cause cancer. Did you hear about that? IF YES Do you generally approve or disapprove of what the government did?

	yes - approve 51%	yes - disapprove 26	yes - not sure 15	Have not heard about it 9
<u>Overall</u>				
<u>Total household income</u>				
\$0-3,999	47	23	16	14
\$4-6,999	49	21	19	11
\$7-9,999	49	28	16	6
\$10-12,999	51	23	16	10
\$13-14,999	52	25	12	11
\$15-19,999	52	30	10	8
\$20-24,999	55	23	12	11
Over \$25,000	54	31	9	6
<u>Age group</u>				
18-25	52	22	13	13
26-35	53	26	14	7
36-45	55	27	12	6
46-55	53	26	12	10
56-65	49	22	19	10
Over 65	44	30	17	9
<u>Sex</u>				
Female	53	26	14	8
Male	49	26	15	10
<u>Race</u>				
White	52	27	12	8
Black	43	18	26	14
<u>Head of household</u>				
Yes	50	26	15	9
No	52	25	14	10
<u>Education</u>				
Some grade school	44	20	17	19
Some high school	43	30	18	10
High school graduate	49	26	15	10
Technical/vocational	52	15	24	9
Some college	53	29	13	5
College graduate	60	28	8	4
Graduate school	67	15	12	6

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Do you approve of the government's ban on certain food dyes?
(continued)

	Yes - approve	Yes - disapprove	Yes - not sure	Have not heard about it
<u>Religion</u>				
Protestant	51	26	14	9
Catholic	49	24	16	11
Jewish	46	25	29	—
Other	54	24	15	7
None	57	32	5	7
<u>Political ideology</u>				
Liberal	56	23	14	7
Moderate	52	22	18	8
Conservative	49	30	11	10
<u>Urban/rural</u>				
Urban	52	23	16	9
Suburban	51	29	13	7
Rural	49	25	14	12
<u>Area</u>				
Northeast	57	18	18	7
Industrial	56	23	15	6
Midlands	51	29	9	11
South	47	23	17	12
Central	42	31	13	13
Pacific	47	32	13	7

residents are in this group.

A full 50% of Americans fall into the middle group-- those who are inconsistent in their attitudes towards the two bans. This group is most inclined to make individual risk-benefit decisions regarding carcinogens. Since we found so little support for the saccharin ban, it is difficult to conclusively isolate this group. However, older middle-aged people, respondents with graduate degrees, upper-middle-income people and residents of the Northeast and South do show the largest variation between their attitudes toward the two bans.

All in all, Americans are not willing to give up a desired substance if it is found to be carcinogenic though they wholeheartedly support the argument for stringent regulation of carcinogens when stated in the abstract.

An Alternative: Truth-in-labeling

When we presented respondents with an alternative -- truth-in-labeling -- we found overwhelming support. This alternative to complete bans would satisfy two previously stated requirements by increasing the amount of information available to the public about the cancer risks of various substances and

Recently the Federal government banned saccharin -- the artificial sweetener -- because of tests showing it caused cancer in rats. Did you hear about that? [IF YES] Do you generally approve or disapprove of what the government did?

Yes, approve	24%
Yes, disapprove	52
Yes, not sure	21
Have not heard about it	3

Recently the government banned certain food dyes used in things like cherries and hot dogs because of studies showing they might cause cancer. Did you hear about that? [IF YES] Do you generally approve or disapprove of what the government did?

Yes, approve	51%
Yes, disapprove	26
Yes, not sure	15
Have not heard about it	9

Since both substances have been demonstrated to be carcinogenic, the variance in responses must be due to a difference in the perceived benefits of the two substances. People who are consistent in their approval of both bans comprise the quarter of the population that is usually inclined to support federal banning of all carcinogens. This group includes college graduates, liberals, and residents of the Industrial area. On the other hand, people who oppose both bans are most likely to always disapprove of federal bans on carcinogens. As seen in the following demographic tables, conservatives, people earning over \$25,000 and Central region

Union Carbide

Recently the Federal government banned saccharin -- the artificial sweetener -- because of tests showing it caused cancer in rats. Did you hear about that?
IF YES . Do you generally approve or disapprove of what the government did?

	Yes - approve 248	Yes - disapprove 52	Yes - not sure 21	Hate not heard about it 3
<u>Overall</u>				
<u>Total household income</u>				
\$0-3,999	27	41	24	8
\$4-6,999	27	42	27	4
\$7-9,999	26	52	20	2
\$10-12,999	31	50	18	2
\$13-14,999	17	56	25	2
\$15-19,999	23	57	18	2
\$20-24,999	23	59	18	1
Over \$25,000	22	62	14	2
<u>Age group</u>				
18-25	28	47	21	5
26-35	23	59	17	1
36-45	26	52	21	1
46-55	29	48	21	2
56-65	20	56	21	2
Over 65	20	50	24	5
<u>Sex</u>				
Female	23	52	22	3
Male	25	53	20	3
<u>Race</u>				
White	24	55	19	2
Black	25	37	30	8
<u>Head of household</u>				
Yes	24	53	21	3
No	26	52	20	2
<u>Education</u>				
Some grade school	27	40	25	8
Some high school	25	46	24	4
High school graduate	24	53	21	2
Technical/vocational	17	57	25	2
Some college	22	58	19	2
College graduate	28	57	15	1
Graduate school	25	61	13	1

allowing people to make their own risk-benefit decisions about whether or not to use a known carcinogen.

Some people say companies should tell us in plain English what the possible dangers are in a product, as they do on cigarette packages, and then leave it to us, as individual consumers, to decide whether or not we want to use that product. Would you agree or disagree?

Agree	82%
Don't know	9
Disagree	9

The demographic breakdowns which follow show strong agreement among all groups. Only Jewish respondents and people with graduate degrees show any significant disagreement, 19% and 20% respectively. Nearly 90% of all college graduates and Central area residents agree with truth-in-labeling and individual choice.

Some people say companies should tell us in plain English what the possible dangers are in a product, as they do on cigarette packages, and then leave it to us, as individual consumers, to decide whether or not we want to use that product. Would you agree or disagree?

	<u>Agree</u>	<u>Don't know</u>	<u>Disagree</u>
<u>Overall</u>	82%	9	9
<u>Total household income</u>			
\$0-3,999	81	9	10
\$4-6,999	77	13	10
\$7-9,999	77	12	11
\$10-12,999	84	9	7
\$13-14,999	81	8	11
\$15-19,999	85	7	8
\$20-24,999	82	8	10
Over \$25,000	86	5	9
<u>Age group</u>			
18-25	82	10	8
26-35	83	9	8
36-45	82	6	12
46-55	80	9	11
56-65	85	8	8
Over 65	79	12	9
<u>Sex</u>			
Female	82	9	10
Male	81	10	9
<u>Race</u>			
White	83	8	9
Black	72	15	13
<u>Head of household</u>			
Yes	81	9	10
No	83	9	9
<u>Education</u>			
Some grade school	78	15	8
Some high school	79	11	11
High school graduate	81	10	9
Technical/vocational	83	4	13
Some college	85	6	9
College graduate	89	4	7
Graduate school	75	7	18

Do you agree that companies should warn consumers in plain English of the possible dangers of using certain products? (continued)

	<u>Agree</u>	<u>Don't know</u>	<u>Disagree</u>
<u>Religion</u>			
Protestant	82	8	10
Catholic	81	12	7
Jewish	72	9	19
Other	83	4	13
None	84	8	8
<u>Political ideology</u>			
Liberal	80	10	11
Moderate	82	10	8
Conservative	84	7	10
<u>Urban/rural</u>			
Urban	79	11	10
Suburban	83	7	10
Rural	85	9	7
<u>Area</u>			
Northeast	80	12	8
Industrial	84	9	8
Midlands	79	10	12
South	79	11	10
Central	89	2	8
Pacific	79	10	11

All in all, these findings define a new role for Federal regulatory agencies like the FDA. Such agencies ought to provide information to the public through strict enforcement of truth-in-labeling statutes but leave the decision of whether to use a product up to the individual. If regulatory agencies feel they have enough data to support a ban, they ought to be able to make that information available in comprehensive language to the public and let the public decide. This is precisely what is done in the case of cigarettes. Americans are aware of the risk of cancer and feel it is increasing; however, they are not willing to support Federal bans on substances they want to use.

APPENDIX

Taking all types of the disease cancer together, what do you think is the major cause of cancer today?

Smoking, cigarettes	183
Food additives, artificial preservatives, bad food contents	8
Pollution, pollutants, polluted environment	7
Hereditary, born with it, whether you have it in you, a factor inside us all	5
Virus	4
Chemicals	4
Air pollution, smog, pollution in atmosphere	4
Our environment (unspecified as to what environment - physical or life style)	3
Diet, people don't eat right	3
Stress, nerves, hectic society, life style	2
General health, general lack of care about health or your body, wear and tear on body	2
Many things combined	1
God's will	1
It is unknown, no one really knows	1
Other	4
Don't know	34

Do you think the amount of cancer in society is increasing, decreasing, or remaining the same?

Increasing	613
Decreasing	4
Remaining the same	26
Don't know	8

[If increasing] Why do you think cancer is increasing?

You hear more about it	10%
Pollution, more pollutants, pollution of environment, water pollution	8
Population growth, population boom, more people	8
Smoking, cigarettes, more people smoking	7
Food additives and artificial preservatives, more chemicals in food	7
More people are dying from cancer, everyone seems to be getting it, more instances of it	7
Stress, nerves, hectic society, life style, the way we live	4
Chemicals, increasing number of chemicals, chemicals in fertilizers, fertilizers, chemicals in water	4
Air pollution, air quality, atmosphere, smog	3
Our environment (unspecified as to physical or life style)	3
Poor diet, what we eat, improper diet, bad eating habits	3
Doctors find it easier, increased detection, earlier diagnosis, better methods of detecting it	3
More people being tested and more people are aware	2
Haven't found a cure, no cure	2
No one knows, it is unknown	1
Life span increasing, people live longer	1
Fatal	1
Many things combined	1
God's will	1
Other	6
Don't know	19

Which of these statements is closer to your opinion?

Most cancer is caused by things like industrial pollutants, cigarette smoke and food additives, and substances both natural and man-made in the environment around us	41%
Don't know	18
While environmental factors play a part, most cancer cannot be explained solely by environmental factors	42

Would you agree or disagree: Many cancer-causing substances occur naturally and are not man-made.

Agree	51%
Don't know	22
Disagree	27

Recently the Federal government banned saccharin -- the artificial sweetener -- because of tests showing it caused cancer in rats. Did you hear about that? [If yes] Do you generally approve or disapprove of what the government did?

Yes -- approve	24%
Yes -- disapprove	52
Yes -- not sure	21
Have not heard about it	3

Recently the government banned certain food dyes used in things like cherries and hot dogs because of studies showing they might cause cancer. Did you hear about that? [If yes] Do you generally approve or disapprove of what the government did?

Yes -- approve	51%
Yes -- disapprove	26
Yes -- not sure	15
Have not heard about it	9

In both of these two cases consumers benefited from the chemicals or substances that the government banned, as well as incurred some risks. Some people say that we always have to incur some risks -- in this case, cancer -- if we want to get significant benefits. They argue that seldom does anything come to any of us without some kind of price. On the other hand, other people say that this is not true. That when it comes to cancer no benefits can outweigh the risks involved. Which is closer to your view?

Take some risks	50%
Don't know	19
Take no risks	31

Some people say that people ought to be allowed to make the decision at their own risk as to whether or not the benefits gained from something outweigh the risks incurred. That is, if a person wants to risk getting cancer from using saccharin he should be allowed to, as in the case of smoking tobacco. Others say that many people aren't able to assess the risks involved and that the only solution is to ban potentially dangerous products at the Federal level. Would you favor allowing individuals to make their own risk-benefit decisions or do you favor bans at the Federal level?

Favor individual risk-benefit decisions	66%
Don't know	12
Ban at Federal level	22

When you think of risks, in the context we are now discussing, what does the word "risk" mean to you?

Taking a chance, people take chances, a gamble	37%
Taking a chance with your health, chance of illness	14
Taking a chance with your life, you could die, putting yourself on the line	8
Danger, hazard, some consequences	6
Risk should be up to the person involved, each person has the right to decide, if people want to continue - let them do it	6

"Risks" (continued)

Potential hazard or danger, maybe some danger	5
Being dangerous to yourself, done at your own peril	2
Slight chance, potentially remote factor	2
Hazard in use, take a risk by using product	2
By ignoring information you are taking a chance	2
Preventable danger, exposing yourself to needless danger	1
Foolishness, haphazardness	1
Trying something, give it a try	1
Other	6
Don't know	8

When you think of benefits in the context we are now
discussing, what does the word "benefits" mean to you?

Improved health, welfare to your health, saving a life, longer life	12%
To gain by, gains, coming out ahead, betterment, improvement, for the better, something better	10
To help, helping	9
Something good, good things	8
For my good, to do good for you	5
Good result, good will evolve, good in the end	4
Pleasures of consumption, good foods and smoke myself to death	4
To your advantage, advantage	3
What I receive, getting something	3
Reward, financial reward	2
Freedom of choice, let me be my own judge	2
Removal of risk	2
Advantages outweigh risk, enjoy some- thing that outweighs risk	1

"Benefits" (continued)

More good than bad	1
For it, with it, in agreement, yes	1
Nothing	2
Other	17
Don't know	13

Do you personally feel you have enough information to decide about the possible cancer risks of various chemicals?

Yes	20%
Not sure	12
No	68

Would you agree or disagree: No substance or chemical should be permitted to be sold if it is found to induce cancer when consumed in any size dosage by man or animal.

Agree	49%
Don't know	18
Disagree	34

[If agree] In order to do this, would you be willing to sacrifice the diversity of goods you now have if many of them could not meet this standard?

Yes	74%
Not sure	16
No	10

Some people say companies should tell us in plain English what the possible dangers are in a product, as they do on cigarette packages, and then leave it to us, as individual consumers, to decide whether or not we want to use that product. Would you agree or disagree?

Agree	82%
Don't know	9
Disagree	9

Union Carbide

Some argue the following. They say that if a substance causes cancer and there is no social benefit from it -- as in the case of food coloring -- then the substance should be banned. On the other hand, if a substance causes cancer, but there is a "real" benefit from it for many -- as in the case of saccharin usage by diabetics -- then the substance should be permitted to be used to gain that benefit. Do you think possible cancer-causing substances should be permitted if they have "real" social benefit?

Yes	59%
Not sure	24
No	16



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

October 6, 1977

Mr. R. H. Mereness
Asbestos Information Association/
North America
1745 Jefferson Davis Hwy.
Crystal Square 4, Suite 509
Arlington, VA 22202

Dear Bob:

As we all know, at the last Board of Directors meeting the Johns-Manville Company proposed a change in the by-laws that would require a unanimous, word-by-word approval by all members before any response is made to a governmental agency in the name of the AIA/NA. In cases where unanimous agreement cannot be reached, the alternative of individual responses by member companies was suggested. The most important functions of the AIA under this proposal would be to serve as an early warning system on regulatory activities and as an information dissemination organization.

It is not hard to understand Johns-Manville's concern, as the largest asbestos company in the industry, that the AIA/NA might take a position which they consider to be detrimental to their interests. Although we agree that the procedure by which the AIA develops an official position and prepares replies to governmental actions needs to be better defined, we believe that it is both inappropriate and not in the best interests of the industry to adopt an operating format where a single member, large or small, has veto power and can prevent the organization from taking action. This letter presents our reasons for this position and offers an alternative.

As one who has been extensively involved in the preparation of AIA/NA responses over the past four years, and who has worked closely with Johns-Manville in this operation, I would like to offer some first-hand insight into this activity. Regulatory proposals where a response could be beneficial to industry come up almost weekly. Our awareness of these frequently comes late, and we are not staffed to prepare instant responses to submit to members in time for their comments. Generally, it is a major struggle to obtain and incorporate the suggestions from the Executive Committee into the final document before the deadline for submittal. It can be stated categorically that, with the possible exception of a major federal regulatory action which is delayed beyond the normal time sequence, it is impossible from logistical considerations to obtain complete, detailed approval from all members on responses. With a "unanimous" rule the only sensible procedure is a policy of no responses at all.

A "no response" policy has two important detrimental effects. In the past we have always worked in very close communication with Johns-Manville as a response is prepared. They have a large, highly-competent, well-run staff but unfortunately, neither they nor the AIA are blessed with omnipotence. There have been very few J/M responses that do not incorporate some worthwhile ideas from the AIA and it is fully acknowledge that the reverse is also true. We believe that the old cliché, "two heads are better than one", and in this case, substantially better, applies here and it would be a material loss to both the industry and to J/M not to continue this cooperative effort.

The other detriment relates to overall coverage. As noted earlier, governmental activities particularly at the state level spring up like mushrooms. At the risk of belaboring the obvious, the industry could succeed in obtaining reasonable federal regulations and still be driven out of business by more restrictive state statutes. Early involvement in state activities is critical. In the past, in this area too, we have worked closely with J/M and have found that it put a real strain on our combined efforts to keep up. We believe that it is very important to continue to work at the state level and that J/M has neither the resources nor the priorities to do an effective job alone.

The last point to cover before presenting our recommendations relates to the suggestion that the member companies could, where unanimous agreement is not reached, make presentations to the government on their own. In order to engage in effective dealings with regulatory agencies it is necessary to have:

1. A skilled contact staff with a detailed knowledge of the agency plus regular contact and rapport with the personnel. In essence, this means proper working channels of communications and the ability to select and use them to get results.
2. Authorization to represent an important company or group of companies in the industry involved, i.e., sufficient "clout" or constituency to merit the agency's attention.
3. A full understanding of the central and peripheral issues and politics involved and the ability to put together a realistic, creditable and defensible position.

We believe that the AIA/NA by virtue of its activities over the last few years, has developed the skills where they can be an effective industry representative. Of the individual member companies, however, only J/M appears to have the combination of factors needed to speak strongly on their own. The concept that the individual companies can represent themselves effectively is largely a fiction. In this connection, it should be noted that in the event the AIA/NA should take a position different from that favored by J/M, the latter can still present their side strongly. With a "unanimous agreement provision" the reverse is not true and a large, but still minority, interest has overruled the majority.

As a reasonable alternative to unanimous consent of all members, as a means to formalize policy, and to define the proper procedure to prepare responses to governmental action, we suggest the following approach for your consideration. It is implicit herein that our organization continues to operate

October 6, 1977

in the present manner, i.e., responsibility for decisions on matters that occur between meetings of the Board of Directors is delegated to the Executive Committee, subject to review by the Board at their next meeting.

1. The AIA/NA would adopt a basic policy that they will respond in the name of the AIA/NA, within the resources available, to any governmental action that is in conflict with our basic position as developed in prior governmental responses and which can have a significant effect on any member. Priorities would be set by unanimous approval of the Executive Committee subject to appeal to the Board of Directors.
2. Responses would normally be prepared by the Governmental Activities Group or Committee (see my letter to Tom Dougherty, dated October 6, 1977). They would generally conform to the basic AIA/NA position developed in previous responses and would be subject to unanimous approval by the Executive Committee. Individual members of this Committee would retain the option as to their own need to read every word but reasonable provisions to allow this would be made. In the event any deviations from previously established guidelines become necessary, these too, would require unanimous consent of the Executive Committee.
3. For any matters where the unanimous consent of the Executive Committee could not be reached any member could, at their option, appeal the decision to the Board of Directors. The Board would act by a simple majority of members as presently required or by whatever alternative formula less than unanimous consent that the Directors adopt as appropriate. Any member who chooses may go on record as not supporting any particular position. If he so desires, this dissent would be noted in any presentations to governmental agencies.

This approach obviously stops short of complete unanimous approval by all members but it does provide for a review of all presentations and a temporary veto power, subject to review by the entire membership. It defines and controls what positions are taken in the name of the entire organization while still retaining reasonable flexibility to respond to governmental actions in the most effective manner.

In conclusion, we believe that it is very important to the entire industry that the AIA/NA continues to take an active role in the response to governmental regulatory proposals and that a great majority of the members look to, and depend on, the AIA to fulfill this function. Effective response as individual companies is not generally practicable. The AIA should have the authority, after careful deliberation, to take a stand differing from that of a minority of its members and such members should have the right to have their dissent noted. Finally, we believe that a formalization of the policy and procedures for presentations to governmental agencies is very necessary and offer the suggestions contained herein as a way that this can be achieved.

Very truly yours,

Harry

Harrison B. Rhodes
Technology Manager

HBR:dal

CC: T. A. Dougherty
W. C. Thurber

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

October 6, 1977

Mr. Tom Dougherty
Senior Vice President
Pipe & Plastics Group
Certain-Teed Products Corp.
P. O. Box 860
Valley Forge, PA 19482

Dear Tom:

As you are probably aware, Union Carbide management believes that my service as a member of the Executive Committee should be accompanied by at least a proportionate and preferably larger reduction in my present involvement with other AIA/NA activities. I certainly agree with this and have given the matter a great deal of thought in the last few days. Some ideas that may be useful are outlined here for your consideration. These are certainly not firm and I would be glad to discuss them further with you and Bob. It is assumed that this matter will be discussed at the next Executive Committee meeting and it seems desirable that we have our ideas sorted out before then.

The approach used here is based on the assumption that the members will reject the J/M "unanimous approval" approach. The AIA will, therefore, continue to operate in much the same manner as in the past. Some more formalized control over the preparation and content of governmental responses seems likely, however, and is not unreasonable. On this basis, continued active participation by Guy Gabrielson is included in the suggestions and I feel strongly that we need to find a way to keep his continued interest. He has brought a unique combination of senior managerial skills and a willingness to be concerned with details that is irreplaceable. He should be at least an ex-officio member of the Executive Committee and should attend all meetings.

Our immediate problem arises from the growth of the Standards and Technical Committee in the past several years to include an overlapping Ad Hoc Committee on a Construction Standard and a Subcommittee on Monitoring. Partially by design and partially due to inability to find anyone willing to take the job has resulted in my service as chairman or co-chairman of all three of these committees. Also, the mission of each of these committees is now defined, but only in broad terms. The basic changes that follow are suggested to improve both the overlapping chairmanship and mission definition problems. In presenting these ideas it should be emphasized that any specific names mentioned are my own thoughts about who could do a good job. The matter has not been discussed with either the man or his company.

First, the primary standards development and governmental response function would be removed from the Standards and Technical Committee so that it would become basically a Technical Committee. Although it would still act as an important information clearing house on regulatory activities, it would have two primary functions:

- a) Serve as a technical resource on standards matters on specific projects by request.
- b) Work on technical matters such as the development of work practices, technical brochures on dust control, and similar items for AIA/NA publication.

A new chairman must be appointed and possibly some other member of the Executive Committee besides myself could serve as the "overseer". I would recommend Jim Heil as chairman. It should also be noted here that this committee is overdue to be revamped with a number of inactive members either removed or replaced.

Second, the governmental response activity would be placed in a very small Governmental Activities Committee as part of Guy Gabrielson's Government - Industry Task Group. This committee should consist of a senior representative from J/M (either Fenner or Carter) and Ike Weaver. I would serve as the Executive Committee representative and substantial involvement of the staff would be a key requirement. In general this group would communicate by mail or phone although I would expect that the preparation of testimony for major regulatory actions would require an occasional meeting. If J/M would become active in this manner, it would improve communications in both directions. Possibly it would also help to alleviate the current problem.

Third, the Air-Monitoring Subcommittee would be given the status of a committee. Their mission would be defined in three parts, with authorization from the Executive Committee required to proceed beyond Phase I.

- a) Phase I - Round-Robin Exchange Program covering sample collection and analysis.
- b) Phase II - Contribution of the Counting Procedure to total variability.
- c) Phase III - Development of recommended changes in the method.

This is an important and specific task that has considerable contact with outside organizations and recognition of its status seems desirable. As a practical matter, four of the six members are also on the Standards and Technical Committee. Past meetings have been as an adjunct to their meetings or under individual sponsorship so no additional financial burden on the AIA is envisioned. I have a substantial personal interest here, the time commitment is not large, and there is no obvious or willing alternate candidate for chairman so I would plan to continue in this role through Phase I.

October 6, 1977

Fourth, the Ad Hoc Committee on the Construction Standard has been on the back burner for months and it is suggested that it be left that way for the present. I would like, however, to set up a project for the Technical Committee to develop a detailed critique of the EEH draft report and to look into the development of work practices of the type suggested in our draft Construction Standard Proposal. We also need to move in the Governmental Activities Committee to get this draft proposal shaped up for possible discussion with OSHA.

This concludes my suggestions for rearrangement of the activities in which I have been involved. Let me repeat that the people mentioned have not been contacted and that I think we should get our ideas sorted out before the Executive Committee Meeting.

Best regards,



Harrison B. Rhodes ✓
Technology Manager

HBR:dal

CC: R. H. Mereness
W. C. Thurber