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Raybestos ASBESTOS

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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,

Harry

Harrison B. Rhodes
Technology Manager

HBR/rmm
Attachment

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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 health risk ^{of lung cancer} 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} ~~associated~~ with levels of exposure in the past ^{which were} ~~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.~~
6. Industry ^{is taking and} 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, ^{specified 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}

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?
ACC
NI
AEC
Financing
Counting
1/4 inch
yards*

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.

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