designated and authorized by the employee. Whether or not the medical representative of the employer would have access to these records is not clear at this time.

SLIDE #6

On the request of the Director of NIOSH, Dr. Marcus Key, the American Industrial Hygiene Association (AIHA) has submitted its comments on the proposed NIOSH recommendations which are to be incorporated into the proposed standard for asbestos. The AIHA had several reservations about the details of the medical surveillance program and has recommended the following changes:

1) Sputum cytology is of limited value and should not be included. Because of their sporadic appearance and, in the case of fibers, their relation to recent dust exposure, the AIHA was of the opinion that the quantitative assessment of asbestos bodies and fibers in sputum was not, in the light of present knowledge, a very useful procedure.

2) X-rays should include both a lateral and posterior-anterior view. The AIHA feels that periodic x-rays can be extremely beneficial in detecting early lung structure changes if a lateral, as well as a posterior-anterior view, is taken.

3) Medical records should be made available to those physicians to whom the employee releases the information, and to the employer's medical representative. Since the employer is responsible for the health of the employee, it was felt that his medical representative should have access to the medical records.

In reference to the proposed NIOSH recommendations on medical surveillance, the Industrial Union Department of the AFL-CIO has submitted its comments to the Occupational Safety and Health Administration. The NIOSH criteria on medical surveillance are acceptable to the union with the following qualifications: