

FILE NAME: Todd Shipyards (TODD)

DATE: 1945 Aug 29

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August 29, 1965

Mr. & Mrs. Henry - New York

Mr. & Mrs. Kenneth - Philadelphia
Mr. & Mrs. Evelyn - New York

FROM: HENRY JACO
RE: BUREAU

Your memorandum report of August 22 about the meeting with the group at 3440 14th Street, New York, is most interesting. But I agree somewhat with you that the things you saw do seem to be in the line of a meeting of this sort. I am writing back to you that you are right about the program of this kind of thing. By the way, I am sure that you, a relative meeting probably will have been held at the New York State.

Your report confirms my belief that our representatives can do an interesting and effective job for the company by constantly following with the latest with the company, plant physicians, safety engineers, and production people involved. They are the ones who finally determine the acceptability of our materials from a health point of view, and it is important to sell them as it is in the first instance to get an order on the basis of engineering performance.

The question raised by Dr. Henderson concerning that court and production team is interesting to me because so many factors are involved. The relatively coarse wool fibers will settle rapidly in open and unattended spaces. In enclosed or controlled spaces with inadequate ventilation, it will, of course, settle more slowly. This question of settlement is, however, an accident on the part of the fact that the customer's material, even though it is clear that do clear in the air are not inhalable, and that it is the presence of such fibers would be only a serious disturbance on the job. I recall a statement made by the office of the National Institute of Standards and Technology, in the Department of Commerce, that the fibers of the Dr. J. Philip Smith Report, when a similar question was put to him by a group of labor representatives. Dr. Schneider told these men that although he is not a lung physician, he could answer them that they had nothing that they were very likely to get from fibers that could be seen, since such fibers were too large to get into the respiratory tract, and that the range of fiber diameter in fiber glass materials was beyond the threshold at which such a hazard was encountered.

From time to time, dust counts have been made at the Denver plant and at the Birmingham plant by state officials, and several years ago a dust count was made in Denver by a representative of the Industrial Hygiene Foundation. As you probably know, a hazard may be deemed to exist only

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11/01/99 22:05

TX/RX NO.4675

P.002

Dr. J. L. Henry - New York

August 29, 1984

1. particles of certain sizes are found in certain quantities - however
like several million particles per cubic foot.

In no case was any dangerous concentration developed, and as you know, the only place in our plants where workers are required to work is outside in the fresh air because of a silicosis hazard resulting from exposure to free silica in the handling of sand. Once the sand is transformed into glass, however, the silica changes into silicates, not the silicosis hazard disappears. It is an extremely different thing with asbestos. The asbestos fiber is the only silicate that has been demonstrated by lung pathologists to produce a lung hazard. This is because the asbestos fiber is crystalline in structure and microscopically it is needle-like in appearance with many overlapping, almost needle-like crystals. These crystals contain water of hydration. The asbestos fibers of certain particle sizes and in certain concentrations can penetrate into the respiratory passages and cause harm when they reach the alveoli of the lungs where they set up a chemical reaction with body fluids, similar to the found in silicosis.

I understand that only a highly trained lung pathologist can distinguish asbestos from silicosis. The symptoms are similar: dyspnea (shortness of breath), but the immunologic cough, slight elevation of temperature, etc. Don't speculate we don't run into anything of that sort with asbestos.

I think the reader might not have been very convincing. I am sending you separately a can of TACO-CLON for the relief of such an illness known as you care to inflict upon yourself.

Best regards,

Richard C. Jones

PCJ:JSC

01 022 073

August 29, 1945

Mr. J.A. McKay - New York

cc: Mr. A.E. Kincaid - Toledo
Mr. J.S. Irvine - New YorkTOLD SHIP YARD
ERIE BASIN

Your thoroughgoing report of August 21 about the meeting with the group at Todd Ship Yard, Erie Basin, is most interesting, and I agree heartily with you that few things can so be advantageous to us in the long run as a meeting of this sort. I am mighty glad to know that you are going ahead with a program of this kind and that by the time this memo reaches you, a similar meeting probably will have been held at the Todd _____ Yard.

Your report confirms my belief that our representatives can do an increasingly effective job for the company by constant follow-up with the industrial hygienists, plant physicians, safety engineers, and production people involved. They are the ones who finally determined the acceptability of our materials from a handling point of view, and it is as important to sell these as it is in the first instance to get an order on the basis of engineering performance.

The question raised by Dr. _____ concerning dust count and precipitation is difficult to answer because so many factors are involved. The relatively coarse wool fibers will settle rapidly in open and unconfined spaces. In enclosed or confined spaces with inadequate ventilation, it will, of course, settle more slowly. This question of settlement is, however, an academic one in view of the fact that Dr. Gardner's research demonstrated that such fibers that do float in the air are not inhalable, and that at worse the presence of such fibers would be only a characteristic on the job. I recall a statement made in the office of Manfred Bowditch, Massachusetts Director of Industrial Hygiene, in November, 1941 by Dr. Luis Schwartz of the U.S. Public Health Service, when a similar question was put to him by a group of A.H.U. representatives, Dr. Schwartz told these men that although he is not a lung pathologist, he could assure them that they had nothing whatsoever to worry about from fibers that could be seen, since such fibers were too large to get into the respiratory tract, and that the range of fiber diameters in Fiberglas materials was beyond the threshold at which such a hazard was encountered.

From time to time, dust counts have been made at the Newark plant and at the Huntington plant by state officials, and several years ago a dust count was made in Newark by a representative of the Industrial Hygiene Foundation. As you probably know, a hazard may be deemed to exist only if particles of certain sizes are found in certain quantities -- something like several million particles per cubic foot.



Edward C. Ames

11/01/99 22:05

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ID:

NOV-01-55 21:51 FROM: PETER G ANGELOS

In no case was dangerous concentration developed, and as you know, the only place in our plants where workers are required to where respirators is in the branch house because of a silicosis hazards resulting from exposure to free silica in the handling of sand. Once the sand is transformed into glass, however, the silicon changes into silicates, and the silicosis hazard disappears. It is an entirely different story with asbestos. The asbestos fiber is the only silicate that has been determined by lung pathologists to involve a lung hazard. This is because the asbestos fiber is crystalline in structure and microscopically it is snake-like in appearance with many overlapping, almost needle-like, crystals. These crystals contain water of hydration. The asbestos fibers of certain particle size and in certain concentrations can penetrate into the respiratory passages and cause _____ when they reach the alveoli of the lungs where they set up a chemical reaction with body fluids, similar to that found in silicosis.

I understand that only a highly trained lung-pathologist can differentiate asbestosis from silicosis. The symptoms are similar: dyspnea (shortness of breath), hacking, unproductive cough, slight elevation of temperature, etc. Thank goodness we don't run into anything of that sort with Fiberglas.

I think the snake barker act must have been very convincing. I am sending you separately a can of Ian-O-Klean for relief of such further torture as you care to inflict upon yourself.

Best regards.