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STATEMENT BEFORE THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
on the
PROPOSED PERMANENT STANDARD FOR THE REGULATION OF
OCCUPATIONAL EXPOSURE TO BENZENE

August 9, 1977

My name is John F. Anderson, Executive Vice President of Farmland Industries, Incorporated, and I appear here today representing the National Petroleum Refiners Association. The membership of the NPRA comprises virtually all of the U.S. petroleum refiners and most of the domestic petrochemical industry. My company owns three small refineries which supply fuels and petrochemical products including fertilizers to rural, farm-intensive areas of the midwest. Numerous other agricultural areas are dependent on other small cooperatives owned by the customers they serve. In fact, many rural areas are served by small refineries, whose significance is disproportionate to their size due to the importance of agriculture to our national economy.

We share OSHA's concern for our employee's safety and welcome constructive measures to reasonably minimize any dangerous situation where there is substantive evidence to support the need for protection. This is especially true where the restrictions deemed necessary by OSHA affect an important industrial chemical such as benzene which is not only a manufactured substance but occurs naturally as well. OSHA's proposal to further restrict occupational exposure to benzene and its practical effect of legislating volumetric concentrations in our industry's raw material and products has created great concern. In short, we dispute the assertion that the present airborne exposure level of 10 parts per million is inadequate to protect employee safety, and urge that it be retained until there are valid data to support any reduction.

There are no substantive data of which we are aware or that NIOSH or OSHA have presented demonstrating significant adverse health effects as a result of exposure to benzene at the 10 ppm level. The Infante Report proffered by NIOSH is unconvincing at best. It certainly cannot be elevated to the status of credible evidence in view of the numerous deficiencies to which other more technically qualified witnesses allude in their testimony. It may be relevant to note that as inconclusive as the Infante data are, other

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relevant factors have not been considered. The period of exposure of the cohorts included the war years when efforts to measure and control them was obviously not diligent, nor was benzene exposure a primary concern. During this period, the work week and therefore hours of exposure generally far exceeded 40 hours per week. Much first hand data regarding possible exposure to other chemicals is simply unavailable due to the retroactive nature of the study. We believe that the precipitous and emotional nature of the recent concern with benzene should be put aside and replaced with mature, considered study in an orderly, scientific manner. The impact of the massive expenditure of manpower, resources and technology required to effect the changes dictated by the proposed standard must not be overlooked.

Indeed, we urge OSHA to reexamine its procedures for implementing occupational safety standards to consider the total implications of its rulemaking before issuing them. This is particularly important if, as Secretary Marshall recently announced, OSHA intends to proceed against "whole families of chemical substances in the future." A systematic approach to such a broad scheme is required to avoid needless waste, diseconomy of effort and inefficient utilization of resources. In proceeding against a number of "wholes" as Mr. Marshall termed benzene and arsenic, OSHA may find that industry will have no more line available to catch the "sharks" when they make themselves known. Without evaluation of relative danger, assessed against the impact of restrictions (cost effectiveness), needless duplication of remedies or serious shortages may result.

Gasoline octane provides an excellent example of the impact of diverse, uncoordinated regulatory effort. The use of lead, an octane enhancing additive, is rapidly being limited by EPA for both health and air pollution control-related reasons. MMT, also an octane enhancing additive which has become prominent as a replacement for lead, may also be restricted or eliminated from gasoline. Every indication suggests that either OSHA, EPA, or both agencies may limit the benzene content of gasoline and further reduce the capability of the refining industry to provide the quality of automotive fuel demanded by today's cars. Even if benzene content is not directly limited in gasoline, the existence of a lower volumetric limitation for benzene in other substances will deter marketers and the public. When OSHA announced the Emergency Temporary Standard with its 1% volumetric exclusion, the rubber solvent market was similarly affected. Many suppliers of rubber solvent, widely used in the tire manufacturing industry, announced they were discontinuing production because of inability to meet the 1.0% limit. Many purchasers refused to accept any solvent exceeding the benzene standard to avoid the stringent requirements. The cost of solvent meeting the standard rose appreciably and it is doubtful that the industry will be able to procure needed quantities with low benzene content for several years.

In the case of small refineries, the construction costs of benzene recovery equipment would approach the cost of replacing the entire refinery. EPA's non-attainment area offset policies may preclude some, if not all such modifications, but in any case, capital acquisition and construction time pose formidable obstacles. Recent energy tax proposals now being considered further threaten the viability of the domestic refining industry.

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In respect to the mechanics of the proposal, it is apparent that OSHA should not be concerned with benzene content in mixtures but with the exposures to which employees are subjected in the workplace. If safety is the primary concern then the employer should be permitted to concentrate on protecting workers and not be hamstrung with incentives whose practical effect is to eliminate the substance. Regulated areas should only include those where benzene concentrations exceed unprotected safe limits. Reasonable monitoring requirements which protect workers, but avoid burdensome repetitive measures having little compensation in employee health are desirable. Once a stable exposure below permissible limits is determined, monitoring on an annual basis or when significant process changes have been made should suffice. Where exposure exceeds the safe level and the danger is recognized, continued monitoring serves no useful purpose. The effort must be to protect the employees properly. Once the level has been reduced, the effectiveness of the abatement plan can be verified.

Regarding medical surveillance procedures, we are in agreement with a policy of preplacement exams to screen prospective employees for possible abnormalities which may be aggravated by benzene exposure. As long as industry hygiene monitoring shows that workplace exposures are within the permissible levels, medical surveillance on an annual basis is adequate. The frequency of additional medical surveillance should be determined by the examining physician based on clinical findings. In addition, if the purpose of medical surveillance is to demonstrate the adequacy of exposure control measures, all employees should be required to submit to medical surveillance provided by the employer.

There are several specific provisions of the proposed monitoring procedures which we would suggest be changed.

- 1) Under (i) (5) (ii), information furnished to the physician should indicate that the employee works with benzene and has a potential exposure hazard, but the detailed description of job duties is superfluous and will not be informative to most physicians.
- 2) Under (j) (2) (d), work history should be required to be furnished to the physician when in his judgment he needs this information. Automatically forwarding work histories will generate unnecessary and unused reports.
- 3) Under (g) (4) (i), discarding cartridges and canisters at the end of each work-shift will be extremely wasteful of natural resources, energy and money if the respirator is worn in an exposure of from 1 to 10 ppm. At this level of exposure the cartridge is safe for at least five 8-hour days. If the exposure is between 10 and 50 ppm, the cartridge should rightly be disposed of at some more frequent interval, one 8-hour day period being the safest decision.

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