FILE NAME: WR Grace (WRG)

DATE: November 26, 1980

DOC#: WRG352

DOCUMENT DESCRIPTION: 1980 Memo to OM Favorito from RH Locke regarding NIOSH Meeting

GRACE

Construction Products Division

Personal & Confidential

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TO: O. M. Favorito

DATE: November 26, 1980

FROM: R. H. Locke

SUBJECT: NIOSH Meeting
November 24, 1980

cc: J. W. Wolter

PLAINTIFF'S EXHIBIT WRG-1607
PENGAD-Bayonne,N.J

As agreed following the Monday meeting, Borgstedt, Eschenbach and self were to write you by Monday, December 1st, to report what each thought transpired in the meeting, as well as what our options are.

1. Background - Dement stated NIOSH's plan is to do an epidemiological study of Libby in fiscal 1981 and of South Carolina in fiscal 1982. Banks (physician) stated that while he has not fully thought out the Libby study, he would probably wish to utilize:

a) Three "B" readers to study all current (latest) Grace x-rays (to avoid subjecting the whole group to re-x-ray).

b) The Vanguard spirometry data (although he was unfamiliar with the machine).

c) Grace questionnaire results.

d) Compared with a St. Regis or Forest Service Control group.

Dement interjected that he would like to also add earliest x-ray for all current employees. Kennedy (epidemiologist) inquired how we (Grace) might go about supplying data on employees' individual historical exposures. When we indicated this would be difficult and subjective, she produced a 1968/69 Earl Lovick summary which did this. Kennedy also asked about Grace records on former employees.

2. Objective - Dement stated NIOSH's overall objective was to study occupational mining exposure to mineral platey-hard silicate fragments and fibers, not necessarily asbestos, in "new to be studied" minerals, including hard ball clays, kaolin clays and vermiculite. He stated vermiculite is of interest because it is a major, unstudied material; it has been of

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periodic NIOSH/MSHA interest over a decade; and the Scott bloody pleural effusions indicated hazard (he said there are now nine cases at Scott). Dement further stated the Libby study would yield data on the effects of mineral fragments (longer than 5 micron) as well as trace contamination by non-commercial asbestos.

We (Favorito, Locke) indicated this study could create a lot of loose talk with serious implications and have a deleterious, unjustified and pointless impact on Grace's vermiculite business. Borgstedt stated a viral infection was a more likely Scott explanation than vermiculite. Eschenbach stated the chemicals handled and applied at Scott were further suspects. Favorito and Locke stated the Scott incident did not establish a link.

We further stated that the NIOSH study as described would be another asbestos exposure study and shed no new light on NIOSH's stated overall mineral fragment objectives. Eschenbach stated Libby had 90-120 f/ml exposures through the early 1970's which prevented sampling longer than five minutes due to filter loading and that we (Grace) had incurred a lot of Libby deaths due to lung cancer and that the study would thus yield little or no new light.

3. Data Reviewed - The Libby film was shown for orientation. No NIOSH notes were taken during it or questions asked (such as about the dynamiting or truck dust).

Following the film, Eschenbach verbally worked through our prepared responses to Kennedy's pre-meeting questions. There was extensive NIOSH note taking and questioning from Kennedy, Banks and Jones (industrial hygienist). The sampling summary was handed out as was the concentrate analysis. Kennedy and Dement inquired about union records and pension plan records for tracking ex-employees/retired employees. Jones asked about retention of samples, filter and impinger. He wanted to obtain info on what the past non-tremolite dust was. Eschenbach advised this was not possible owing to samples not being saved.

Borgstedt next described the new monitoring program. There was a lot of interest. The bar graph summary was handed out and explained. After a brief discussion of B-Reader conflicts, Banks agreed to send Borgstedt NIOSH study results of this. Also, Dement concurred with Borgstedt that sputum cytology is not useful as a screening device.

Following lunch, NIOSH requested a rundown of the South Carolina and expanding plants similar to what they had received on Libby. We countered that they had come to talk about Libby and it was Libby on which we were prepared but that we would try to respond in general terms.

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Eschenbach briefly characterized Enoree as a low exposure, higher turnover, smaller employee group. NIOSH appeared to lose interest in the expanding plants as potential study objects due to their described small groups, high turnover and prior chrysotile contamination.

Dement volunteered that CPD had apparently done an exemplary job coping with the tremolite problem compared with other companies he's seen.

4. Status - At this point the discussion turned to "where do we go from here". We (Locke, Favorito) reiterated that NIOSH's proposed study was just another asbestos study and the world didn't need another. The only study parameters envisioned by NIOSH were asbestos exposures. NIOSH countered by asking Grace how the study could be differentiated. Grace stated the first hurdle was demonstrating need, which NIOSH hadn't.

Surprising to me, this non-plussed the NIOSH group. The meeting broke up three hours prior to their scheduled flight departure. It was left they will draw up a Libby study protocol and submit it to us for comment.

5. Options - It is assumed NIOSH will submit a Libby study protocol to CPD in early January. Without discussing the Grace/CPD objectives and risks in such a study, the principal options, which are not mutually exclusive follow:

a) Obstruct and block, possibly even contesting in the courts. As I understand it, we'd lose and this is not exactly the image we try to project.

b) Be slow, review things extensively and contribute to delay. This might not be bad policy generally and it is possible that the new Administration's policies will make NIOSH more selective in how scarce staff resources are allocated after January 20, 1981.

c) Publish a "pre-emptive epidemiological study". This could attenuate the resume-enhancement potential for NIOSH study personnel. This could also be a checkpoint for a subsequent NIOSH study when it is released.

d) Cooperate fully. This agency and its personnel have not always acted with high levels of professionalism on past studies. This option would save NIOSH time and effort, make their study more comprehensive and possibly rule out some inaccuracies. It would not necessarily make NIOSH's conclusions any more responsible.

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e) Actively go upstream in NIOSH to personally repeat the same arguments, the first time immediately after receipt of the protocol.

f) Actively seek to turn off the sources of the pressure for the study by personally repeating the same arguments. However, the sources may have supplementary reasons not fully shared by NIOSH.

g) Attempt to apply influence via congressmen, senators, lobbyists or others to get it turned off. This might result in delay without turning it off. However, it is not necessarily successful, can backfire and to be effective must be developed over long periods of time due to the trust required.

There are other options as well. All should be discussed. At this time I tend to favor a phased combination of options (b), (c), (e) and (f).

Robert H. Locke

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