PLAINTIFF'S
EXHIBIT
BRK-22

December 3, 1985

Legal Section
Industrial Commission of Ohio
246 N. High Street
Columbus, Ohio 43215

RE: OD 23674-22
Kenneth McKinney
Inland Div.-GMC
Dayton, Ohio

Attn: Judy Spencer

Dear Ms. Spencer:

As directed by Mr. S.L. Loomis, hearing officer, order of July 3, 1984, a review was performed of Division of Safety and Hygiene case files regarding the above claimant and his alleged exposure to asbestos at Inland Division-GMC. To further aid the hearing officer in rendering a decision in this claim similar information was requested from OSHA under the Freedom of Information Act on October 23, 1985. Following is a review of the documents received or found that might pertain to this case. For the purpose of clarity, these same documents are included as attachments to this report.

Safety and Hygiene report, no date, survey performed April 29, 1975, in the line bending department for asbestos. None of the air samples collected exceeded the 1975 TLV for asbestos. (Attachment 1)

Attachment 2 is two heading pages found in our Inland-GMC case files without the air sampling results. What this indicates is that Inland Div.-GMC apparently air sampled periodically for asbestos, however, we do not have the results in our file.

Attachment 3 is the Freedom of Information data obtained from OSHA. Review reveals bulk samples taken on three occasions of brake shoe material to contain varying percentages (20-90 percent) of chrysotile asbestos. These

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same records reveal extensive OSHA air sampling performed for asbestos in the brake lining department in 1977. Review of this data reveals varying levels of airborne asbestos concentrations (none detected to 0.64 fibers/cc) in evidence.

All of the above asbestos airborne levels are below the current OSHA General Industry Standard of 2 fibers, longer that 5 micrometers, per cubic centimeter of air, as outlined in 29 CFR 1910.1001. Prior to 1976 the OSHA standard was 5 fibers, longer than 5 micrometers, per cubic centimeter of air. This original standard was conceived on July 7, 1972. The American Conference of Governmental Industrial Hygienists has established a TLV of 2 fibers for chrysotile asbestos. It is also listed by this conference as a human carcinogen. On August 8, 1975, the National Institute for Occupational Safety and Health (NIOSH) published: Current Intelligence Bulletin 5 - Asbestos, Asbestos Exposure During Servicing of Motor Vehicle Brake and Clutch Assemblies. The purpose of this bulletin at the time was to "alert you to recently gathered information indicating a potential health hazard for persons exposed to asbestos during the servicing of motor vehicle brake and clutch assemblies." It estimated approximately 6,657 workers exposed during manufacture (original and rebuilding).

Review of the literature discloses that 90-95 percent of asbestos fibers used in this country is chrysotile or "white asbestos." A paper given by Dr. Susan McKenzie, Department of Environmental Medicine, University of Cincinnati, titled Asbestos - Related Lung Disease, at a recent course on occupational lung disease reported:

> "Evidence is now overwhelming that exposure to asbestos produced a wide spectrum of diseases including: (1) nomalignant pleural diseases (pleural thickening, pleural placques, effusions); (2) diffuse interstitial pulmonary fibrosis (asbestosis); (3) diffuse malignant mesothelioma; (4) carcinoma of the lung; and (5) possibly neoplasms of other tissues."

OSHA under the current rulemaking and risk assessment for a new asbestos standard projects five percent of the workers exposed to asbestos at exposure level of 2 fibers/cc will contract asbestosis. Additionally, Selikoff IJ, et. al., Asbestos exposure, cigarette smoking and death rates, International Conference on Health Hazards of Asbestos Exposure, NY Academy of Science, June 24, 1978, documents the risk of worker exposure to asbestos and asbestos related disease.

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In conclusion, the evidence is overwhelming from review of the literature that personal exposure to airborne asbestos causes asbestos-related diseases with a latency period of 20 or more years, in some cases.

Respectfully submitted,

Glenn L. Davis
Industrial Hygienist

GLD/rk

Attachments (3)