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June 18, 1968

To ALL IDCNA DIRECTORS:

From - Ted Brodie - Chairman HEALTH & SAFETY COMMITTEE

SUBJECT: NATIONAL HEALTH/SAFETY PROGRAM:

1. Background: On May 14, 1968, a meeting was held at the New York Academy of Arts & Science under the sponsorship of DR. IRVING J. SELIKOFF. In attendance, were representatives of all segments of the insulation industry. The subject covered the by now, acknowledged problems associated with asbestos, its uses and applications.

2. Proposed Program: Dr. Selikoff outlined akproposed program to answer the environmental safety problems besetting the industry. Briefly it consisted of:

    1. A Technical Committee to perform basic studies of environmental conditions.

    2. A Scientific Committee to review the results of the above studies and make recommendations to ...

    3. An Insulation Industry Hygenic Council composed of representatives of NIMA, IDCNA, Sprayed Asbestos Fiber Association, the Union, as well as a medical consultant.

    These committees would review the entire problem of environmental health as it pertains to the Asbestos Worker insulation industry - dust control, vapor control, motivational engineering educational material, etc. Final recommendation as to Standards and solutions would be by unanimous consent of the Council.

3. Financing:

Figures were presented that indicated that approximately $1,000,000.00 would be required during the first five years of the program. This of course, depends on the scope of the program. The next problem revolved around how this money is to be raised. At a subsequent meeting, held on June 11, 1968, the suggestion was advanced by Mr. Hutchinson that the Union/Contractors portion should be raised by re-opening existing agreements to add a 1¢ per hour contribution to the health - welfare funds; said amount to be transmitted to the Council for disbursement.

This represents an increased labor cost of 168% that must be passed on to the customer in order for a contractor to survive. The customer, in many instances, is the Federal Government and the Office of Budget Management. Considering the inadequacy of medical and scientific research information concerning safe exposure levels of asbestos dust, and also considering the supposition and assumption on which the proposed Threshold Limit Value is based, it is difficult to imagine a justification for the economic stress this regulation will place upon the construction industry, Federal Government, and private enterprise. We respectfully urge the Secretary of Labor to:

1. Reinstate the Threshold Limit Value for Asbestos Dust at 12 fibres per milliliter 5 microns or greater in length, for an interim period.
2. To initiate a comprehensive epidemiological study of the entire asbestos industry as it exists in the United States; and to determine not only the effects of asbestos but also asbestos associated with other airborne contaminants and cigarette smoking.
3. To provide adequate lead time prior to the effective date of reduction of any Threshold Limit Value in order that the construction industry, operating on fixed contracts, can cope economically with the increased costs that such a reduction will create.
4. To provide definitive information concerning the specific requiremets of regulations.
5. Provide our trade associations with representation on future Study and Advisory Committees.

We, representing the construction industry, have been moving forward to provide safety and health information and implement safer working conditions. We intend to continue and accelerate this program. It is our desire to provide every possible protection for our people.

Thank you for the opportunity of appearing at this public hearing today.

**Al Schinnerer** from the West Coast also made a fine presentation, as follows:

I am Albert D. Schinnerer of Portland, Oregon, and am an employer trustee of the Asbestos Workers Western States Occupational Health Plan. This occupational health plan is operated for the benefit of our construction industry. Our contractual consultant States and specifically includes all of the twelve (12) most western of the continental states.

Our plan was funded in 1967 and on June 8, 1967, the trustees resolved to begin working with Drs. Clark Cooper and Irving Tabershaw of the School of Public Health at the University of California for the purpose of minimizing asbestos and other related problems in our construction industry. Our contractual consultant service now operates under the name of Tabershaw-Cooper Associates and is well recognized in the occupational health field. I give this history so that you will know we represent 5 years of demonstrated concern about occupational health and are not novices on the subject of asbestos.

At this time I want to point out that the name "Asbestos Worker" is a misnomer when applied to the construction industry insulator and has been so for some years. Materials that are involved in much of the applied work today don't contain asbestos Therefore we generally don't have a situation where the worker is continually exposed to asbestos-bearing products week after week or year after year.

In a 1968 paper prepared for the Second International conference on the Biological Effects of Asbestos at Dresden, Germany, Dr. Clark Cooper and Leroy Balzer made a then current estimate on their observation of the insulator's time spent on work involving the use of asbestos-bearing materials and placed it at 45%. That study is 4 years old and now we use asbestos-free cements and asbestos-free spray material, just to name two subsequent material changes.

With respect to the proposed Standard 1910.93 a. for exposure to asbestos dust, I have great concern for the practical implementation of the standard in our construction industry. In construction, an employer often has a few people here and a few people there and you can multiply this for the number of jobs he is currently doing, generally over a large geographical territory To monitor each of these jobs where some asbestos-bearing product is specified for installation at the proper time period is likely an impossible task for any of our contractors. I want to go a step further to say that it is unrealistic to expect that individual construction employers have the monitoring expertise required and, further, many don't even have the resources to acquire it.

Tabershaw-Cooper Associates have surveyed in the field a number of jobs in the Western States jurisdiction and have monitored for asbestos dust the various activities that the insulator performs when he handles asbestos-bearing products From this they have been able to make some conclusions on what could be a hazardous activity and what is not a hazardous activity in the course of a day's work. From the studies there have been promulgated some guide lines for good work practices in the insulation contracting in-

dustry. It is my suggestion that study be given to these (including construction industry input) to arrive at construction industry controls for asbestos dust rather than the proposed 5 fiber 8-hour time weighted average.

I offer my observation that the asbestos dust problem today is not what it was 30 or 25 years ago and, in construction, those are the illness cases we see today. Given a proper amount of time for implementation, the industry can do even better.

Now, I want to make some comments on other items in the proposed standard.

1. Under paragraph heading (d)—Particular operations and products—sub-paragraph (6) states that asbestos dust shall be removed only by vacuum cleaners. This wording is unnecessarily restrictive and unimaginative for improvement in methods. Wet cleaning methods should be authorized plus an allowance for other efficient techniques that may be developed.
2. Paragraph (e)—Warning Signs
   I construe this section as applying at the time respirator use is mandatory. When operations are not of hazardous nature, paragraph (e) is not applicable.
3. Paragraph (g)—Medical Examinations; and (h)—Records
   I should like to advise that for employers in the Western States there is by agreement between the Western Insulation Contractors' Association and the Western States Conference of Asbestos Workers a provision for funding medical examinations for lung disease surveillance in each local area, in accordance with specifications set forth by the trustees of the Western States Occupational Health Plan. This program has been set up at local clinics by Tabershaw-Cooper Associates and they are prepared to continue this program and set the appropriate standards of the examination and the frequency that will provide for the worker's health. I believe the above arrangement does meet the objective of this part of the Standard. If not, I think it is necessary to revise the wording for the construction industry so that it will.

   Just one example:
   NIOSH recommends that preplacement and termination medical examinations be required for every term of employment of asbestos exposed workers. In construction, as the work load shifts from one employer to another in an area, or from one area to another, it is not uncommon for a worker in the labor pool to have a half-dozen terms of employment in a single year. It isn't likely, but if each were asbestos exposed that would amount to *12* examinations for one individual.

My last comment is in respect to Standard 1910.12 —Construction Work—which is not presently pro-

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