PREPARED TEXT -

ORAL PRESENTATION BEFORE THE

CALIFORNIA STATE OCCUPATIONAL SAFETY

AND HEALTH STANDARDS BOARD

MAY 29, 1980

TITLE 8: GENERAL INDUSTRY SAFETY ORDERS
(Asbestos)

Held in Fresno, California

on

May 29, 1980

A 19133

J. L. Myers
for

Asbestos Information Association/North America
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Crystal Square 4, Suite 509
Arlington, VA 22202

(1)

My name is John L. Myers and I am employed by Union Carbide Corporation as Marketing Manager for its "Calidria" asbestos products. I am speaking today for the Asbestos Information Association/North America (AIA/NA). The AIA/NA is an association of more than 50 companies engaged in the mining and processing of asbestos and asbestos-containing products.

Changes in Section 5208(c)(2) - (Housekeeping)

The DIR has solicited comments from the Ad Hoc Advisory Committee on three proposed changes in wording for this section:

Proposal #1: Asbestos spills and debris shall be cleaned up promptly.

Proposal #2: Asbestos spills or debris generated from any process or handling procedure shall be cleaned up promptly.

Proposal #3: All surface concentrations of asbestos shall be cleaned up promptly.

It appears that the intent of these changes is to make it clear that not only spills of raw commercial fiber but also the debris generated from the processing or handling procedures applied to asbestos-containing products are included in the cleanup requirements. The first two proposals would appear to do this as long as the word "asbestos" is taken to modify both "spills" and "debris". This simple extension to "debris", however, fails to recognize that it is not the debris per se but its potential as a source of airborne fiber that is the real basis for special treatment.

The third suggestion is similar to, but much broader than the present Federal requirement, i.e. it contains no limitation regarding the airborne fiber potential of the surface concentrations. This would mean that a construction site where moderate amounts of asbestos-containing products are used would have to be operated dust-free in the manner of a pharmaceutical factory. We do not believe that this is practical, reasonable, or necessary.

This kind of problem was considered at length several years ago by the Advisory Committee that developed the reporting requirements now contained in Paragraph (p) of Section 5208. The following wording based on (l)(1) is proposed:

"Asbestos spills or debris generated from any operation or process requiring reporting under Paragraph (l)(1) of this Section shall be cleaned up promptly."

Good housekeeping is important on any job but there should be a ~~solid~~ sound justification for the extensive additional requirements of "prompt" cleanup that this regulation imposes. We believe that the wording suggested will provide appropriate limitations that are consistent with the other parts of the California Asbestos Standard. It will also meet the criteria of reasonable, enforceable, and "positive benefit in protecting worker health" that we understand the Board ~~likes to apply to the~~ wants in that Standards it develops.

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UCASB00113391

Repeal Subsections j(1)(A) and (B) and Adopt New Wording for these Subsections

Subsection (j)(1)(B):

The DIR has proposed to add requirements for sputum cytology, oblique X-rays, and reading of X-rays by the ILO classification to this subsection. With regard to sputum cytology, the appropriateness of the addition of this test to the medical examination requirements was discussed in great detail at the Ad Hoc Advisory Committee meetings. Substantial documentation from independent experts was presented to show that it has not been demonstrated that the use of sputum cytology has any significant impact on longevity. The current situation is well summarized in a report of a "Consensus Conference on Screening for Lung Cancer" held in September 1978. The report (Attachment I) is signed by Diane J. Fink, M.D., Director, Division of Cancer Control and Rehabilitation and Arthur C. Upton, M.D., Director, National Cancer Institute and is attached for the record. The conclusions are both directly relevant and brief as follows:

1. Current prospective studies of asymptomatic individuals who have been screened for lung cancer by chest X-ray examination and sputum cytology do not at present show any evidence of a significant reduction in mortality from the disease. These studies must be continued for several more years before the accumulated information will be sufficient to allow a relationship between screening and mortality to be determined. Results of these studies should be kept under continuing review. (Emphasis supplied)
2. Until the value of screening for lung cancer by these methods has been demonstrated, mass screening programs should be limited to well-designed, controlled studies, with provision for analysis of results, and for further diagnostic work-up and treatment, when indicated. (Emphasis supplied)

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3. While some screening programs for lung cancer have been initiated among workers in certain industries, caution is strongly recommended in starting any new ones. Screened workers cannot be assured of an overall benefit on the basis of existing data. (Emphasis supplied)

4. None of the above recommendations on the application of chest radiography and sputum cytology in screening is intended to apply to their diagnostic use in individuals who present to physicians with signs or symptons that suggest lung cancer.

5. Continued research on better methods of screening for lung cancer, including improvements in the methods now under trial, should be strongly supported. At present, no other techniques appear to be ready for clinical application.

6. Whether for screening or diagnosis, the control of quality in performing and interpreting chest radiography and sputum cytology is essential. (Radiographic quality can be assured through supervision by qualified radiologists. Accuracy of interpretation in screening can be enhanced through double reading of chest X-rays by appropriately trained individuals. Qualifications of cytopathologists should like-wise be assured through such measures as competency examinations and continuing education programs. Standards of performance of cytopathological laboratories should be determined by an appropriate accrediting body.) (Emphasis supplied)

In view of these unambiguous and clear-cut recommendations by the National Cancer Institute that it is not appropriate to institute widespread cancer screening programs using sputum cytology as well as extensive confirming information from a variety of other sources, it is very surprising that the DIR has recommended that it be included at this time in the California program. We

urge you very strongly not to take an action which goes against the recommendations of the National Cancer Institute.

Regarding oblique X-rays and Reading by ILO Classification. . .

If Dr. Kotin considers these to be important a short statement to the Board and more detailed comments for the record must be supplied by him.

Call Reis

Adopt a new Subsection (n) Covering Employee Information and Training

The content of this section was developed by the Advisory Committee and represents a consensus position. The committee discussions, however, were in the context of persons who regularly worked with asbestos and consequently could effect the level of exposure by their own actions. Such workers would also be subject to daily exposure over extended periods of time.

The question of the inclusion in the training requirement of large numbers of persons who do not work with asbestos but are only subject to occasional low exposures was not examined in any detail. Several people* have pointed out the extent of this problem at the hearings today. It is suggested that a possible workable compromise could be reached by limiting the requirement to those who actually work with asbestos fiber or to set the triggering level at 0.5 fibers/cc in accordance with the regular monitoring requirement in Section 5208(e)(A). It should be emphasized that this would in no way alter the employer's obligation to provide medical examinations.

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*This testimony would not be used unless this kind of argument has been presented by others and the Standards Board appeared to consider it as a problem.

Extension of Medical Surveillance Requirements to "Previously Exposed" Workers

This question was discussed extensively by the Ad Hoc Advisory Committee. Based on these discussions it is our understanding that the DIR is considering two quite different groups of "previously exposed employees":

1. Those who have been exposed to high levels many years ago before extensive controls were required.
2. Those who work under the present standards and have quite limited exposure, i.e. as little as a yean, in excess of 0.1 fiber/cc >5μ.

We believe that medical surveillance for the first group is a reasonable idea provided that a practical and equitable way to conduct and finance it can be devised.

The value of medical surveillance in the protection of the health of workers who spend many years exposed at the levels set by the present standard is marginal at best. To require it for workers with only short exposures above 0.1 fiber/cc is not useful and may present more risk than the asbestos exposure itself.

Medical surveillance for workers who are no longer employees also presents huge, practical, logistical and cost problems. It is controversial whether meaningful monitoring can even be done to determine the exposure at a particular place and time at the very low level of 0.1 fiber/cc. The new requirements would make it necessary to expand monitoring efforts to determine not only the level but the cumulative exposure. Detailed records, maintained for many years would also be required. The problem of a reasonable, practical, and equitable way to administer such a program for non-employees would also need to be worked out.

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Mr. Scott L. Frost
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Re: All Baron & Budd asbestos cases in Texas

Dear Scott:

We have conducted a search for the documents requested in your October 8, 2002 letter and attach the following documents which may be responsive to your request:

UCASB00658612 – 21

UCASB00889028 – 32

UCASB00113389 – 96

UCASB01287463 – 70

UCASB00521247 – 49

UCASB00704422 – 29

If you have any questions, please do not hesitate to contact me.

Sincerely,

Cynthia Crawford

:3089
Enclosures
cc: Siobhan Handley
Gary Elliston
Tina Stamps