

Joint Session
1/25/74
minutes

MANUFACTURING CHEMISTS ASSOCIATION

Minutes of Meeting

TL 7078-7094

JOINT SESSION
of the
MANAGEMENT CONTACTS OF COMPANIES SPONSORING THE
VINYL CHLORIDE RESEARCH PROGRAM
and the
TECHNICAL TASK GROUP ON VINYL CHLORIDE RESEARCH

MCA Conference Room
9:00 AM

Washington, D.C.
January 25, 1974

PRESENT:

T. R. Aalto	Tenneco Chemicals Inc.
A. R. Adams	Air Products & Chemicals, Inc.
L. H. Ballou, M.D.	Firestone Plastics Company/Division of the Firestone Tire & Rubber Company
A. M. Barnes	Imperial Chemical Industries Limited, Plastics Division
J. T. Barr	Air Products & Chemicals, Inc.
Z. G. Bell, Jr.	PPG Industries, Inc.
W. J. Boyne	Borden Chemical/Division of Borden, Inc.
R. S. Brookman	Firestone Plastics Company/Division of the Firestone Tire & Rubber Company
A. S. Cummin	Borden, Inc.
C. H. Dernehl, M.D.	Union Carbide Corporation
Ernest Dixon for W. S. Ferguson	Allied Chemical Corporation
B. W. Duck	British Petroleum Company, Ltd.
D. P. Duffield, M.D.	Imperial Chemical Industries Limited, Mond Division
H. E. Everson	Diamond Shamrock Corporation
W. D. Harris	UNIROYAL, Inc.
Richard Henderson for M. R. Gasque, M.D.	Olin Corporation
E. Q. Hull, M.D.	Union Carbide Corporation
W. M. Iliff	Uniroyal Chemical Division of UNIROYAL, Inc.

angiosarcoma of the liver in Goodrich vinyl chloride workers that were the subject of their press release of January 23. This information had earlier been presented to NIOSH and the Kentucky officials, January 22 and 23, respectively. He also described their program of clinical surveillance, including SMA-12 profiles, on all employees with vinyl chloride exposure.

Dr. Zwicker then related the steps Goodrich has taken to minimize exposures, from those involving improved maintenance, housekeeping, and plant ventilation to changes in work practices. He stressed the uncertainties inherent in estimating employee exposures from random grab samples for atmospheric analyses, and described their use of portable indicating instrumentation (a Century Organic Vapor Analyzer) in detailed surveys of the work areas to identify locations for installation of permanent sampling probes for their centralized, automatic monitoring equipment (based on a Bendix 8401 Total Hydrocarbon Analyzer). This instrument, although not specific for vinyl chloride, is reliable, responds rapidly, and has an essentially linear response over three decades of concentration of vinyl chloride vapors in the air. A paper describing their system, "An Instrumental System for the Monitoring of Vinyl Chloride Monomer in Plant and Laboratory Work Areas," by L. B. Crider, was distributed to those present.

Dr. Zwicker also described Goodrich's procedures for informing employees at risk of the nature and status of the problem, and the steps that are being taken by Goodrich for their protection. Employee briefings, in small groups, were conducted by management. At the request of the employee, consultation with medical staff is being provided on an individual basis.

Dr. Irving R. Tabershaw, consultant to Goodrich and president of Tabershaw-Cooper Associates (the firm conducting the industry-sponsored mortality study of vinyl chloride workers) then was called upon to comment on the significance of the events related by the Goodrich representatives. Although acknowledging that identification of the pathology observed with vinyl chloride exposures was still tentative, he stressed the overwhelming likelihood that the three cases of angiosarcoma of the liver were related to industrial factors, and that at present, vinyl chloride exposures were by far the most significant common factor in their industrial exposure histories.

of the problem. It was the consensus that this could best be done if they were to join the group in the sponsorship of any expanded and accelerated research programs that it might undertake. MCA was asked to extend a renewed invitation to VCM and/or PVC producers who had declined to join the group at the time of its formation.

2.3 MCA Participation in OSHA Hearings

In anticipation of public hearings by OSHA on the emergency standards they are expected to propose for vinyl chloride, MCA was asked to prepare testimony for possible presentation at such hearings. The MCA statement would be limited primarily to a narrative history of the activities of the Association and the members of the group of companies supporting the animal exposure and epidemiological studies now underway under MCA's aegis.

3. Formation of Task-Group Units

It was moved, seconded and carried that the TTGVCR be instructed to organize three sub-task groups to expedite the development of plans and recommendations in the three areas referred to in item 2.1 above.

3.1 Medical Sub-Task Group

Dr. M. N. Johnson was appointed by the Chairman to serve as leader pro-tem of a medical group to develop recommendations for guidelines for industry practices in the medical surveillance of workers at risk to vinyl chloride occupational exposures. Such guidelines may include, but are not limited to, recommendations as to pre-employment and routine physical examination procedures and standards, diagnostic criteria for the recognition of early or incipient injury from vinyl chloride exposures, and the medical management of such injury should it occur.

Those initially named to serve on the medical group include L. H. Ballou, M.D. (Firestone), C. H. Dernehl, M.D. (Union Carbide), D. P. Duffield, M.D. (ICI), E. M. Dixon, M.D. (Allied Chemical), R. W. McBurney, M.D. (Diamond Shamrock), and George Roush, Jr., M.D. (Monsanto).

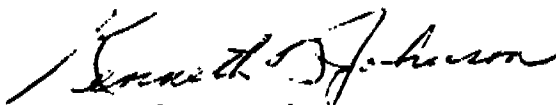
1. S. Juhe, C. E. Lange, G. Stein, G. Veltman, Deutsche Medizinische Wochenschrift, 98, 2034-2037 (1973)
2. Kolner Stadt.-Anzeiger, 14 December 1973
3. Weser Kurier, No. 300, p. 11, 20 December 1973
4. Frankfurter Allgemeine Zeitung, 20 December 1973
5. Der Spiegel, No. 50 (1973)
6. Frankfurter Allgemeine Zeitung, 2 January 1974

5. Future Meeting Schedule

The next meeting of the TTGVCR will be held at the Sheraton O'Hare (North), near O'Hare Airport, Chicago, on Wednesday, February 20, 1974. The Sub-group on Work Practices will meet Tuesday AM, at that hotel, in the suite of the TTGVCR officers, and the Research Coordinators will meet there at 2:00 PM the same date. If other sub-groups are to meet in conjunction with this meeting of the TTGVCR, they will be so notified.

The TTGVCR meeting agenda will be distributed shortly.

Respectfully submitted,



Kenneth D. Johnson, Ph.D.
Secretary, Technical Task Group
on Vinyl Chloride Research

KDJ:mb
Minutes Subject to Approval
January 30, 1974

Distribution

- Technical Task Group on Vinyl Chloride Research
- Vinyl Chloride Research Management Contacts
- Attendees of Meeting

cc : Mr. D. M. Elliott
Dr. Tiziano Garlanda



INFORMATION COPY
APPENDIX "A"
MANUFACTURING CHEMISTS ASSOCIATION

1825 CONNECTICUT AVENUE, N.W. WASHINGTON, D.C. 20009 (202) 483-6126

GEORGE E. BEST
VICE PRESIDENT
SECRETARY-TREASURER

January 25, 1974

Marcus M. Key, M. D.
Director
National Institute for Occupational Safety and Health
Public Health Service
Department of Health, Education and Welfare
5600 Fishers Lane
Rockville, Maryland 20852

Dear Mark:

As you well know from our meeting in July 1973, MCA has a deep interest in research into problems which have arisen concerning vinyl chloride monomer (VCM).

We now understand that NIOSH has immediate plans to initiate further action resulting from the voluntary report to you by B. F. Goodrich of possible health hazards at its Louisville, Kentucky, facility.

We wish to reaffirm our strong desire to work with NIOSH as you see fit and pledge our full cooperation and support. Naturally, we would like to meet with you and participate in any ongoing program at the earliest possible time.

We believe the technical expertise within MCA member companies could be particularly helpful in the areas of defining health hazards associated with VCM production, workplace and medical surveillance and work practices necessary to limit exposure.

I am writing offering our services because of my former responsibilities as technical director. These duties now have been assumed by Mr. A. C. Clark. I trust I will hear from you soon and that you will then have the opportunity to meet Mr. Clark.

Sincerely,

George E. Best

ASI 00007082

I don't
think
we knew
where
these cases
occurred
came from
before

attached

JO

73-12-27

1/28/74

Deutsche Medizinische Wochenschrift, 98 (43), p. 2034-2037,
1973

"On the So-called Vinylchloride Disease"

By S. Jühe, G. E. Lange, G. Stein, and G. Veltman

University Skin Clinic of Bonn

Director: Prof. Dr. Leinbrock

Since 1958, when the first information on the hazardous health aspects to workers in the vinylchloride manufacturing industries was found, and especially since 1963, when the same effects were found affecting workers in the polyvinylchloride industry (PVC), and through further reports on this subject (3, 4, 7, 8, 12, 28), attention has been drawn to this branch of the chemical industry. This deals with a disease similar to a skin and bone affecting scleroderma, but a disease unexplainable in etiology and pathogenesis. The main symptoms of this have been the Raynaud syndrome, nodular to large area dense skin alterations and band-like osteolysis in the finger phalanges.

We could report our first observations on this disease type in Germany in 1972 (15, 16, 17). As the clinical picture was at first comparable to a specialized form of progressive scleroderma, we submitted all employees to a painstaking

the nail plate). We saw scleroderma-like skin alterations in 8 patients: small knots or more spread out; very coarse and relatively sharply defined, usually covering the surface skin projecting infiltrate on the outstretched hands, the distal third of the arms under the elbow, and the area of the cheeks. Three patients had no clinical skin alterations.

The histology findings of the excision specimens (from the left or right hands) of all patients were relatively uniform. Besides hyperorthocytosis and epidermidosis, there was an expansion and increase of capillaries in the upper cutis. An increase, widening and homogenation of the collagen bundle and a clear rarefaction and fragmentation of the elastic fibers was evident. The same findings in the epidermis and the fibers of the upper cutis were proven to exist in the patients without clinical skin alterations. The histology alterations in the epidermis and the collagen connective tissues are similar to the edematosis to infiltrative stage of progressive scleroderma. Here, however, a clearly defined border is seen between that of possible but to some extent considerable injury of the elastic fibers and the vessel alterations.

So far, circulation disturbances are the most common symptoms: Nine of thirteen patients complained of this, and in fact eight of them gave this complaint as their first symptom. The degree of complaint ranged from increased sensitivity to the cold and "akrozyanose" to the Raynaud

In addition, fragmentation and border defects of the Processus unguiculares could be found in six patients. It is also possible to determine different degrees of bone alteration: in light cases only a small lytic zone is visible, and in the advanced stage the phalange is almost fully destroyed and the Processus unguiculares mounts onto the basis of the phalanx cap-like. A full restitution of the bone is not to be expected based upon the facts at this time (23,24). Remarkable herein is the solid correlation of acroosteolysis and the club-like expansion of the end phalanges. Thus, the "drumstick fingers" are an expression of the lytic bone process and not of an internal disease.]

An examination of the blood building system and coagulation draws our attention to this remarkable finding: all thirteen patients showed light to serious thrombopeny. The thrombozytic count lay repeatedly between 30,000 and 119,000/ μ l (under a normal limit of 150,000/ μ l). In a sternal puncture given to six patients in search for an explanation, there resulted in no case a reference to the obstruction of the "thrombosytopeny", osteomyelofibrosis, or osteomyelosclerosis. The other examinations showed no deviations from the norm, except for a slight reticulocis in eight patients (between 16 and 26 %), and a slight leukopenia in five patients (2350 to 3950 leudocytes/ μ l). Reticulosis and leukopenia may be caused by the splenomegaly in the twelve patients. At this time, it is not clear if

for the slightly toxic alterations of the liver cells, this results from the expansion of the connective tissues in the portal system into the diffuse circulation in the liver. In advanced stages this leads to an interhepatic block (most likely because of the hinderances in the height of the portal system, possibly similar to a sinusoidal block), with esophagus varices. It remains to be found if the splenomegaly is only a secondary condition or if this ^{is} primarily the direct result of toxic changes.

Of nine patients examined in the lung functions (anamnese, x-rays, spirometry, entire body plethysmography, and blood gas analysis) after references pointed to mainly restrictive alterations, eight of these patients showed partial insufficiencies. Further research must be undertaken to determine if these disturbances can be traced back to the fact that similar changes occur in the lungs as in the collagen and elastic supporting tissues of the skin, that is, that a beginning diffuse lung fibrosis is the cause of these disturbances.

The Initiating Factor

This paper is concerned with an industry-caused disease, in which the symptoms include (arranged in order of most common occurrence) thrombopeny, splenomegaly, toxic liver damage, ventilation blockage, circulation obstruction, and skin and bone alteration. This complex of symptoms has not yet been

during polymerization and recovery processes.

2. In the discharging and opening of the autoclaves as well as in the drying process of the finished polyvinylchloride. The residual gas consists of up to 90% vinylchloride (6) and often leads to leaden tiredness and short-lasting disorientation in the employees.

3. From the polymer precipitation on the walls of the kettles. Therefore, from the technical viewpoint, it is completely possible that vinylchloride initiates the hereby described disease.

Some facts are already known about the effect of vinylchloride on human and animal organisms. The narcotic effects have long been recognized (22). Since 1958, reports have repeatedly been made concerning the angioneurotic obstructions and the Raynaud syndrome in workers (1, 10, 21). In the literature one finds single references to the intoxication of vinylchloride, wherein a reversible dizziness, light to very noticeable giddiness, disorientation, skin appearing as a 2-degree burn, and lessened blood coagulation have been determined symptoms (6, 9, 11). One worker died as a result of poisoning.

With the use of experiments involving animals, lung odem, blood congestion in the lungs, liver, and kidneys, as well as decreasing blood coagulation could be proven (20). In long term experiments it was possible to produce centrolobular degeneration in the liver and necrosis with foamy vacuolization as well as periportal cellular infiltration (26).

also perkutan, the fact exists that only uncovered main arteries exhibit scleroderma-like coatings and that the band-like osteolysis is only found on the finger phalanges. We saw scleroderma-like skin alterations as well as acroosteolysis only in workers who had worked a long period with the cleaning of autoclaves. This can perhaps be explained by the fact that 600-1000 ppm of vinylchloride could be measured in the area of the autoclave walls (5). As an indication based upon the obstruction of the connective tissues, we saw the qualitative and quantitative alterations of the skin and the multiplication of collagenic fibers in the portal system of the liver. The increase and expansion of the capillaries was visible by capillary microscopy and histology in the upper cutis, in addition to the peripheral circulation obstruction proved clinically, angiographically, and thermographically. Even the alteration of the bone (osteolysis as a result of trophic obstruction by damage to the vasa nutricia) and the lung (restrictive and obstructive ventilation blockage) can be synonymously explained. The prognosis of the disease - judged quite optimistically by earlier literature - appears quite serious to us, especially with respect to thrombopeny, splenomegaly, and portal hypertension. According to our observations of alterations in the bone, this disease should be judged with reserve.

Consequences for the Practice

The triassic formation of this disease system, s rious

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ASI 00007089

CONFIDENTIAL.

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January 30, 1974

Translations Unit/TR.12.897b/MTB/VS

8 January 1974

PVC GAS: 40 MEN TAKEN ILL

Doctors say: "Very serious"

Reference: Kölner Stadt.-Anzeiger, 14.12.73

EB Troisdorf - More than 40 workers at the Dynamit-Nobel Works in Troisdorf bei Siegburg have been attacked by a severe illness which is brought on by gases released during the production of the plastic polyvenyl (sic) chloride (PVC). Doctors at the Bonner Universitäts-kliniken (Bonn University Teaching Hospitals), who have been studying the PVC-sickness for some time, describe it as very serious. It can, in severe cases, prove fatal, particularly in younger men. The most serious symptoms are said to be sensations of giddiness and cold, headaches, swollen finger joints, bone atrophy, difficulties in breathing, reduced blood clotting capacity and liver damage.

(See Panorama)

Circulation

Mr G J Sleddon, DSO-320
Dr D Winter, F-11
Translations Unit, R-J/G

ASI 00007090

Copied by MCA.
January 30, 1974

Ref: Weser-Kurier, No. 300, 20.12.1973, p. 11

Insidious Disease

Chemical Workers threatened by Hideous Disease due to
PVC Gas Poisoning

Bonn Ministry sets up Special Committee of Enquiry

Bonn (our own correspondent). Chemical workers directly engaged in PVC autoclave production in large chemical factories are threatened by a new and serious disease. At least 40 employees of a Troisdorf factory are reported to be poisoned by dangerous vinyl chloride gas. "A serious prognosis" for the victims, according to the Bonn skin specialist Professor Gunther Veltmann. Mortality from PVC gas poisoning is reported to be "relatively high" and particularly serious in young male workers.

According to the medical specialists the frightening consequences of the gas poisoning are reflected in the softening of the bones in hands and feet, enlargement of liver and spleen, severe effects to blood formation and coagulation, and associated grave lung disorders. The victims have increasing difficulty with breathing, and varicose veins can form in the esophagus.

This previously unknown disease, according to Professor Veltmann, is "irreversible," i.e. incurable. No remedy has so far been discovered, and the only thing that can be treated is the defective organ. The victim can only look forward to increasing disablement and insidious encroachment of the disease.

Experiments on animals are now being commenced to study the causes and course of the illness and to find antidotes. This evil disease is not even recognized yet as an occupational illness. As a result of the alarming medical reports, Federal Labour Minister Arendt has set up a special committee to investigate and report back. The more seriously affected victims are now claiming disablement pensions. However, they have as yet no entitlement to a pension, since this particular illness is not yet officially recognized as an occupational disease by the health authorities.

The Committee for Dangerous Raw Materials of the Federal Labour Ministry considers that regular medical inspection of workers engaged in plastics production is essential. Guidelines

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Translations Unit/TR.12.897a/EMS/VS

4 January 1974

PVC DISEASE TO BE INVESTIGATED

Reference: Frankfurter Allgemeine Zeitung, 20.12.73

Bonn/Troisdorf 19 December

Many cases of illness among persons employed in the PVC plant at Dynamit Nobel AG in Troisdorf have caused concern among the local population. As Dynamit Nobel AG confirmed on Wednesday, 43 workers so far have shown symptoms of the mystery illness, which is known only as "PVC disease" at present. Two foreign workers are said to have become completely incapable of working already. PVC (polyvinyl chloride) is a widely used plastic that is produced by a number of other chemical companies apart from Dynamit Nobel AG.

How seriously the situation is regarded is apparent from a statement issued by the West German Minister of Labour on Wednesday to the effect that the government had instructed investigations to be carried out into the hitherto unknown causes of the disease. Details are to be laid down in January by a panel of experts. According to the Ministry of Labour, the relevant employers' association is working on the assumption that the disease is caused by vinyl chloride.

It was stated that the Ministry of Labour Committee considers that operatives working in the neighbourhood of PVC autoclaves must be medically examined. When the various cases of illness became known local factory inspectorates ordered steps to be taken to provide increased health safeguards on the plant.

The symptoms of the condition are unconsciousness, attacks of dizziness, changes in the hands and feet, headache and nausea. According to a report from the works in question, the first cases of physical damage to workers in the PVC plants were observed in Germany in the Spring of 1972. Dynamit Nobel have been producing PVC since 1951.

The Press Section at the Troisdorf works stated that: The government industrial medical officer, in agreement with the Chemical Industry Employers' Association, has instructed Professor Rudolf Gross, who holds the chair of Medicine at the University of Cologne to examine some of the affected persons and to produce a report.

6 patients from the PVC plant have now been examined by Professor Gross at the university teaching hospital. A report on some of his findings will be issued in December.

ASI 00007092

Translation from Der Spiegel No 50/1973

MEDICINE

Dangerous Plastic

A new and deadly occupational disease has been discovered by Medical Specialists in Bonn: workers engaged in the production of PVC risk incurable diseases of the liver.

Pipes and venetian blinds, curtains and films and whole host of articles in common use are made from PVC, a hard, durable plastic which can be moulded into almost any product. German producers alone have distributed almost a million tonnes of polyvinyl chloride over the country in the last year.

PVC has so far been responsible for the death of as yet unknown numbers of chemical workers. For the production of this much desired material, which can be combined in so many different ways with plasticisers, fillers and pigments that it has become one of the leading products of the plastics age within the last twenty years, is apparently very much more dangerous than had been previously been assumed.

Medical specialists of the Bonn University Clinics have this year diagnosed a "vinyl chloride disease" in at least 40 of the 120 PVC workers in a labouring chemical factory. However, the number of cases is probably considerably higher than this. According to preliminary comments made by the doctors this newly discovered "occupational illness" is characterised by a "serious prognosis and a relatively high mortality rate in men of predominantly younger age groups". According to Prof. Günther Veltman writing in the "Deutsche Medizinische Wochenschrift": "Certainly more than 10% as revealed by our enquiries".

This occupational disease first came to the notice of dermatologist Veltman and his team in the form of characteristic changes to the skin, particularly in the fingers. However, they were soon forced to the conclusion that still worse was to be revealed by this already well-known PVC symptom: vinyl chloride harms blood and blood vessels, bones, nerves, liver and lungs. As summed up by Veltman: "A disease of the system".

This plastics material apparently places at risk only those individuals actually present when the colourless vinyl chloride gas, obtained from mineral oils, is liquefied under pressure and compressed to form powder in the large reactors known as "autoclaves". This "polymerisation process" is necessary to produce the PVC which is then sold as "Hostalit" (Farbwerke Hoechst) or "Vinoflex" (BASF): Products which are not toxic as far as the end consumer is concerned, unless, in the words of plastics experts, "Plasticisers migrate from them". Those cases in which these toxic substances have been liberated from such materials have indeed been reported for a considerable period of time.

On the other hand, the "closed system" of the autoclaves gives rise to dangerous leakages. The Bonn Medical Specialists have been investigating "possibilities of gas leakages and associated inhalation risks" at numerous points in the production process. VC-gas escapes when the reactors are discharged and opened as well as through "leaks in the autoclaves". For many years doctors have been aware of the toxic nature of the gas and its narcotic effect. Almost without exception personnel engaged on the cleaning of autoclaves complain of feeling "dopey", giddiness and headaches. For this reason the "maximum allowable concentration" ("MAK") of the VC gas has been repeatedly reduced. According to Veltman, however, "we have so far not been aware of regular gas concentration measurements being carried out on production sites."

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LIVER DAMAGE IN PVC PRODUCTION

In spite of abundant warning signs no adequate supervision

Like many other occupational diseases, the damage incurred during the production of polyvinyl chloride, or PVC, is only now, more than 30 years after the start of industrial PVC production, being fully realised. The scale of the health hazard involved in PVC production was first exposed in a publication by doctors of Bonn University Teaching Hospital (Universitätsklinik Bonn), who found skin damage, changes in the ends of fingers and toes, as well as liver and spleen damage, in 45 workers at Dynamit Nobel AG's PVC plant in Troisdorf.

According to reports by H J Marsteller of the Medical Klinik and Susanne Juh of the Skin Klinik in the "Deutschen Medizinischen Wochenschrift" (Vol. 98, p 2311), 45 of the 120 workers in this plant have so far been exhaustively examined in Bonn. Some of these patients were suffering from skin changes, in others the examination was carried out on prophylactic grounds. Most of these workers were found to be suffering from various types of liver damage of obscure origin. In addition to enlargement of the liver, biochemical malfunctions of the liver were detected. Histological tissue changes were finally established.

Since, in spite of the diversity of the liver changes all the patients had been engaged in PVC production for 1.5 to 21 years. This can only be an occupational disease involving PVC. In 1963 circulatory disorders, inflammation and hardening of the skin, thyroid deficiency and enlargement of the liver in PVC workers were reported for the first time in Roumania. It was only after re-publication of this work in 1967 that similar observations were reported in Germany, France, England and the United States. But here the emphasis was on changes to fingers and toes. This led, according to the Marsteller and Jühe report, to "attention being directed to the liver damage first noted in PVC production in the Soviet Union in 1949".

The scientists are making no statements about the prognosis of the PVC liver damage. Even the frequency of this illness among other PVC producers is unknown. Possibly the threat to personnel is heavily dependent on local working conditions. Since the morphological picture of these liver changes corresponds to chronic toxemia, such as also occurs from contact with chlorinated hydrocarbons, eg chloroform, the health risk could be determined by the concentration of the gaseous initial product, vinyl chloride, in the atmosphere. Since such a hazard was certainly not unforeseeable, and must indeed have been expected in view of the existing publications, the question arises as to whether either the vinyl chloride concentration or the health of the workers were properly supervised in these plants.