



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

PLAINTIFF'S EXHIBIT

CAP-1741

NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857

Dr. Eula Bingham
Assistant Secretary for
Occupational Safety and Health
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

APR 17 1980

Dear Dr. Bingham:

The National Institute for Occupational Safety and Health (NIOSH) recommends that the Occupational Safety and Health Administration (OSHA) adopt a safer standard for worker exposure to asbestos. The new standard would eliminate all exposure from new non-essential uses and define a permissible limit for other exposure at the lowest level accurately measurable by optical microscopy (100,000 fibers per cubic meter of air).

For the last 6 months a group of scientists under the leadership of Mr. Richard Lemen has been reviewing information on asbestos made available since the 1976 NIOSH criteria document was transmitted to OSHA. The group reaffirmed that exposure levels below the current standard of 2 million fibers per cubic meter of air--and below the 1976 recommendation of 100,000 fibers per cubic meter of air--cause several types of cancer and other lung diseases. For this reason, the group concluded there is no safe level of asbestos exposure and that asbestos should be introduced into the human environment only if no suitable substitute exists. In other words, good occupational health practice under the Occupational Safety and Health Act of 1970 requires eliminating any avoidable worker exposure to asbestos. When exposure cannot be eliminated it must be controlled to the lowest level possible.

To further understand the problem of removing all asbestos from the work environment, NIOSH will undertake additional studies:

1. We will examine the life cycle of asbestos, from mining to fabrication, use, and disposal. This work will identify all points where workers may be exposed to asbestos and simplify enforcement of the new standard.
2. We will produce an inventory of all asbestos products likely to reach the work environment. This inventory, along with the life cycle study, will help quantify the scope of efforts required to eliminate asbestos exposure.

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3. We will establish a continuing review of the development of asbestos substitutes. This should protect workers by encouraging rapid elimination of asbestos uses.
4. We will review laboratory facilities available for accurately analyzing asbestos since any new standard will require increased analytical capability.

The asbestos situation in the United States is grave enough to warrant immediate action. Between 8 and 11 million workers have already been exposed to asbestos since World War II. Tens of thousands of cancer deaths each year are attributable to asbestos. Much of the asbestos that caused these deaths remains with us today and continues to threaten the health of workers. Unless we move immediately to significantly reduce new applications of asbestos, we risk leaving behind an additional legacy of disease and death.

Promulgating a new asbestos standard, based on the Work Group's recommendations, would significantly contribute to preventing disease and loss of life from future asbestos exposure.

Sincerely yours,



Anthony Robbins, M.D.
Director

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