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British Occupational Hygience Society Asbestos Sub-Committee

1977: Documents form J. Marsh (R.M) and Cape describe dissention within British Occupational Hygiene Society (BOHS) asbestos standards subcommittee, with industry members preventing the group from recommending a lowering of exposures by more than half (from 2 f/cc to 0.9; 100 f/cc-yrs to 43). Lewinsohn (R.M.) letter (6/1/77) to BOHS group critical of US asbestos industry compared with UK industry (p..3 of attachment).

INTER ORGANIZATION COMMUNICATION

Raybestos Manhattan

Corporate Trumbull
DIVISION and LOCATION

TO: AIA/NA EXECUTIVE COMMITTEE DATE: February 7, 1977

SUBJECT: Executive Committee Meeting
International Asbestos Information Conference
London - February 1, 1977

PRESENT:

Mr. Alexandre	- France
Mr. Angelotti	- Italy
Dr. Costa	- Italy
Mr. Cross	- Director General
Dr. Gaze	- U.K. (Presiding)
Mr. Marsh	- U.S.A.
Mr. Piuze	- Canada
Dr. Robock	- Germany
Mr. Van der Rest	- Benelux

ORGANIZATION

The duties of the Director General, a draft having been circulated previously by Dr. Gaze, were agreed upon. Although the title Director General was considered a bit pretentious, it was retained because alternatives, such as Executive Secretary, do not carry the appropriate connotation in some translations.

A minimum budget of £44,200 was approved with the understanding it would probably be found to be inadequate. Suitable quarters for the Secretariat have been located nearby the Cape office. Mr. Van der Rest suggested and the Committee agreed that a lease be negotiated and the Secretariat be staffed as soon as possible. Initially the Secretariat will consist of a secretary and the part-time services of Mr. Cross. Dr. Gaze explained that Cape had had difficulty in locating a replacement for Mr. Cross and were not able to relieve him of his responsibilities at Cape as early as had been anticipated. Member Associations will be billed according to the attached schedule as agreed upon in Hamburg and the funds will be deposited in a Swiss Bank Account.

CURRENT DEVELOPMENTS OUTSIDE THE U.S.A.

Dr. Gaze asked each member present to comment on the present situation in his country.

The present situation in the United Kingdom is extremely delicate. The Government Advisory Committee on Asbestos established in May, 1976 has just issued a short interim statement, "to put the risks from asbestos in perspective in the light of present knowledge". Although the Committee does not recommend, at this time, a change in the standard, the following excerpts from the report give a clear indication of the thinking of the majority.

> "Exposure to all forms of asbestos dust should be reduced to the minimum reasonably practical".
>
> "In issuing this statement, the Committee emphasizes that there are a number of topics which will have to be investigated further before it can offer definite recommendations. These topics are;
>
> a. the ingestion of asbestos;
>
> b. dose-response relationships for various diseases;
>
> c. asbestos waste disposal;
>
> d. asbestos in the general environment;
>
> e. the substitution of safe or less hazardous substances for asbestos."

The BOHS Asbestos Sub-Committee has not been able to come to agreement concerning a revision in the standard. The Chairman, Dr. Gilson has resigned. Non-industry representatives on the Committee are in favor of reducing the present exposure limits from 100 fibre years to 43 fibre years. Industry members are not in agreement and dispute the statistics on which the proposed standard is based. Dr. Gaze believes industry must take some initiative to resolve the deadlock. Dr. David Muir of the University of Edinburgh has been commissioned to study the statistics and give industry his opinion.

Italy as yet has no official regulations. However in the present national labor contract, there is a provision limiting exposure to 5 fibres/cc. as is the case in mining operations in Quebec. The next national contract may specify a lower level. According to Mr. Angelotti, data compiled by Dr. Vigliani, show no excess of lung cancer among miners.

In Germany a new MAC (Maximum Allowable Concentration) list has just been published and within the next two to three

months will be translated into law. The permissible exposure limits for chrysotile and amosite asbestos are 2 fibres/cc. and relate only to fine (respirable) dusts. A gravimetric standard is also being developed. A decision has not yet been made with respect to a standard for exposure to crocidolite. Dr. Robock stated that in Germany only 10% of asbestosis cases lead to lung cancer, as contrasted with 50% to 60% in the U.K. The question is why the difference?

Mr. Piuze reported that Quebec miners are finding it easier to meet the present gravimetric standard. Mr. Hutchison was not able to be present because of the current uproar over the Quebec government's proposal to take over or acquire a substantial interest in mining operations. He also reported measurements of ambient air concentrations in the town of Thetford varied from 0.02 to 0.06 fibres/cc. Presumably this represents the concentrations to which the general public has been exposed to for many years and the information may be of value in estimating the biological effects of non-occupational exposure.

At one point last year, the government in Holland was on the point of prohibiting any use of asbestos without special permission. Due to the intervention of industry representatives, including Mr. Van der Rest, the ban without special permission is limited to crocidolite and sprayed asbestos. All other uses of asbestos will be held to a maximum (not TWA) exposure of 2.0 fibres/cc.

It is expected that Belgium will shortly have regulations limiting exposure to 2 fibres/cc. (TWA) without any exceptions for crocidolite.

France, as yet, has no regulations. It is expected that recommendations will be made sometime this year. The industry has mounted an extensive information campaign to offset the negative reports that have been widely circulated. Following a meeting last December at the International Center for Cancer Research at Lyon, Dr. Selikoff called a press conference, which according to Mr. Alexandre, had a very bad effect. At the press conference, Selikoff announced the intention of NIOSH to recommend to OSHA that the U.S. asbestos standard be lowered to 0.1 fibres/cc.

WORK OF THE COMMITTEE

The Committee reviewed and approved the program of work for the Secretariat (attached) first proposed at the Hamburg conference.

Dr. Gaze stated that he believed the first priority of the Secretariat should be to collect, edit and distribute to the

Member Associations information on asbestos and health. It was agreed that in order to expedite the distribution of such information during the interim period when Mr. Cross' services will be available only on a part-time basis, Executive Committee members will distribute to each other as well as to Mr. Cross any pertinent information which comes to their attention.

With respect to future operations of the Secretariat, Dr. Gaze stated he felt that any attempt to conduct public relations activities should be avoided at this time and that the Secretariat and the Executive Committee should concentrate on matters of practical and immediate value. In this connection, certain assignments were given to members of the Committee and others.

Medical Scientific Advisory Committee - It was suggested that either Dr. Wright or Dr. Kotin be asked to chair such a Committee. Dr. Gaze will take this up with Johns-Manville.

Bag Opening Methods - Mr. Piuze will provide information on best available methods.

Fiber, Packaging, Shipping and Waste Disposal Including Disposal of Bags - Mr. Dorner and Mr. Angelotti.

Asbestos Cement Processing - Mr. Alexandre.

Asbestos Textile Processing - Mr. Verrill.

Use and Handling of Asbestos Containing Friction Materials - Mr. Marsh.

International Standards or Codes of Practice for Countries Without Regulations - Dr. Robock.

EUROPEAN ECONOMIC COMMUNITY

A detailed communication (attached) concerning the objective evaluation of the risk to human health caused by asbestos has been circulated by the EEC to various European industrial societies for comment. It was agreed that Mr. Cross and Dr. Robock will represent the Executive Committee in dealings with the EEC office.

ACTIVITIES OF ORGANIZED LABOR

A representative of the International Metal Workers Federation attended the IAIC Conference in Hamburg last November. There appears to be an opportunity to revise the resolution taken up at Oslo last August (a 0.1 fibre/cc. limitation). It has been suggested that it would be useful to have a meeting of

four or five representatives from the IMF and four or five from the Executive Committee to review responsible scientific papers and come to a pragmatic solution with respect to exposure levels.

Charles Levinson, Secretary General of the International Federation of Chemical and General Workers Union (7 million members) has issued a document calling for the industry to come down to a zero exposure level.

In December the Trades Union Congress (U.K.) recommended to the Government Advisory Committee on Asbestos that exposure levels be reduced to a 0.2 fibres/cc. level and that the use of asbestos be banned entirely within 10 years. This was done without consulting some of the member unions including the Transport and General Workers Union, which is not in favor of such a recommendation.

SUMMARY

It is now clear, to those who have followed events, that the asbestos industry, internationally, is literally engaged in a struggle for survival. Recent developments, an increasing concern with potential environmental hazards (i.e. risk to the general public) and association with cancers other than lung cancer and mesothelioma have greatly increased the scope of the problem.

Those seeking to ban the use of asbestos altogether or impose regulations which for technical or economic reasons would have the same effect are extremely vocal and powerful and command the attention of the news media and the politicians.

The crux of the matter is that science has not yet been able to establish a level of exposure below which disease will not occur. Insufficient time has lapsed to permit epidemiological studies of occupational groups working under modern well controled conditions. In such circumstances, we are confronted with a social-political issue in which technical and economic issues are secondary.

If the industry is to survive, exposure levels in the processing and use of asbestos and asbestos products must be reduced to the lowest possible of achievement (regardless of any existing arbitrary numerical limits) and scientific studies to determine more accurately the level of risk must be strongly supported.

The final question will be whether the benefits of asbestos are worth the risk entailed in its handling and use.

John H. Marsh

/as
attachments
Forecast of Expenditures
Duties of the Director-General
Communication Re Pollution by Asbestos to EEC Member States

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Mr. M. Harris,
Johns Manville Corporation,
P.O. Box 5108,
Denver,
Colorado 80217.

21st March, 1977

Dear Mike,

I have to acknowledge your cable concerning Dr. Kotin and your letter of 2nd March.

I do agree that it is of primary importance to bring all your forces to bear in countering the effect of the NIOSH submission and I am indeed grateful for your offer to make George Wright and Dr. Pelnar's information available.

I am also appreciative of your suggestion that we should get Walter Smither to Head the Medical Committee of the International Asbestos Information Conference but I am somewhat reluctant to do this since both Alex Cross and I are already taking prominent parts in the organisation and one more Cape man would I think, be a bit too much! I am therefore proposing that we ask Dr. Robert Murray to lead this team and to set it up in the first place with the specific task of collecting information on asbestos-related disease from all countries throughout the world. If this works well, we would consider a more formal appointment of a medical advisory committee headed by Dr. Murray.

I am not sure whether you know Dr. Murray. He was with the International Labour Organisation and subsequently was Medical Advisor for the Trades Union Congress in this country, from which he retired in 1975. Although of course, he is not connected with the Industry, he is, I believe, an entirely suitable person for this task and I am putting the suggestion to the Executive Committee members.

Our main concern here recently has been with the recommendation of the sub-committee of the British Occupational Hygiene Society which has been reviewing the fibre standard. You will remember that it was their original recommendation that resulted in the British 2-fibre standard, the evidence being based on the health record of a number of employees at Turner's textile factory in Rochdale whose record could be set against known dust levels.

Mr. M. Harris 21st March, 1977

This committee has produced a draft report with a recommendation for 0.9-fibre standard. The Industry based members of the committee however, refused to accept this conclusion and so the committee has fallen apart without agreeing on a recommendation.

The reason for this disagreement is that the 0.9 figure hinges upon the incidence of crepitations in some eighty of the men who were exposed and this is to some degree supported by parallel data involving X-ray changes and what is described as "suspect" asbestosis. It is the crepitation data however which is the most important and which is hotly contested by Turner's who point out that there is not sufficient agreement on the numbers in which crepitations have been diagnosed and that re-examination indicates that many of these people are now free from crepitations. Some members of the committee argue that crepitations come and go whereas Walter Smither argues that such crepitations associated with asbestosis are quite distinctive and that they are permanent. A good deal depends upon how this disagreement is resolved.

It had been my intention to send you a confidential copy of the draft report with this letter since I would have much valued your comments, George Wright's, and Paul Kotin's, on the document. I had a letter from George this morning however, and he tells me that he will be in the UK next week and so I propose to hand it to him personally.

The facts (as distinct from the recommendation) are to be written up and then sent as evidence to the Advisory Committee on Asbestos that has been set up by the Government and it will be this committee's task to advise a new standard. The Industry is therefore very concerned to make a further submission to the Advisory Committee setting out its criticism of the statistical interpretation and possibly putting in a recalculation.

Aside from this, we are much pre-occupied with the European Economic Community who are taking an increasing interest, producing regulations and guide lines involving asbestos, and also with international trade union organisations.

In view of all these uncertainties, I do understand that you would not be in a position to think about any collaboration in South Africa. It would be nice to think that the situation may reach a point within the next twelve months when you might view things differently - but in any event, my invitation to you to visit our mining operations still stands.

Aside from all these problems, I do hope that all is well with you and yours!

Yours ever,

Dr. R. Gaze

RG/WFG

0009184

Paul I
FYI
Dick

Raybestos Manhattan

CORPORATE HEADQUARTERS
100 OAKVIEW DRIVE, TRUMBULL, CONNECTICUT 06611, U.S.A. (203) 371-0101

HILTON C. LEWINSOHN, MB., BCh., D.I.H.
CORPORATE MEDICAL DIRECTOR

June 1, 1977

Dr. S. A. Roach
Imperial Chemical Industries Ltd.
Central Medical Group
South Lodge
P.O. Box 3 Fulshaw Hall
Wilmslow Cheshire SK9 1QB
England, U.K.

Dear Stan:

I am afraid that it is impossible to condense the American position into 300 words!

I have attempted to outline the various features contributing towards the complex situation in this country and have relied heavily upon information supplied to me by Richard P. Carter of Johns-Manville Corporation. The opinions expressed in the accompanying "note", are mine.

I hope you find the information of use to you, although I cannot see how it will influence the derivation of a BOHS Standard from medical and dust sampling records other than to stress the very real politico-social implications of any proposed standard. The ultimate decision is with government agencies and the politicians, the facts having been put before them.

Yours sincerely,

Hilton C. Lewinsohn

/as

Enclosure

cc: Mr. R. P. Carter
Mr. J. H. Marsh

A NOTE ON "THE AMERICAN POSITION" ON ASBESTOS HEALTH STANDARDS

Prepared by Dr. H. C. Lewinsohn for the BOHS Asbestos Sub-Committee

There is no unified position in the United States with regard to the regulation of asbestos because of the division of responsibility between different government agencies both Federal and State, and the activities of groups representing manufacturers, workers, consumers and the environmental lobby.

The most vociferous lobby in the United States at the present time is concerned with environmental hazards resulting from air pollution, water pollution and the use of asbestos in products contributing to these problems. Organizations such as the Environmental Defense Fund and the National Resources Defense Council are vigorous and active in the field of alleged asbestos public health risks. These groups of concerned citizens make their representations to the Environmental Protection Agency and to the Consumer Products Safety Commission. In July 1976, the National Resources Defense Council filed a petition with CPSC requesting a ban of consumer asbestos-containing spackling and joint cement products. On April 28, 1977 the Commission granted the petition to ban consumer patching products containing asbestos and consumer patching compounds containing asbestiform tremolite talc and a petition to ban artificial fireplace ashes containing asbestos. This proposal must be published in the Federal Register within 60 days and public hearings will then follow. In addition to petition rulings, the Commission requested its staff to study the extent and nature of asbestos in consumer products and include recommendations for possible actions in the mid-year review of CPSC's work due later this month (May, 1977). The Natural Resources Defense Council, Inc., has urged CPSC to examine children's modeling clay compounds, textural paints, wallboard and asbestos cement sheet panel products, vinyl asbestos flooring, brake-shoes and linings and asbestos cement powders.

The Environmental Protection Agency promulgated its National Emissions Standard for Hazardous Air Pollutants - Asbestos, in 1973. This standard prohibited any visible emissions of asbestos from asbestos point source categories. This standard has been amended twice. It covers waste disposal and it is proposed that it should prohibit the spraying of any product containing more than 1% asbestos. The recent passage of the Toxic Substances Control Act, whose purpose is to regulate the introduction and use of new and existing chemical

substances in commerce, gives EPA authority to ban any product which would pose an unreasonable risk of injury to the public. Asbestos has been placed high on their list for investigation under the Act.

It is thus obvious that one position adopted in the U.S. is to ban the use of asbestos where it constitutes a risk to the public health in spite of no published scientific evidence to substantiate the existence of such a risk.

Subscribing to the theory that there is no known safe level for asbestos exposure and that no evidence exists to allow a no-effect level to be postulated is the scientific institution constructed within the framework of the Occupational Safety and Health Act, namely NIOSH (National Institute for Occupational Safety & Health). NIEHS (National Institute of Environmental Health Sciences) is also interested in this field. NIOSH is charged with responsibility for investigating occupational health hazards and publishing criteria documents for consideration by the Occupational Safety and Health Administration in their formulation of health standards. NIOSH, in December 1976, issued an updated criteria document on the health effects of occupational exposure to asbestos, wherein they recommended a permissible exposure limit of 0.1 fibers/ml. Their recommendation is based on the belief that the standard should be set at the lowest level capable of detection by available analytical techniques. In addition, NIOSH recommended that emphasis should be placed on prohibiting the occupational use of asbestos in other than completely closed operations and on substituting other products whenever possible.

The present health standard for asbestos was published in June 1974 and allowed an exposure of 5 fibers per cubic centimeter (8 hour TWA) until July 1, 1976 when the standard was raised to 2 fibers per cubic centimeter of fibers longer than 5 micrometers (8 hour TWA). A ceiling limit of 10 fibers per cubic centimeter (longer than 5 micrometers) was set. I am attaching a copy of this with marginal comments which I have made.

In October 1975, OSHA published a proposed amendment to the asbestos standard, which would substantially modify virtually every provision in the standard, including the proposal of a 0.5 fiber per cubic centimeter permissible exposure limit. For the past year and a half, CONSAD Research Corporation has been conducting an economic impact and feasibility study for OSHA on the proposal. In response to the NIOSH recommendation, OSHA has amended its contract with CONSAD to include an examination of the availability of substitutes for asbestos, the feasibility of engineering controls to achieve 0.1 fibers/cc and the feasibility of monitoring at the NIOSH recommended level. The October 1975 OSHA proposal specifically excluded the construction industry. In August 1976, OSHA retained Research Triangle Institute to conduct an economic impact and feasibility study in regard to an asbestos standard for the construction industry and they too have had their contract amended to include an examination of the availability of substitutes, engineering control feasibility to achieve 0.1 fiber/cc and monitoring feasibility at the NIOSH recommended level. When these contracts are fulfilled and the results reported to OSHA, public hearings will follow, probably in the autumn of 1977.

This review would be incomplete without mentioning three other factors. First, and of primary importance in the U.S., is the exceptional influence of the work of Selikoff and his colleagues. Selikoff believes that a threshold for cancer cannot be identified and that, therefore, standards should be based upon an appropriate evaluation of the level of risk. Such an evaluation is a social decision and suitable information needs to be gathered for such an evaluation or else a ban on asbestos will be demanded "for safety". This school believes that best available technology should be the goal, and that "loose asbestos products" are unreasonable. There should be compensation for mistakes of the past, research on demolition, repair and disposal operations involving asbestos, avoidance of all environmental contamination and surveillance of exposed populations.

The second factor is the cautious and conservative approach of industry (management) to occupational diseases. The record of American industry can by no means be regarded as good and the asbestos industry has used delaying tactics to provide "breathing space" for it to put its house in order. I have seen working conditions in asbestos textile mills which disappeared in the U.K. twenty years ago. The present climate of litigation in the U.S. and the uncertainty as to what new asbestos standard will emerge has made industry nervous and ready to fight for survival.

This brings me to the third factor, namely the growing awareness in the trades union movement of the deficiencies in occupational health expertise in the U.S.A. which have resulted in the poor health record of American industry in general. This is resulting in trades unions at national level agitating for total elimination of workplace hazards and allying themselves with the environmental lobbies. To further confuse the issue, a number of States which operate their own Occupational Safety and Health Acts, have proposed measures ranging from banning asbestos to acceptance of the 2 fibers/ml standard. In New Jersey, where asbestos was added to a list of 15 other "known carcinogens" used in industry, a total ban was demanded in the legislature. National trades union leaders, fearing that jobs would be lost at a time of rising unemployment, opposed the measure, as did industry and others, with the result that it was defeated. Selikoff is right - a social decision is needed.

Johns-Manville

Internal Correspondence

To: Paul Kotin, M.D.

Date: September 13, 1977

From: Gerald R. Chase, Ph.D. GRC

Copies: George W. Wright, M.D.
W. R. Paul, M.D.
W. B. Reitze
R. Carter

Subject: ASBESTOS ACTIVITY IN THE U.K.

I met with Mr. H. D. S. Hardie of Turner & Newell on Friday, September 2, 1977, in London. He elaborated on his comments suggesting that it was not a good time to meet with some on the British researchers.

As we already knew, the "standard setting" and "compliance" responsibilities in the U.K. now belong to the Health and Safety Executive. Mr. Bill Simpson (a former trades union man) is chairman of the Health and Safety Executive and is also chairman of the appointed Health and Safety Commission. The commission is a policy setting board for the H&S Executive and it is my understanding that the commission is the formal vehicle for reports to the Minister. Thus, the commission is much more than advisory.

The commission appointed an ad hoc advisory committee on asbestos in May, 1976. The advisory committee will probably disband by mid-1978. At that point, the asbestos activities will be handled by permanent branches of the H&S Executive.

Several subcommittees are now preparing reports for the advisory committee. A medical advisory sub-committee is chaired by Dr. Ken Duncan, the Chief Medical Officer for the Medical Advisory Service (which is also a part of the H&S Executive). Mr. Hardie indicated that Dr. Duncan is or will be on record that, without qualification, data are totally inadequate and they will be 3-4 years in coming. The medical sub-committee which is to report to the main advisory committee in November, is likely to report that there can be no medical answer to the hygiene standard within 4-5 years (in the context that at this time there are inadequate data to support or reject a 2f/cc. standard).

Professor Donald Atcheson (epidemiology - S. Hampton University), a member of the medical subcommittee, has undertaken a literature review during a four month sabbatical in Canada. He will be reporting to the medical subcommittee between now and November.

Two new studies, under the direction of Peter Elmes, have been formulated.

Molly Newhouse, working as a consultant, has begun (July, 1977) work on a T&N friction materials Ferrodo plant. Individual exposure estimates will be made - they may try to simulate 1950 conditions. The cohort will be made up of the post 1949 workforce (1500 in 1950, 2000 today). Ferrodo management has made the following statements: "no asbestos related disease after curring"; "dust levels prior to 1962 were probably of the order of 15 f/cc. in dusty areas and only during the last 8 years have they been working down to 2 f/cc."; "all meso. (about 5) cases have work histories from one department - RR brake blocks, which used blue".

A second T&N plant, at Tanworth, has a pure chrysotile exposure history (A/C building materials). The employment records are reasonable back to 1950. A research team has not yet been selected for the study.

Dr. Duncan also wants to launch a study on a cohort of compressed asbestos fiber jointings and gaskets workers who have apparently had long and low exposure.

The BOHS subcommittee which was chaired by Dr. Gilson disbanded when Dr. Gilson resigned. Berry and Peto apparently had some very lively disagreements prior to that time. Peto is not a member of the new BOHS subcommittee chaired by Dr. Roach. Both BOHS subcommittees have continued to look at morbidity (i.e. crepitations or certified asbestosis cases). Berry's analysis of the updated and enlarged "knox-cohort" precipitated a meeting attended by T&N and TBA medical personnel and Elmes and Berry. Present plans call for two papers to be published together: 1) Berry's paper and 2) a "dust levels" paper by TBA (they should be completed by the end of 1977).

I also spent several hours with Julian Peto. He is: the lead author on the most recent Doll mortality study of TBA cohorts; a member of the disbanded BOHS subcommittee (and probably one of the main reasons it disbanded); the author of the paper that hit the London Times and the New Scientist; and the one who testified to the advisory committee on asbestos in July, 1977. Everything of Peto's that I have read has been above criticism from an analytical point of view. He seems to be a rigorous, competent investigator. There have been times when he has probably not considered his audience properly, or has been naive about the potential impact of his work, but even then his qualifications of his conclusions have been adequate, but ignored by others.

With the possible exception of taking smoking patterns into account, the main problem in Peto's work is the exposure estimation. In particular, area vs. personal monitoring and historical conversion and characterization. Also, the more basic problem of the precision and variability of the monitoring process itself must be considered. (e.g. the factory inspectorate is consistently counting in the range of 1/2 the industry exposure estimates right now).

Peto plans to continue investigation of the TBA workers (he has the names and lengths of employment for all past and present workers).

We should closely follow the renewed British research activity.

GRC/plf