Mr. Norman Riley, General Manager, Atlantic Division

W. T. Shoemaker; MIB Atl. Div. Eng.

Asbestos Textile Institute - 3/7/56
Air Hygiene Committee Meeting

March 13, 1956.

Will you please express my sincere thanks to Mr. Muehlech for my attendance at this meeting. I was sorry not to find anyone from Keasbey and Mattison Company there so that I could do it personally.

I did find from the management people present that two of the companies are insured by Employers Mutual, one by Penna. Mfrs. and the others are self-insured. Mr. Gatke, another guest and owner of a textile mill in Chicago, spoke very highly of our Mr. John Skinner, H. O. Industrial Hygienist whom he had known before Mr. Skinner came with us. I am writing the attached letter to the committee chairman who is manager of a local plant which is now self-insured.

These meetings are usually closed affairs, as I understand, and future solicitation for some of the members' business might best come after more attendance if we are asked. However, Mr. Muehlech could be of greater assistance to you on this score.

I picked up quite a lot more technical information than I am putting in this report to you, but believe the rest would be of main interest only to Engineering Department representatives serving asbestos textile plants, of which we have a number beside Keasbey & Mattison. It occurred to me that you would like to be briefed on what this industry's problems are and what they are trying to do about them in the hope of promoting continued advantageous relations with Mr. Muehlech.

Summary:

(1) The substantial segments of the U. S. & Canadian asbestos industry represented here have the makings of excellent control over what can be very costly occupational disease claims, in my opinion. Essential good factors are: (a) Interest of their top managements-- at least what appears to be a desire to produce minimal health hazards in the processing of asbestos. (b) Operating management accept responsibility for and participate directly in solving health hazard problems in several of the member companies. (c) They have been discerning enough to seek out the most reliable sources of technical help on knotty problems, both engineering and medical.

(2) Typical program operated by these companies:

(a) Pre-employment physical examination, including lung x-ray read by nationally recognized authorities. Keasbey & Mattison have excellent facilities for such x-ray diagnosis locally, but American Mutual have not interested themselves in this problem beyond the local plants. One of our able competitors

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insist on a nationwide basis that all x-ray plates be observed by Dr. H. C. Sander, probably the nation's leading authority on occupational chest diseases.

(b) Periodic chest x-rays, usually at least every two years.

(c) Their own ventilating engineering staffs to design and be responsible for proper functioning of ventilating equipment.

(d) Periodic dust counting procedure to check the effectiveness of the engineering control measures. Some companies do their own counting, others depend on insurance company or state services, others use private consultants to do this technical work. (In the last several years, Keasbey & Mattison, against our advice, have given up periodic dust counting which they used to be equipped to do themselves.)

(e) Free interchange of engineering control ideas among the several member companies represented here.

(f) Several times during the last 10-15 years, member companies have joined in having their plants examined by the Industrial Hygiene Foundation. The original examination included dust counts, engineering recommendations and medical control recommendations. More recently, only dust count survey was conducted. Since such reports may have proved somewhat too costly, the plants have made combined dust count survey by taking their own samples and having them analyzed by the industrial health technicians of Travelers Insurance Company.

3) While the commendable health control measures instituted some 15-16 years ago by Keasbey & Mattison and others have done yeoman service in keeping lung disability claims well within a reasonable cost figure during a critical period of disease disability legislative liberalization, what they are doing and not doing now appears to be not completely adequate to meet a serious new threat that can be expected to increase future disability claims considerably. This threat is the alleged causal relationship between lung cancer and exposure to asbestos dust. What are the signs on the horizon? (a) An award has been made within the last year in Penna. definitely connecting asbestosis and cancer of the lung. This is the first state handing down such an award. It is particularly alarming as Penna. law is not as liberal as most state laws in allowing awards for aggravation. (b) W. C. Hueper, M.D., Director, National Cancer Institute, Federal Security Agency is now quite vocal, without adequate factual data to back him up, that asbestos dust will cause lung cancer. Literature References: Public Health Monograph No. 36, published over Dr. Hueper's name by the National Institute of Health. He also is quoted in an editorial in the American Journal of Pathology (Nov. '55 issue, I believe) as saying that anyone living near an asbestos plant can get

lung cancer. Hueper has been quite reliable in proving the cancer causing properties of quite a number of commodities but very reliable medical opponents say he goes off the deep end and accuses other materials of having cancer causing properties without sufficient factual basis for his statement. Dr. Kenneth Smith of Johns Manville accuses him of the latter in the case of asbestos. Investigations in the asbestos mines of Canada where medical records are complete for some years may give some indication of a slight relationship but present compiled data is too brief to give a conclusive answer to such a relationship. Hence, the Quebec Asbestos Mining Association is now undertaking a broad-scale survey of vital statistics, not only among asbestos mine workers but similar Canadian population control groups, to try to determine reliably if there is causal relationship between lung cancer and exposure to asbestos. This survey is to be conducted by the Industrial Hygiene Foundation who are wisely drawing on the skill of well known institutional medical authorities as well as statistical experts of the U. S. Public Health Service. (c) Another alarming aspect of this situation is that lung cancer is now in epidemic proportions among the U. S. public in general. Cancer of all kinds now causes 16 per cent of all deaths and is second in importance only to heart diseases. Three per cent of all people now die of lung cancer. This means that out of every one hundred people employed in asbestos industries (or any other industry for that matter) three will die of lung cancer. With a "mad dog" like Dr. Hueper loose on the subject of asbestos, future claim results can be alarming. Dr. Hueper testified for the claimant in the Penna. case mentioned above.

(4) The Air Hygiene Committee of the Asbestos Textile Institute are having Dr. Kenneth Smith report on this situation personally to their Board of Governors today. The Committee is recommending that consideration be given to having the Industrial Hygiene Foundation prepare a proposal for conduct of an epidemiologic survey of U. S. asbestos products industries along the lines of the one to be made in Canada, to determine if there is an asbestos-cancer relationship. The purpose of the survey will be the compilation of reliable factual information by an impartial institution and the giving of wide publicity in the literature to the findings to try to forestall the asbestos industry being tagged with a lot of human disabilities that do not have causal relationship with asbestos at all. In other words, even conscientious industrial physicians at present have little if any authoritative literature to refer to on this subject. What the survey should come up with is information such as the glass and portland cement industries developed some years ago finding that dust exposure in these industries should not be considered to be a silica hazard.

Those present at the meeting:

Dr. Weber (an operating executive)
American Asbestos Textile Corp.
Norristown, Penna.

Mr. Donald R. Holmes, Manager
Aston-Hill Manufacturing Company
Philadelphia 29, Penna.

Mr. Hugh M. Jackson, Director of Health Services
Johns-Manville Corp.
22 East 40th Street,
New York 16, N. Y.

Kenneth W. Smith, M. D. (J-M specialist on asbestosis)
Johns-Manville Corp.
22 East 40th Street,
New York 16, N.Y.

Mr. Lautenberger, Manager
Raybestos-Manhattan, Inc.
Manheim, Pa.

Mr. Schmidt, Chief Engineer
Southern Asbestos Co.
Charlotte 1, N. C.

Mr. G. E. Houghton, Chief Engineer
Garlock Packing Co.
Palmyra, N.Y.

Mr. Gatke, Owner
Asbestos Textile Co. (?)
Chicago, Ill.

he next meeting of this committee will be in the fall when the members will
e the guests of the Johns-Manville Corp. at their large mining facilities
n Quebec.

Assistant Manager

c: Mr. W. V. Ballentine, Phila.Dist.Eng.Mgr.
Mr. John E. Skinner, Industrial Hygienist, H.E.