

Officials from the two agencies told BNA that the inquiry is not expected to delay publication of a final ethylene dibromide standard.

In a memorandum to the Department of Labor, OMB asserted that the "need, purpose, and burden associated with the proposed recordkeeping requirements are not justified by [OSHA's] submission." A "major problem," the memorandum continued, is "the vast set of medical tests that are required for workers exposed to one-half of the proposed [permissible exposure limit] for over one month per year or who wear respirators."

OMB contended that it "is not clear how these tests will reduce the cancer incidence of EDB exposure."

Concern also was expressed by the budget office regarding "the effectiveness of a record of respiratory fit tests and selection procedures, emergency plans, medical opinions, training programs, extensive monitoring, and labeling." The memorandum added, "Again, the health benefits that could be expected from such records are not clear from the evidence submitted."

Purpose of Tests

The memorandum was submitted to the DOL Office of the Assistant Secretary for Management, the Labor Department unit to which OMB documents under the Paperwork Reduction Act customarily are referred, Gary Strobel, an assistant to OSHA Administrator Thorne Auchter, told BNA. The document then was relayed to OSHA's directorate of technical support, which will draft a response.

Steve Mallinger, deputy director of the technical support office, remarked that OMB's objections apparently pertain to blood serum tests and other laboratory analyses that would be required under the proposal. Mallinger noted that these examinations are intended to detect toxic effects of EDB on the liver and kidneys, and are not related to the substance's carcinogenic risks.

OSHA's response to the budget office will explain the rationale for the medical surveillance requirements in further detail, Mallinger said.

OMB involvement in the ethylene dibromide rulemaking has been a subject of continuing controversy. The proposed standard originally was scheduled for publication Sept. 30, then withdrawn after OSHA learned that the budget office had not given final approval to the action. The proposal appeared a week later (Current Report, Oct. 13, p. 435).

Mallinger estimated that it will take at least two weeks to submit a response to OMB. The situation is not viewed as urgent, since OSHA is still in the early, comment-gathering phase of the ethylene dibromide rulemaking action, he indicated.

OMB spokesman Edwin L. Dale Jr. commented that the budget office "anticipates the problem will be cleared up in time for publication of a final standard."

On-Site Consultation

EXTENSION OF TIME FOR PUBLIC COMMENT ON CONSULTATION REVISIONS GRANTED BY OSHA

An extension of time for submission of written comments on proposed revisions to the Occupational Safety and Health Administration's on-site consultation regulations was announced Nov. 4 (48 FR 50902).

The deadline for submission of comments was extended to Dec. 23 from the original date of Nov. 4.

OSHA proposed the amendments last month in order to broaden the scope of the on-site consultation regulations in

29 CFR Part 1908, and to provide for a national inspection exemption program for employers using consultation services (Current Report, Oct. 13, p. 435).

According to the agency, the extension of the comment period was granted in response to requests from interested parties. The requests "indicated that additional time is needed to prepare an adequate response," the notice stated.

Also, the agency noted that it was asked to add to the rulemaking docket "various documents relevant to the proposed amendments." These documents include:

- A list of state agencies providing, or scheduled to provide, consultative services.

- An OSHA notice dated July 25, 1983, to agency field staff on the agency's experimental program for inspection exemption through consultation. The notice refers to the directive as No. TED 2, but an OSHA spokesman said the correct number is TED 3. This program was initiated in seven Southern states in 1982 and extended in July for an additional six months (Current Report, July 14, p. 158).

- A letter from Emmett Jones, director of the CAL/OSHA Consultation Service, describing the impact of California's experimental exemption program.

- The most recent evaluation reports on the state consultation projects participating in the program.

- Testimony on proposed revisions to the consultation regulation before the National Advisory Committee on Occupational Safety and Health.

- Comments by a NACOSH subcommittee on an earlier draft of the proposed revisions, and a brief summary of the rationale for OSHA's response to those comments.

- A solicitor of labor opinion on release to the public of consultant reports to employers.

Written comments on the proposal should be submitted in quadruplicate to the Docket Office, Docket No. C-1, Room S-6212, 200 Constitution Ave., N.W., Washington, D.C. 20210; tel. (202) 523-7894.

For further information, contact James F. Foster, OSHA Office of Information and Consumer Affairs, Room N-3537, U.S. Department of Labor, 200 Constitution Ave., N.W., Washington, D.C. 20210; tel. (202) 523-8151.

Asbestos

DU PONT FINDS 22 MALIGNANCY CASES THROUGH SCREENING PROGRAM, OFFICIAL SAYS

NEW ORLEANS — (By a BNA Staff Correspondent) — As a result of its asbestos screening program covering 112,000 employees and pensioners, E.I. du Pont de Nemours & Company has discovered 22 cases of malignancies related to asbestos exposure, according to Burford W. Culpepper, the company's medical director.

Culpepper told the Joint Conference on Occupational Health Nov. 3 that the company became aware of the need to "intensify" its detection efforts more than four years ago, when a number of asbestos-related X-ray abnormalities were found at several Du Pont plants. As a result, in 1980 the company began a full-scale review of medical histories of employees 40 years of age or older and with 10 years' experience at Du Pont in jobs where they may have been exposed to asbestos.

Subsequently, the program was expanded to the company's 30,000 pensioners, with 10,000 electing to participate in the screening program and to have an X-ray at the company's expense. Culpepper noted that since the beginning of its comprehensive program, Du Pont has required that all radiographs be read by a board-certified or qualified

radiologist. In addition, plant physicians have undergone internal training in the early detection of lung abnormalities and the company's X-ray sales technical staff regularly visit all plant sites to evaluate and make sure that the best quality of film is being used.

In addition to 22 cases of malignancies, the Du Pont medical director reported that 200 employees were determined to have asbestosis and about 1,300 employees and pensioners, or slightly more than 1 percent, were found to have "evidence of asbestos related pleural thickening," but the majority were found to have "no illness or physical disability."

According to Culpepper, these results indicate that asbestos-related abnormalities "are more prevalent than we suspected four years ago," even considering the wide use of asbestos-containing insulation in chemical plants. On the other hand, he added, the results also show that "the vast majority" of the company's employees and pensioners do not have asbestos-related medical problems.

As another part of the asbestos screening program, the Du Pont medical director explained, all employees have seen a company-produced 25-minute film, "Caring About: Asbestos," which describes the problems involved in asbestos-related abnormalities, using Du Pont employees as well as medical experts such as Dr. Irving Selikoff of the Mt. Sinai Medical Center and Dr. Benjamin Felson of the University of Cincinnati College of Medicine.

Referral to Specialists

All those with asbestos-related abnormalities have been referred to pulmonary specialists at company expense for evaluation and consultation and are offered follow-up exams annually, "or at an interval prescribed by the specialist," to determine whether there is "any impairment that requires a change in work assignment," the medical director explained.

In these situations where work-related illness or impairment develops, Culpepper said that Du Pont "will accept responsibility for appropriate related medical costs, and will offer the employee or pensioner compensation based on our understanding of the workers' compensation laws in that jurisdiction," in addition to assisting in obtaining other community benefits. Further, he noted that the company's policy covers employees even "when we are not certain that the abnormality stems from exposure at a Du Pont site."

Culpepper said that the company generally has not purchased asbestos-containing insulation since the 1970s and is replacing the asbestos it has with non-asbestos insulation when other repairs are necessary. In the few sites where asbestos-containing products are used, there are strict controls, and plant employees follow written procedures, including routinely monitoring exposure levels, using protective equipment and clothing, and having regular medical examinations.

Determining Pulmonary Disability

Judging the degree of pulmonary disability resulting from asbestos exposure has been a problem for Du Pont which has been further complicated by the varying criteria established by state workers' compensation laws. Culpepper explained that in some cases the company relies on X-ray abnormalities and pulmonary function changes and has found the American Medical Association's criteria for disability "frequently useful," except in assessing lesser degrees of disability. The British Medical Research Council's criteria "are even less suitable," he added, since they were developed primarily for emphysema and chronic bronchitis.

In an effort to overcome this continuing problem, the company medical director reported, Du Pont has contracted with Selikoff to help develop a system "for a quantitative, reproducible, analytical method for the evaluation of pulmonary disability."

Culpepper told BNA that the project has been in the works for about a year and that the company hopes to get something definitive this year so that it can "begin setting some real boundaries for medical determination of pulmonary disability for asbestosis."

Since Du Pont knows little about the risk of developing disabling conditions from asbestos-related abnormalities, Culpepper said that the company also is beginning an epidemiologic study of all employees and pensioners with asbestos-related abnormalities. He anticipated that the data would be helpful "to quantitate the risk of future malignancies, impaired lung function, or other diseases," as well as in assessing "the relative contributions of cigarette smoking and asbestos exposure to pulmonary disease and impaired lung function."

Benzene

BENZENE CALLED MULTI-POTENTIAL CARCINOGEN, BUT DOSE-RESPONSE RELATIONSHIP SEEN UNCLEAR

NEW YORK — (By a BNA Staff Correspondent) — Although the dose-response relationship between exposure to benzene and the occurrence of leukemia is still unclear, it is certain that benzene is an indirect-acting, multi-potential carcinogen, Arthur Upton, of New York University, concluded in summing up the results of an international conference on the substance.

The conference, sponsored by the Collegium Ramazzini, focused on recent experimental observations regarding carcinogenicity, blood dyscrasias, and toxicology associated with benzene.

Results presented by scientists attending the conference indicated that benzene produces leukemia and many other cancers in laboratory animals and there is "cause to believe that it produces the same results in humans, although this is not yet proven," according to Upton. The following conclusions also were drawn by Upton:

- Variations in the duration and extent of exposure may be responsible for production of the different types of cancer found in the laboratory animals.

- Age and sex of the exposed animals affect their physical responses to benzene exposure.

- A risk assessment modeled to an exposure dose is still difficult at this point.

Upton emphasized the need to determine the metabolic derivative or active principal in benzene that causes leukemia. He also stressed the need for better empirical data and additional animal research to determine the effects of intermittent peak exposures as opposed to time-weighted averages.

Most conference speakers agreed that determination of a dose/time relationship for benzene, or the impact of intermittent exposure vs. constant exposure in the development of leukemia, is crucial.

Health Effects of Benzene Exposure

Muzaffer Aksoy of Medical School, Istanbul, Turkey, asserted that leukemia develops through both genetic factors and environmental factors, citing familial studies indicating that some people are genetically more susceptible to leukemia.