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Mr. J.B. Jobe,
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16th May, 1973

My Dear Burt,

We had only a brief opportunity of discussing asbestos and health questions during my recent visit to Denver but I was able to form some impressions after my talks with the various divisions and I have been giving a good deal of thought to some of the questions that now arise.

I had been particularly concerned to learn that OSHA had decided to throw open again the whole question of acceptable limits of fibre concentration and it is about this that I am now writing to you.

You asked me about the present situation in this country and while I did give you a brief answer at the time, I thought I should confirm this in rather more detail. The law here is framed in such a way as to permit periodic review of the acceptable limits and at present it is laid down that below 2 fibres/cc, no special action need be taken. Above this, however, the provisions of the law must be put into effect - that is, dust extraction must be provided to control the dust level or, if that is not practicable, then personal protection (respirators, protective clothing) must be provided. The way the precautions are enforced depends on the concentration and duration of exposure. If the average concentration over a four-hour working period is in the upper half of the 2 to 12 fibre/cc range, the Inspectorate press for improvement in the methods of dust control. If the level cannot be prevented from rising above 12 fibres/cc in any ten-minute period, then respiratory protection is required in addition to the dust extraction equipment.

The limits set out in this interpretation refer to all forms of asbestos except blue. For blue, the figures are one tenth of those quoted and there are other special requirements relating to the use and disposal of this fibre.

The special requirements in respect of blue resulted from the medical view that blue was particularly associated with mesothelioma and that only minimal exposure might be necessary.

Mr. J.B. Jobe 16th May, 1973

As you know better probably than anyone else, blue asbestos has been a significant ingredient in the success of the J-M technique of producing the best pressure pipes in the world. The technical and economic advantages and the ultimate quality of the product, cannot readily be achieved by other means and they provide a significant argument for continuing the use of blue.

Naturally Cape is concerned to see the use of blue continued and it is to be expected that we should subject the evidence implicating blue to very careful examination. It does now appear that the particular implication of blue is by no means as clear cut as it was at the time the Regulations in this country were drawn up and I feel that it is of major importance that the fullest consideration be given to all of the facts before any decision to eliminate blue is made either by J-M or on a wider basis, on medical grounds alone.

The essential points in this connection are as follows :

1. There has been no marked increase in the incidence of mesothelioma in the region of the blue asbestos mines in South Africa. At our own mines which have been in existence for eighty years with many long serving employees, the disease is virtually unknown.

2. Recent investigation at the Pneumoconiosis Research Unit in South Africa has cast further doubt upon the special implication of blue and has raised the possibility that other materials may be involved.

3. Recent investigation in Britain has indicated that contrary to the earlier view, appreciable exposure to blue is probably necessary before any risk is incurred.

4. There is no medical or scientific justification whatever for the 'ten to one' requirement applicable to crocidolite, arbitrarily adopted by the Factory Inspectorate.

The adoption of separate limits for different kinds of asbestos is an unsatisfactory compromise and there are already signs that those who are seeking unjustifiably to reduce the use of asbestos will regard the lowest limits for any particular form (or a ban on any particular form) as leverage with which to attack all forms of fibre.

I am therefore anxious that there should be resistance to any suggestion of banning blue in the United States either directly or by the imposition of limits within which it is impossible to work and I feel it is important that the full case for blue should be fully considered and put before both the OSHA committee and indeed, before anyone else who may be concerned.

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Mr. J.B. Jobe

16th May, 1973

So far as J-M is concerned, blue has been used in pressure pipe manufacture for many years and this fibre has been a very material factor in J-M's success as the producer of the finest pressure pipe. You will know that during this period, we have orientated our blue asbestos mining towards J-M's requirements. We have always realised that one day we might have to accept that J-M would discontinue the use of blue on economic or technical grounds but I do hope that such a decision would not be made solely on medical grounds without the fullest consideration of the evidence and if there is indeed a prospect of this, I should like an opportunity of putting the facts before your people before a decision is made.

Yours sincerely,

Dick

Dr. R. Gaze

RG/WFG