BC: J. L. Myers
W. C. Thurber
File

THE DISCOVERY COMPANY

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January 6, 1976

File New OSHA Std

RECEIVED
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Mr. Robert H. Mereness
Executive Director
Asbestos Information Association/NA
Suite 610
1660 L Street, NW
Washington, D.C. 20036

Dear Bob:

This confirms our telephone conversation of December 29, 1975, and provides the information you requested.

As we are all aware, both the present and proposed OSHA regulations call for annual medical examinations for employees exposed to "airborne concentration of asbestos". This creates a tremendous compliance burden on manufacturers who use asbestos in only a part of their operations, processors who handle products containing bound asbestos, small intermittent users, and in fact on almost any operation where the airborne dust levels are consistantly very low but still distinguishable from background. We will undoubtedly want to push in the industry position statement for a cut-off concentration level below which examinations are not required.

In his recent talk at the AIA/NA Board of Director's meeting, Dr. Hans Weill mentioned a new research study on the value of extensive medical surveilliance in reducing lung cancer. The survival rate for the subjects checked was found to be little different from those not checked.

The fundamental rationale for the newly proposed regulations is the contention that asbestos is a carcinogen, particularly with regard to mesothelioma. The study just noted suggests that annual medical examinations, regardless of their other attendant social benefits, have little or no value in protecting the asbestos worker from cancer. This would appear to be particularly true for a cancer such as mesothelioma.

Since the key objective of OSHA is to protect the worker, it could be argued that medical surveillance is superfluous in this case. While it is doubtful that the industry would choose to adopt such an extreme position, it seems important that the question of the true value of medical examinations in protecting the worker from cancer be entered into the hearing record. It can at least serve as a basis to argue for some reduction in the present all-encompassing requirements.

It was not clear from his talk whether Dr. Weill agrees with this interpretation or whether he plans to include a discussion of this research in his medical summary. In view of the time schedule we are all in, it seems to

me that it would be very helpful to have an idea of his thoughts in this area to guide us as the overall industry summary is prepared. If Guy Gabrielson agrees, it is suggested that you or he discuss this with Dr. Weill.

Best regards,

Harry

Harrison B. Rhodes
Technology Manager

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CC: Mr. Guy Gabrielson