Asbestos Information Association/North America

22 East 40th Street
New York, N. Y. 10016
212-689-3378

December 20, 1972

Director
Bureau of Mines
Washington, D.C. 20240

Dear Sir:

In accordance with the notification in the Federal Register (Vol. 37, No. 215, Page 23645) on November 7, 1972, of a Proposed Rule Making (30 CFR Part 71) with regard to certain proposed amendments and additions to the Coal Mine Health and Safety Act of 1969, and especially with regard to the establishment of a new standard for exposure to asbestos dust (71.202 Asbestos Dust Standard; measurement), we would like to file the following comments on behalf of the Asbestos Information Association/North America (AIA/NA), an organization comprised of 19 of the nation's largest miners, manufacturers and importers of asbestos and asbestos-containing products. The member companies of the Association are listed on a fact sheet which I have provided.

I would like to state at the outset that the Association and its member companies are fully cognizant of the health hazards associated with the excessive inhalation of asbestos fibers, and of the shared responsibility of industry, labor, government and the medical profession to provide a safe and healthy working environment for all employees exposed to potentially hazardous levels of asbestos dust.

Nevertheless, it is our firm belief that the proposed standard in question is unnecessarily strict, is not supported by current medical knowledge, and that the heavy reliance being placed upon the Criteria Package produced by the National Institute for Occupational Safety and Health (NIOSH) is unjustified.

Since, according to NIOSH's own studies, the highest asbestos fiber level found to result from the repair of strip mining shovels (the only use of asbestos in coal mining operations of which we are aware) was 1.41 fibers per cc (a level far below that recommended by any competent or responsible medical authority as being necessary to safeguard health), we are <u>not</u>

faced in this situation with a matter of life and death. Thus the question revolves around the theoretical argument whether a TWA of two fibers per cc or five fibers per cc (the two levels being most hotly debated by the experts) is necessary to safeguard health.

To state that competent medical opinion on this matter is divided is an understatement. If one takes as an example the March 1972 public hearings of the Occupational Safety and Health Administration on asbestos, one finds four or five experts (mostly associated with the Mount Sinai Environmental Sciences Laboratory in New York City) in favor of a two fiber standard, and an equal number of medical experts in favor of a five fiber standard. This latter group would include Dr. Stephen Holmes of the British Occupational Hygiene Society; Dr. George W. Wright, Head of Medical Research, St. Luke's Hospital, Cleveland, Ohio; Dr. J. Corbett McDonald, Chariman of the Department of Epidemiology and Health, McGill University, Montreal; Dr. Hans Weill, Professor of Medicine, Tulane University; and the American Industrial Hygiene Association.

Since his comments stand as the most complete recent review of the overall asbestos-health problem, especially with regard to the setting of occupational standards, we are including the full text of Dr. Wright's statement at the OSHA hearings as part of our submissions.

Because the Proposed Rule Making states that the proposed standard for asbestos was developed "to conform to the recommendations developed recently by the National Institute for Occupational Safety and Health," it is important that Dr. Wright's statement be reviewed in great detail, especially those sections, beginning on page 18, dealing with the validity of the NIOSH recommendations.

One of the most important objections that has been raised by Dr. Wright and others with regard to the NIOSH Criteria Package is its heavy reliance on the British Occupational Hygiene Society (BOHS) 1969 standard of two fibers per cc which, to quote the Criteria Package on page V-10, "was given great weight in the development of this asbestos standard." This is curious in light of an earlier statement on the same page that existing medical evidence "is not sufficient to establish a meaningful standard based upon firm scientific data."

At a recent medical meeting in Lyon, France, on the Biological Effects of Asbestos, Dr. Stephen Holmes of BOHS agreed that the data upon which the current BOHS standard is based is insufficient, and that the committee which developed the standard has "become increasingly concerned with the authority with which it has become invested in the international field."

In addition, Dr. Holmes stated that the Society has decided to do "an up-to-date reappraisal of the original data and the study of new data which has since become available" (a copy of Dr. Holmes' Lyon paper is attached). Other prominent asbestos-health experts, including Dr. Hilton Lewinsohn and Dr. Irving Selikoff, have also recently complained of the insufficiency of the data used by the British in the development of their two fiber standard.

Thus, it would be highly inappropriate and premature to set a standard for asbestos exposures in surface coal mine operations based upon the recommendations contained in the NIOSH Criteria Package, which are in turn based upon the BOHS standard which has been declared insufficient by many experts in the field, including those who developed it, and which is, in fact, in the process of being revaluated.

In the setting of an asbestos coal mine standard, the BOHS study must therefore, for the time being at least, be eliminated from consideration. In addition, as Dr. Holmes points out, it would also be unwise to use data from studies, such as those of insulation workers, in which the workmen experience "high peaks of concentration, because too little is still known about the effects of such peaks, albeit it for short periods of time, on the normal lung clearance mechanisms."

When one examines the remaining medical evidence (eliminating from consideration the above mentioned data) as Dr. Wright has done most thoroughly and persuasively in his OSHA statement, it becomes quite clear that a two fiber standard is unnecessary for the protection of American workmen from asbestos-related disease, and that a TWA of five fibers per cc with a peak of 10 is acceptable and safe.

Fortunately, as was mentioned earlier, we are not faced with a matter of life and death. The health of men employed in strip mine shovel repair will not be placed in jeopardy, no matter which standard is adopted, since their actual exposure is less than either of the debated standards. Thus, we can afford to act with more flexibility and await the development of additional reliable data, such as the completion of the BOHS review of its standard, before taking such a drastic step as reducing the TWA for asbestos in coal mines to two fibers per cc.

The recommendation of the Asbestos Information Association is, therefore, that the Department of the Interior promulgate a TWA standard of five asbestos fibers per cc, with a 10 fiber peak, said standard to be based on the intended asbestos standard of the American Conference of Governmental Industrial Hygienists.

Very truly yours,

Matthew M. Swetonic

Matthew M. Swetonic
Executive Secretary

Enclosures (3)