

Raybestos  **Manhattan**

PLAINTIFF'S EXHIBIT

SH-2431

August 17, 1972

Mr. W. W. Cathriner, President
Coastal Supply Company
1107 East Freeway
Houston, Texas 77001

Dear Mr. Cathriner:

Subject: Lint-Free Fabrics Available From Raybestos-Manhattan
Chapter 17 Occupational Safety & Health Administration
Department of Labor, Part 1910
Occupational Safety & Health Standards

In response to our customers concern relating to the above standard pertaining to approaches to asbestos dust, Raybestos-Manhattan has introduced a product line to aid in complying to the standards. The thrust of the lint free program covers three main areas.

1. Any commercial fabric now being used by customers can be treated with a light coating of acrylic resin. This treatment binds the fiber and the yarn together and tremendously reduces dust and lint particles in the air. The coating is available at a nominal price and can be ordered by specifying "lint free" following the style number.

2. A new fabric called L-71-1133 is now available in Underwriters Grade. This fabric is the result of new design and production technique and will be sold lint free only. Its price represents a reduction when compared to its nearest counterpart. The weights per square yard are 2-1/4 pounds and 2-1/2 pounds.

3. Our revolutionary new wet process for making asbestos yarn has enabled us to offer a line of smooth finished lint free fabrics called NOVATEX. These remarkably new light weight fabrics are available in 8 ounce, 16 ounce, and 24 ounce constructions. The fabric is graded at AAAA and will perform in environments up to 1000°F. The real surprise is discovering that the NOVATEX process fabrics will sell in the general price range of conventional Commercial Grade cloths. We feel that these

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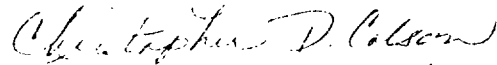
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Mr. W. W. Cathriner
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programs and products truly make our approach to OSHA's standards a progressive and intelligent one. We are continuing our research to reduce, even more, the dust which is present in asbestos cloth. Of course, I am available to consult with you or your customers to design new fabrics for greater human safety in areas that we are not presently dealing with.

If I can leave one thought with you, it is that we offer the most varied and unique line of lint free fabrics available in the marketplace today. We are pleased that Coastal Supply Company represents us in the Houston area and confident that, jointly, we can offer our lint free products successfully to your customers.

Very truly yours,


Christopher D. Colson *Ho*

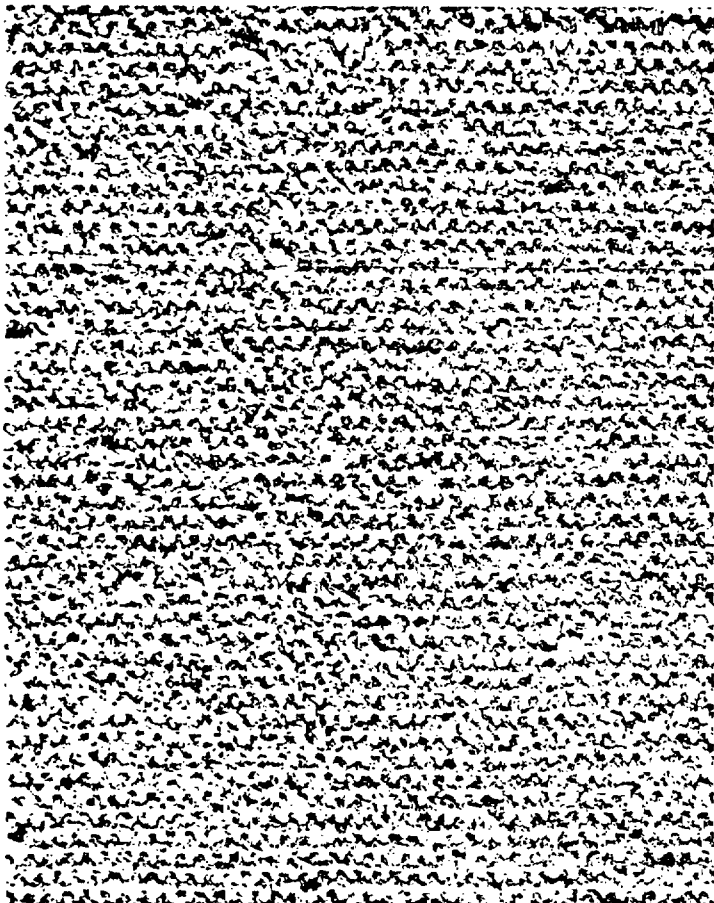
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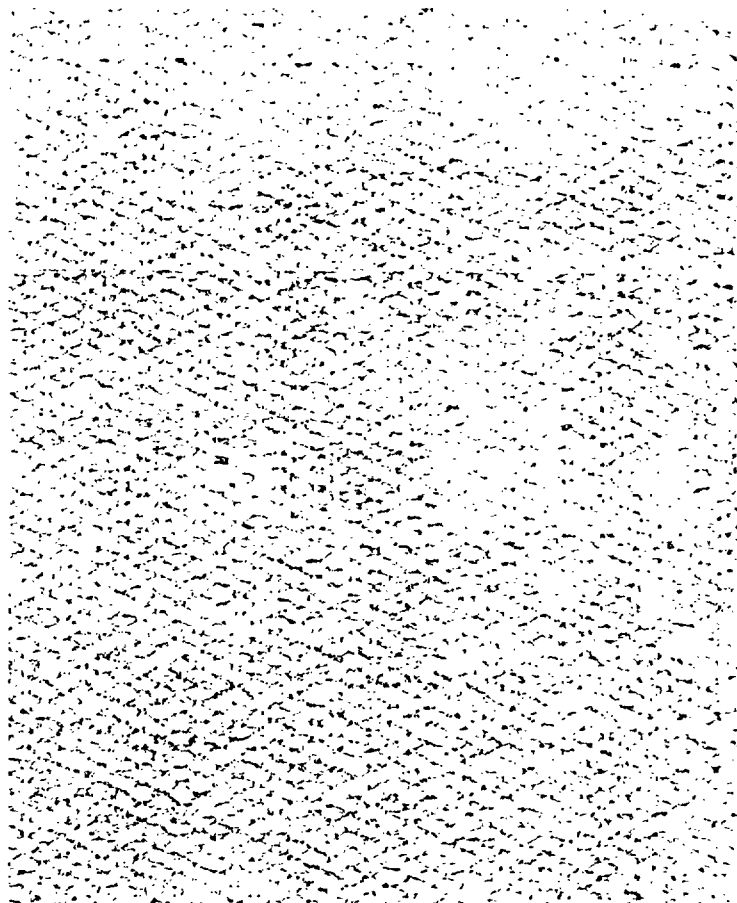
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CLEAN-GARDTM

New treatment for asbestos products MEETS OSHA REGULATIONS



CONVENTIONAL ASBESTOS CLOTH



ASBESTOS CLOTH WITH CLEAN-GARD TREATMENT

Developed to meet the Occupational Safety and Health Act, Porter Clean-Gard process eliminates the need for labeling as a possible health hazard.

Clean-Gard total impregnation also increases abrasion resistance up to 50%.

Asbestos products with Clean-Gard provide a safe, clean product for further fabrication in your plant, and are well within OSHA requirements for most of your end products.

Clean-Gard is the latest in a complete line of treatment and coatings developed by Porter for cleaner asbestos products.

Write for full information and a sample of asbestos cloth with Clean-Gard to

Thermoid Division, H. K. Porter Company, Inc.,

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Thermoid . . . consistently dependable.



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Asbestos Information Association/North America

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New York, N.Y. 10017
(212) 697-5600

THE FACTS ABOUT ASBESTOS AND HEALTH

Presented by
W.P. Raines, Secretary of
The Asbestos Information Association/North America

At a Press Briefing Held March 2, 1971
in the Overseas Press Club, New York City

In the past few years, many groups, both public and private, have been claiming that asbestos is a threat not only to those occupationally exposed to the dust, but also to the general public. These groups have included the federal government, local and state governments, politicians, environmentalists and consumer protection advocates, some doctors, and quite naturally, the newspaper, magazine and radio and television writers who report what these people say.

Let's take a brief look at what each of these groups is saying and doing about asbestos.

At the federal level, many departments and agencies are studying asbestos-related disease. The Institute of Occupational Safety and Health of the Department of Health, Education and Welfare is preparing a report recommending new federal dust standards for asbestos processing plants and mines.

Regarding the general public, a special committee of medical experts has been set up by the National Academy of Sciences under a grant from the Office of Air Pollution Control of the Environmental Protection Agency. It will draft recommendations for the control of asbestos dust emissions into the ambient air. Dr. George Wright, who is with us here this morning, is a member of that committee.

In addition, a number of non-governmental research institutes and organizations are studying various aspects of the asbestos-health problem on grants from the federal government.

A rapidly growing number of city and state governments are looking to ban or impose strict regulations on the use of certain asbestos products, primarily asbestos-containing spray insulations used in high-rise building

construction. Most of you are probably well aware that New York City and Philadelphia are considering proposals to ban the use of asbestos in this application.

On the political front, certain politicians, especially those in cities and states where sprayed asbestos is under investigation, have launched attacks on asbestos. Many have been expressions of genuine concern for the public welfare, but others have been little more than attempts to cash in on the current interest in the environment.

Additional adverse publicity has been generated by environmentalists and consumer protection advocates such as Barry Commoner, Rene Dubos and Ralph Nader, who frequently include asbestos in their list of alleged public health hazards. Nader's recent utterance about the use of asbestos as a filler in cigars and cigarettes is a prime example. I might mention in regard to Nader's claims that to the best of our knowledge no asbestos is used in the manufacture of cigars or cigarettes.

Considerable publicity has been generated by doctors investigating various types of asbestos-related disease. Their comments and speeches have often been exaggerated or quoted out of context, and their opinions or theories reported as absolute fact. In other instances, these doctors themselves have spoken out without knowing the full facts of a particular situation, or have exaggerated the size of the problem in order to attract more attention.

The net result of all this publicity has been to foster a series of very erroneous and very damaging impressions in the public mind -- that, for example --

- . Asbestos is a major air pollutant
- . Asbestos causes lung cancer and other disease among the general public
- . Once asbestos gets into the lungs all of it remains forever
- . A little bit of asbestos can kill you
- . That asbestos is more hazardous than cigarette smoking
- . Because asbestos cannot be controlled, it should be banned until it is proven safe
- . Substitutes for asbestos should be used whenever possible
- . The industry is doing nothing about the problem

This situation is most unfortunate with regard to asbestos and health, for the truth is that the known facts about asbestos-related disease do not support these erroneous impressions.

What are the known facts?

Simply stated, they are:

- . Asbestos is basically an occupational health hazard
- . The effects of asbestos are both dose and time related. That is ... asbestos-related disease can develop only after the inhalation of large amounts of asbestos dust over a long period of time. And....
- . There is presently no evidence of hazard to the general public from exposure to the minute amounts of asbestos that may be present in community air

These are the known medical facts. As you can see, they contradict the impressions being given to the general public. Let us take a closer look at each of these impressions and see how they relate in detail to the known facts.

Asbestos is a major air pollutant. This erroneous statement is based primarily on reports of the finding of small amounts of asbestos fiber in the lungs of city dwellers at autopsy. Some of the asbestos found has been in the form of coated fibers, commonly called "asbestos bodies" or "ferruginous bodies." Some has been in the form of tiny fibrils, pieces of asbestos so small that they can be seen only with an electron microscope. I should point out before proceeding that the asbestos found in the lungs of these people had absolutely nothing to do with the cause of death or with any known history of pulmonary disability. The lung tissues studied were selected at random and all of the people had died from other causes.

It had been assumed until recently that the main source of this asbestos in the lungs of urban dwellers was from construction activity, including asbestos spraying and demolition, and from the wear of brake linings, which, as you saw in the movie, also contain asbestos.

The idea that these are the only or even the primary sources of asbestos in the community air is now being seriously called into question.

The theory regarding brake linings, for example, was answered a few years ago through a study by Jeremiah Lynch of the U.S. Public Health Service, which showed that only a very small fraction of the asbestos in brake linings is released in its original form when brakes are applied. The rest of the asbestos is converted into fosterite -- an inert material -- by the heat of friction.

Despite this evidence, many doctors, writers, politicians and others still point to brake lining wear as a substantial source of asbestos contamination in the ambient air.

Preliminary results of investigations of dated polar ice have shown that small quantities of asbestos from natural sources may have existed in the atmosphere perhaps millions of years. Chrysotile asbestos,

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the most commonly used variety of the material, is found in small quantities in almost all serpentine rock. Serpentine is one of the most common types of rock found in North America. Most of the states in the Union and most provinces in Canada -- especially those on the east and west coasts of both countries -- contain deposits of this type of rock. Over millions of years, the natural forces of weather and erosion could have released the asbestos fibrils contained in outcroppings of this rock and permitted them to become airborne. This phenomenon would explain why background levels of asbestos are to be found even in the most rural areas, as well as in our large cities. What is significant here is that man probably evolved into his present form in an atmosphere containing some asbestos. Therefore he obviously can tolerate small quantities of the material in the air which he breathes.

Commercial and industrial talc is another source of asbestos. Tremolite, a form of asbestos, occurs naturally in nearly all talc used in this country. The percentage of tremolite in industrial talc ranges as high as 30 percent. Since more than 800,000 tons of talc are used in this country each year, it must be considered a prime source of the asbestos fibrils in our air.

This is not to say that the only sources of asbestos in community air are from natural erosion or from talc. There is no doubt that some asbestos is released into the air at improperly controlled spray sites and in the construction and demolition of buildings.

Now that we have established some of the more likely sources of asbestos in the community air, the question must arise -- how much asbestos is there in community air and of what consequence is it?

Studies to find answers to these questions are still going on. However, first reports indicate that the level of asbestos existing in the borough of Manhattan in New York City -- probably the most heavily polluted of all American urban centers -- is at a level of about one nanogram per cubic foot, and can be measured only under an electron microscope. A nanogram, as you know, is one-billionth of a gram. Translating this to the levels recommended by the American Conference of Governmental and Industrial Hygienists for occupational exposure, we find that a worker employed at a recommended safe level of 5 fibers per cubic centimeter of air has an exposure at least 30,000 to 100,000 times higher than that of the average New Yorker. Putting it in even more graphic terms, a New Yorker throughout a lifetime of 70 years would be exposed to an amount of asbestos no greater than that to which an employee in an asbestos mine or plant would be exposed in two-and-a-half working days at the ACGIH recommended safe level of 5 fibers per cc.

Which brings us to the second major erroneous impression concerning asbestos:

That asbestos causes lung cancer and other disease among the general public. This erroneous impression has arisen because some doctors, writers and others have translated the occupational hazard to the general public without considering the vast differences in the amount of exposure between the two groups. The fact is that there is no evidence, scientific or otherwise, that anyone in the general public has ever contracted any disease from exposure to the minute amounts of asbestos that exist in the community air. In years past, there may have been some potential hazard to people living in the vicinity of asbestos mines, mills and manufacturing plants. However, as

technology was developed for the control of asbestos dusts in industry and the prevention of its escape into the community air, these potential hazards disappeared.

The next erroneous impression is that once asbestos gets into the lungs all of it remains forever. This statement has been voiced so often and in so many places that it is difficult to trace its origin. However, like the other impressions we are looking at, it too is false. The vast majority of the asbestos fibers inhaled into the lung are far too large to be retained. The lung's own cleansing mechanism quickly removes the bulk of the respirable sized fibers.

The statement that a little bit of asbestos can kill you is another erroneous impression that has no basis in fact. Epidemiological studies of occupational groups in England, in this country and in Canada indicate that asbestos-related disease will not develop at low or moderate levels of exposure. A higher than normal incidence of disease was found only among long-term employees exposed to high concentrations of dust in their work. As was mentioned before, even generally acceptable low occupational levels of exposure are tens of thousands of times higher than that to which the general public is exposed, and these low occupational levels have thus far produced no disease.

The statement that asbestos is more hazardous than cigarette smoking had its origin in the misinterpretation of a comment made a year or so ago by Cuyler Hammond of the American Cancer Society. At an orientation session on cancer held for science writers in Annville, Pennsylvania, Hammond said that "the use of asbestos would seem to be more serious than smoking...because cigarettes are not essential, but it would be extremely difficult to build skyscrapers, or power plants, or any one of a number of different types of

In short, Hammond said that we can do without cigarettes, but that asbestos is an essential product and we should therefore be more concerned about finding methods to control its hazards. As you can see, what Hammond actually said is considerably different than the statement, so often attributed to him, that asbestos is more hazardous than cigarette smoking.

I should point out, however, that cigarette smoking has been strongly indicated in at least one study as significantly increasing the lung cancer hazard among asbestos insulation workers. There was, in fact, only one case of lung cancer among the asbestos workers in this study who did not smoke cigarettes.

The most important part of the erroneous impression that because asbestos cannot be controlled it should be banned until proven safe, is the first phrase...that asbestos cannot be controlled. This statement is not true. Sophisticated and efficient control techniques and equipment are in use in asbestos mines, mills and plants throughout the world. They have proven their worth in reducing occupational dust levels to generally accepted safe limits. So far as the general public is concerned, the industry has sponsored or conducted studies to identify potential sources of asbestos dust in community air, and has supported and cooperated in successful efforts to reduce or eliminate the nuisance of even small amounts of dust being allowed to escape from these sources into the air that the general public breathes.

As was pointed out earlier, asbestos-related disease has not been found among the general public, and epidemiological studies of occupational groups indicate that ambient air levels are infinitely smaller than those known to be acceptable for industrial workers.

In short, asbestos concentrations in both the workplace and in community air can and, in most cases, are being satisfactorily controlled, and there is therefore no reason to ban the use of any asbestos-containing product. From a public health standpoint, such bans are completely unnecessary and would serve only as a meaningless gesture.

Regarding the statement that substitutes for asbestos should be used whenever possible, the information already presented shows that this is not necessary. It would in fact be unwise to substitute unproven materials...the possible health effects of which are unknown...for a product that has demonstrated its usefulness to society over the past century. From a technical standpoint, the fact is that for many essential, life saving uses, such as brake linings, asbestos is indispensable -- the only material that can do the job.

Anyone who has worked closely in the asbestos-health area over the years knows that there is no foundation to the claim that the industry is doing nothing about the problem.

The fact of the matter is that the industry -- starting in the late 1920's -- sponsored some of the first studies of asbestos-related disease ever undertaken in this country. The information gained from these studies became the basis for early dust control programs throughout the industry. Over the years as better equipment became available and as more was learned about health problems related to asbestos, these control programs were improved and expanded. Today, the industry has invested tens of millions of dollars in equipment and techniques to prevent the inhalation of asbestos dust by workers in the mining and milling of asbestos and in the manufacture of asbestos-containing products.

Some representative types of equipment for the protection of employees include:

- . Hoods for the removal of dust from the employees' work area.
- . Enclosed asbestos fiber bag opening stations in which loose fibers are swept into ducts by air currents as a bag is opened.
- . Various types of bag house dust collection systems to remove asbestos fiber from the air circulating inside the plant and also to prevent it from escaping into the outside atmosphere.

There are many additional types of equipment and techniques used to protect employees and the public, and these are constantly being refined and improved.

On the research side, the industry sponsors or cooperates in a wide variety of projects designed to identify asbestos health risks wherever they may occur, and to develop methods for their control.

The Quebec Asbestos Mining Association, through its support of the Institute of Occupational and Environmental Health in Montreal, is sponsoring six research projects.

They are: epidemiological studies of the Canadian general population; studies of asbestos manufacturing workers in two plants in New Orleans; studies of asbestos miners and insulation workers in Italy; studies of anthophyllite asbestos in Finland; studies of experimentally induced granulomas in animals and studies of the cellular basis of the biological effect of asbestos. The most important of these are the epidemiological study of the Canadian general population and the New Orleans study. Both of these research projects promise to provide us with material on the incidence of asbestos-related disease among long-term employees and among people living in the vicinity of asbestos processing plants and mines.

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These six studies are representative of research work being sponsored or cooperated in by independent companies in the asbestos industry in North America. Projects also include the Insulation Industry Hygiene Research Program, the asbestos industry study being conducted by the U.S. Public Health Service, an epidemiological study of retired Johns-Manville employees, a study of the relationship between fiber dimension and the ability to produce pulmonary tissue response in experimental animals, the biological effects of modified inorganic fibrous micro-particles, and a fibrous dust study being undertaken at the Industrial Health Foundation of America in Pittsburgh to investigate the ways in which the major varieties of asbestos produce occupational disease.

It should be clear from the industry sponsorship of these studies and from the environmental control programs going on in asbestos mines and plants throughout this country and in Canada that the impression that the industry is doing nothing about the asbestos-health problem is unfounded.

Now, let me summarize what we have shown to be the facts about asbestos and health, as contrasted to the erroneous impressions we looked at earlier:

1. Minute quantities of asbestos dust do exist in the ambient air, but asbestos can by no means be considered a major air pollutant.
2. There is no evidence, scientific or otherwise, that anyone in the general public has ever contracted any disease from exposure to these minute amounts of asbestos dust.
3. Only a tiny fraction of inhaled asbestos remains in the lungs.
4. Asbestos-related disease can develop only after exposure to large quantities of asbestos dust over a period of many years.

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5. The notion that asbestos is more hazardous than cigarette smoking is merely a misrepresentation of a statement that made a completely different point.
6. Potentially hazardous uses of asbestos can and are being controlled, and there is therefore no reason to ban the use of any asbestos-containing product.
7. There is no good reason from a public health standpoint to substitute materials with unknown health effects for asbestos.
8. The asbestos industry is deeply involved in efforts to identify and control asbestos-health hazards wherever they may be found.

These are the facts as we know them. As you see, they completely contradict the erroneous impressions discussed previously. Which brings us to the question....

Why was the Asbestos Information Association formed, and what do we hope to accomplish? Generally speaking, we plan to communicate the facts about asbestos and health to doctors, politicians and others who have been making unfounded statements about the problem. Secondly, we hope to be able to serve as an informational resource that the media can turn to for factual material on this important subject.

Additional information on the make-up of the Association and the names of those people who will be available to assist you are contained in the folder distributed to you when you came in this morning. The Association will operate out of the New York offices of Hill and Knowlton, Inc., our public relations counsel.

I hope this brief summary of the asbestos-health problem has been of interest to you, and that you will be contacting us in the future when you are working on stories in this area.

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