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Dear Paul:

I very much appreciate the time you spent with me in New York and your patience in listening to my rather long-winded dissertation on the needs of the asbestos products industry.

I am convinced that most of our members would welcome a seminar or seminars such as I suggested during our meeting. At the risk of "overkill" I am enclosing a copy of comments made at the AIA/NA Annual Meeting in September. The pertinent paragraphs are marked in red.

I have also enclosed a copy of comments made at a meeting we had with Dr. Selikoff in February, 1974. I made these comments in an attempt to illustrate the plight of the average manufacturing manager in the asbestos products industry who is very largely ignorant of the biological effects of asbestos.

Over 30 people, including several company presidents, attended the Selikoff meeting. Following Dr. Selikoff's presentation and departure there were additional comments and critiques by Ray Murphy and Phil Enterline.

The response of the membership of the AIA/NA to this meeting was clear evidence of the desire on the part of the members of the Association for a closer relationship with the scientific community and for a better understanding of the effects of asbestos. I can assure you all of us in the industry will be very grateful for any help you can give us in continuing this educational process and in helping us to find solutions to the problems facing the industry.

Sincerely,

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My comments will be limited today because I'm sure you've heard me enough over the past two years and because we have assembled an outstanding group of speakers for the Conference which will begin at noon today. Their comments will be more significant than any I could make.

Rather than reviewing in detail the activities of the past year, I should like to comment on two important objectives as I perceived them a year or more ago.

First, the need to communicate to the AIA membership factual information on the asbestos health hazard.

Second, the establishment of AIA as a credible, authoritative source of information, particularly for government regulatory agencies.

With respect to the first point, it became clear to me some time ago there had been an incredible lack of communication between the scientific community and most of the U.S. asbestos industry. This lack of communication can best be illustrated by attendance records at conferences during the past ten years.

1964 - Caen, France - Meeting of Experts - No U.S. Industry Representatives ✓

1964 - New York Academy of Sciences - J/M only

1968 - Dresden - J/M only

1971 - London - J/M only

1972 - Lyon - Solon, Marsh, Swetonic, Sabourin

1973 - Geneva - No representative from U.S. industry - Sole U.S. Representative: George Perkle of the Textile Workers ✓X

[At all of these meetings our British colleagues were present in full force. The greater superiority British industry possesses in understanding and control of the asbestos health hazard is no accident.]

I hope the programs of the past year with Drs. Selikoff, Nicholson, Murphy, Enterline, Van Atta and the review of mortality studies by Matt Swetonic have been helpful in making up for that absence of communication and, together with the conference to begin this noon, will serve to create a better understanding of the challenges facing the asbestos industry in this country.

With respect to the second objective I think we can say without qualification that AIA is firmly established and accepted by the principal government regulatory agencies as an authoritative source of information on the asbestos industry. The list of speakers to appear before us this afternoon and tomorrow is clear evidence of that fact.

Thanks to Ed Fenner and his Technical and Standards Committee, AIA has made a significant contribution to the revision of the OSHA Asbestos Standard. I can assure you the Labor Department is appreciative of this effort and that it has contributed greatly to the credibility of our organization.

In addition to our close contacts at OSHA we are well established and respected at the Environmental Protection Agency and the Food and Drug Administration--two agencies of vital importance to the asbestos industry.

There have also been contacts too numerous to detail with other Federal agencies such as MESA, FTC, CPSC, NIOSH and others as well as contacts with many government subcontractors working on asbestos matters.

The legislative area has not been neglected. We have visited and have been in contact with legislators interested in OSHA and the asbestos industry and have attended and monitored House and Senate Oversight Hearings as well as many other meetings on asbestos matters.

We still have much to do but we have come a long way in the past year. Perhaps most of you don't realize it, but just a little over a year ago AIA was nothing more than a room full of files with virtually zero capability to answer questions or provide technical or other advice.

We have been most fortunate in having as Executive Director since late August of last year, Bob Mereness, whose experience as a Public Relations Officer and whose knowledge of the Washington scene have put us on the map. Although he joined us with virtually no knowledge of the asbestos industry, his progress up the learning curve has been extraordinary.

We are also grateful to Mrs. Carol Grant for the most capable handling of office matters since she joined our organization last October.

The office staff was greatly strengthened by the addition on July 1 of Bob Pigg, whose years of experience as an Administrative Officer will be of great value in freeing Bob Mereness from the demands of office routine and will permit him to spend his time more productively on government, legislative and other outside contacts.

In summary, we've got a viable, going operation, far better equipped than formerly to serve the membership of this association.

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FUTURE

As I will be stepping down as President, I am not going to present a comprehensive plan for the future, but I do want to emphasize the importance of aggressive and effective programs in two areas.

1. Customer education
2. Medical surveillance and research

With respect to the first point, Secretary Stander has clearly stated that the job of giving guidance to small employers on methods of compliance with OSHA Regulations is one for the private sector. Our industry must expand this concept to cover all customers, small or large, who need help in understanding or in complying with the asbestos regulations. This is a must if we are to protect our markets. ✓

We badly need a series of booklets describing work practices for our customers. Although final publication may have to be delayed until the new regulations have been established, we should get on with the preliminary work at once. We have the technical capabilities within our membership to do this job. Ed Fenner has already discussed this and has started the wheels rolling. I wish to emphasize that his committee will need a lot of membership participation. We cannot expect a few individuals to do all the work. Therefore, I ask each member to be prepared to contribute his fair share of the engineering time and talent needed to do the job.

MEDICAL SURVEILLANCE AND RESEARCH

I have used this term to cover medical surveillance programs for active employees and mortality studies of former or retired employees as well as research programs seeking data on dose-response relationships and on the factors that contribute to the cause of disease. Industry can make significant contributions in these areas but expert advice and guidance is needed.

We are all well aware of a serious deficiency in the U.S. asbestos industry. We don't have an ARC or an IOEH. As an association we have no one to turn to for expert medical advice and, with the exception of one or two, most companies in the industry are in the same position. ✓

We have discussed the subject ad nauseum and have made several feeble and unsuccessful attempts to develop a relationship that would provide us with a readily accessible source of expertise.

I suggest that the time for aggressive action is now and I have two recommendations: First, that AIA take a leadership role to insure that adequate medical surveillance programs are established for the protection of present and future workers in the asbestos industry.

Few, if any, industry members have full-time medical directors. Last Spring the membership was asked to submit recommendations for a Medical Advisory Committee to review the medical surveillance provisions of the asbestos standard. There was one reply.

Most asbestos plants are served by local physicians with varying degrees of knowledge of the asbestos health hazard. Usually they are too busy, or lack the knowledge, or both, to develop comprehensive medical surveillance programs specifically for asbestos workers. The requirements in the OSHA Standard are minimal and do not require recording of such things as smoking habits, types of fiber exposed to, severity of exposure, or other information that could be of value in determining the cause of disease.

Presently examination procedures may vary widely and record keeping may be inadequate. AIA can perform a practical and valuable service by commissioning a qualified medical panel to develop a standard medical surveillance program for its membership and the industry.

Now for the second recommendation: Developing a program such as I have just outlined will be a lot easier than getting it implemented. If industry managers are to be expected to institute and supervise dust control and medical surveillance programs at substantial cost, or to maintain records for the benefit of future research programs, they must have a better understanding of the problem than presently exists.

Therefore, I propose AIA sponsor a meeting for the express purpose of providing the line managers in our membership with authoritative information, in laymen's language on the biological effects of asbestos and that the meeting be chaired and directed by a highly qualified professional with unquestioned credentials in this field.

I further propose that in conjunction with the meeting for line managers there be a medical meeting for plant physicians or medical directors again, of course, chaired and directed by an outstanding authority.

It would be my hope that during the process of organizing and holding these meetings and developing a comprehensive medical surveillance program we would be able to identify qualified and interested experts who in some fashion could be organized to provide the Association with the advice and guidance we presently lack.

I should like to thank the Directors for their continuing interest and support during the past two years as evidenced by their outstanding record of attendance and participation. Special thanks, of course, to the Executive Committee, who faithfully participated in many additional meetings, many times at considerable inconvenience.

I firmly believe that this Association must have as its first priority the protection of its workers and the control of potentially hazardous environmental emissions.

With your continuing interest and support the AIA can be increasingly effective in its advocacy of improved controls to reduce the hazards of occupational and environmental exposure in order to insure that our society will continue to enjoy the benefits of this miraculous material which has so many essential and life-saving uses.

February 21, 1974

Before introducing our guest speaker I should like to make a few comments. We are concerned with a very specific subject--the biological effects of asbestos. I think it is important, however, that we consider the subject in perspective. Therefore, I should like to address myself for a moment to the general subject of occupational safety and health and industrial management.

For years industrial managers have been deeply concerned with occupational safety. Safety programs featuring employee education, special equipment to protect against physical injury and well publicized safety contests are common. Many industrial plants have full time safety directors. Expenditures to provide safe working conditions are routine and unquestioned.

Occupational health, on the other hand, has not received the same degree of attention, for, I submit, understandable reasons.

Safety hazards are generally visible with respect to cause, effect and remedy. An unguarded press can result in hideous and instantaneous mutilation, but elimination of the hazard is a simple engineering matter.

In contrast, the causes of occupationally related disease may be invisible, the health consequences may not become apparent for 20, 30, 35 years or more, and the remedy may not be a simple engineering matter.

Thus, today's manufacturing manager, when faced with a potential health hazard, has some perplexing problems. In many cases he must commit resources to eliminate a hazard he can't see, to prevent disease which may or may not develop in some workers 20 or 30 years hence, and to do this he may have to employ technology of unknown effectiveness.

Obviously, there are no simple answers to these problems. But there is something AIA can do to help industrial managers resolve some of these questions.

It comes down to a matter of communications and education. There is a great deal of data and scientific literature on the biological effects of asbestos and how it varies from one sector of the industry to another. Much of it relates to exposure many years ago when the need for dust controls were not clearly understood. Research continually produces new data.

With perhaps a few notable exceptions, this scientific data is either not getting to the industrial managers directly concerned with conditions in the work place or, if it is, it is not clearly understood in relation to the manager's particular operation.

The principal reason for the meeting today is very specific. It is to improve communications and understanding between the scientific community and industry to insure that industrial managers in the asbestos products industry will have the knowledge needed to translate the findings of scientific studies into work place practices and controls that will eliminate potential health hazards.

J. H. Marsh