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May 9, 1969

Mr. T. Frank Tobin
Plant Manager
Stedfast Rubber Co., Inc.
50 Oliver Street
North Easton, Mass. 02356

Dear Mr. Tobin:

The enclosed "Asbestos Toxicology Report" explains some of the facts concerning handling of asbestos. Our CALIDRIA Resin-Grade 144 Asbestos is nearly pure chrysotile asbestos. A different type, known as crocidolite, is believed by many authorities to be implicated in causing mesothelioma and lung cancer. Our asbestos products do not contain crocidolite, which is a product of South Africa. A connection between chrysotile asbestos and mesothelioma or lung cancer has not been clearly determined.

The Federal Government recently promulgated new occupational health standards under the Walsh-Healey Act, applying to noise, dust, gases, etc. The new standards were published in the Federal Register, Vol. 34, No. 12, Jan. 17, 1969. They apply to firms doing business with the Federal Government, and if your company sells directly to a Federal Agency, it may be well to refer to them.

We require that all employees exposed to asbestos dust in excess of the threshold limit value wear a respirator with a U.S.B.M.-approved filter for pneumoconiosis-producing dusts. The particular respirator we use is a Willson Monomask, Style No. 600A, U.S.B.M. approval No. 2170.

I hope this will answer your questions satisfactorily. Please let me know if you wish any more information.

Yours very truly,

JARIDDLE
J. A. Riddle
Plant Manager

JAR/clg
encl:



THE DISCOVERY COMPANY

PLAINTIFF'S
EXHIBIT

Union Carbide 137

Carbide ASBESTOS

ASBESTOS TOXICOLOGY REPORT

It has been known for years that some persons working in asbestos production were prone to develop a disabling lung disease. In time, this condition became known as asbestosis and was related to exposure to high concentrations of asbestos dust. With further experience, it was found that men could work with asbestos without development of lung disease if dust concentrations were kept below a certain level.

It has been generally accepted that a worker will not develop asbestosis if he is exposed to no more than 5 million particles per cubic foot of air, even if this exposure continues for his entire working lifetime. Although no cases of asbestosis are known to have occurred when exposures have been maintained at or below this level, the ACGIH (which sets the threshold limit value (TLV) in the U. S. A.) has indicated they intend to lower the TLV for asbestos to 2 million particles per cubic foot in an effort to increase the safety factor incorporated in the limit. The U. S. Department of Labor has already issued a regulation under the Walsh-Healy Act placing the TLV for asbestos at 2 million particles per cubic foot for public contracts in which they have jurisdiction. This concentration of dust is generally not visible in the average work area unless a beam of light causing a Tyndall effect is present. Usually the dust concentration must be from 8-10 million particles per cubic foot (MPPCF) before its presence is visible in average lighting conditions.

Several years ago, it was reported that there was an increase in the incidence of cancerous tumors, especially of the lung, associated with asbestosis. Recently there have been reports of some cancers occurring in individuals exposed to asbestos dust, but who have not developed clinical asbestosis. It is believed by most authorities that these cases have been associated with exposures significantly exceeding the Threshold Limit Value.

A type of cancer named mesothelioma has been noted to be associated with asbestos exposure in recent years. These tumors, while rather few in number to date, may occur in individuals with histories of only slight exposures, and that as much as twenty to forty years earlier. There is considerable evidence that crocidolite is most frequently associated with mesotheliomas. From the data available it appears that the TLV of 5 MPPCF may not be low enough to protect against mesothelioma. Research on the problem continues.

Control of asbestos dust exposure is therefore necessary. The control methods are the standard ones applicable to a variety of dusty operations. They include closed flow systems, wet processes where possible, and adequate exhaust ventilation where openings in the system are necessary. Pelletizing is sometimes used to improve the handling characteristics of otherwise dusty materials. Where satisfactory containment to stay within the Threshold Limit Value is impractical or impossible, efficient and reliable respirators are available for the protection of the employee. A program of environmental monitoring is highly desirable to determine that Threshold Limit Values are not being exceeded. In manufacturing industries it would be desirable to know the dust concentrations where the asbestos is dumped from bags into the process. Concentrations should also be determined where dusting occurs in finishing products. While initial dust determinations should be made at frequent intervals, once the level has been established as satisfactory, the frequency may be extended to occasional tests to assure continuation of a satisfactory condition.

Pre-employment and periodic physical examination of workers are desirable. These should include chest X-rays to insure that the worker has no chest condition prior to work with asbestos and to determine that no lung changes are resulting from work with asbestos.

It is believed that the addition of asbestos at the proposed levels during the manufacture of products would be harmless to the consumer. Total dusting would have to be well in excess of any levels acceptable to the consumer for the asbestos concentrations to approach the Threshold Limit Value.

In conclusion, while asbestos dust in excess of the Threshold Limit Value is potentially harmful, as are many other dusts encountered in industry, it is as readily controlled as other such dusts and it can be used safely with appropriate precautions.

Industrial Medicine And
Toxicology Department
Union Carbide Corporation

5/8/69