

U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration
WASHINGTON, D.C. 20210

Office of the Assistant Secretary

FILE - BERYLLIUM



MAR 8 1973

Dr. Julius Richmond
Assistant Secretary for Health
Department of Health, Education & Welfare
Room 716G
Humphrey Building
200 Independence Avenue, S.W.
Washington, D. C. 20201

Dear Dr. Richmond:

The Occupational Safety and Health Administration is involved in a rulemaking proceeding on beryllium. This proceeding has involved many hours of testimony, and we are attempting to review the official record to establish a health standard that will, so far as possible, provide a safe and healthful environment for workers. In connection with this rulemaking activity, I would like to request your assistance in obtaining an evaluation of the evidence concerning the health effects of beryllium.

A survey conducted by the United States Public Health service in 1970 estimated that 30,000 persons in as many as 8,000 work places would have potential exposure to dust or fumes containing beryllium. The toxic effects of beryllium were dramatically manifest more than 30 years ago in an epidemic of beryllium disease among employees of the fluorescent and neon lamp industry. As a result, the Atomic Energy Commission in 1949 adopted a daily average exposure limit of 2.0 micrograms per cubic meter. In 1959, the American Conference of Governmental Industrial Hygienists also established a threshold limit value for beryllium of 2 micrograms per cubic meter, which was adopted in 1971 as the basis for limiting worker exposure to beryllium under the Occupational Safety and Health Act of 1970.

The beryllium exposure level selected in the current rulemaking must be based upon data on adverse health effects and must be technologically feasible. Subsequent to the receipt in 1972 of the NIOSH criteria document on beryllium, this agency has received other pieces of data submitted by interested parties.

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We are now faced with the decisions concerning the levels of beryllium that produce pulmonary effects, and whether or not a carcinogenic risk exists for exposed workers.

I would like to request that you bring together a group of senior governmental scientists to review all the epidemiological, clinical, and experimental data and provide us with an assessment that will help us resolve the issues raised above. We shall hold in abeyance the issuance of a final standard until we have your comments, so we hope that you will give this request priority consideration.

I appreciate your continued support and interest in the health of workers.

Sincerely,

Eula Bingham

Eula Bingham, Ph.D
Assistant Secretary
Occupational Safety and Health

