

**Miller, Diane M. (CDC/NIOSH/EID)**

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**From:** ArnettJE@aol.com  
**Sent:** Monday, May 12, 2008 10:34 AM  
**To:** NIOSH Docket Office (CDC)  
**Subject:** 120 - NIOSH Alert: Beryllium  
**Attachments:** NIOSH Docket Number 120.pdf

To: NIOSH Docket Number 120:

Please find attached the comments of the Copper and Brass Fabricators Council in response to the Draft NIOSH Alert: Preventing Chronic Beryllium Disease and Beryllium Sensitization (Docket Number: NIOSH 120).

If you have any questions, please use the contact information provided below.

Sincerely,

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# COPPER & BRASS FABRICATORS COUNCIL, INC.

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May 12, 2008  
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## **RE: NIOSH Docket Number 120**

These comments are filed on behalf of the Copper and Brass Fabricators Council in response to the Draft NIOSH Alert: Preventing Chronic Beryllium Disease and Beryllium Sensitization (Docket Number: NIOSH 120).

The Copper and Brass Fabricators Council is a trade association that represents the principal copper and brass mills in the United States. The 17 member companies together account for the fabrication of more than 80 percent of all copper and brass mill products produced in the United States, including sheet, strip, plate, foil, bar, rod, and both plumbing and commercial tube. These products are used in a wide variety of applications, chiefly in the automotive, construction, and electrical/electronic industries.

The Copper and Brass Fabricators Council appreciates the opportunity to provide comment on the Draft NIOSH Alert. For the most part, the copper and brass fabricators tend not to work with beryllium-containing alloys and we limit the introduction of copper beryllium alloys into our processes because its presence can alter the properties of our products in ways that do not meet our performance specifications. In addition, there is a market disincentive to the presence of copper beryllium in the copper scrap stream. Copper beryllium scrap tends to be valued at 3–15% higher than No. 2 copper scrap. Therefore, there is a significant cost incentive to segregate copper beryllium scrap from other copper scrap.

In spite of these market and operational controls, copper beryllium might enter the general scrap stream. It is with this knowledge that we wish to offer the following comments on the draft NIOSH Alert for beryllium.

1. NIOSH must consider that the audience for this document is workers and employers and not scientists or research professionals. NIOSH's statement that "*no safe exposure limit for beryllium is known*" is not accurate and is misleading considering the State of California adopted an 8-hour permissible exposure limit for beryllium of  $0.2 \mu\text{g}/\text{m}^3$  and NIOSH's own research studies suggest that  $0.2 \mu\text{g}/\text{m}^3$  is a level that appears to be effective in preventing not only CBD, but also sensitization. The draft NIOSH Alert attempts to instill a cause for concern that any level of exposure is unsafe and that employers are to control exposures regardless of the airborne concentration or cost. Conveying this information in this manner is alarmist and without scientific merit since everyone is exposed to airborne beryllium when natural sources are considered in an exposure matrix. If NIOSH is unable or unwilling to commit to recommending an occupational exposure limit then this NIOSH Alert is essentially valueless in the real world.

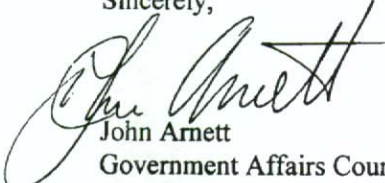


2. NIOSH's recommendation to keep exposures as low as possible is also valueless in the real world. When considering the fact that beryllium is ubiquitous and NIOSH is stating that there is no safe exposure limit, both employers and workers are left to their imaginations as to how far to control exposures. The terminology "as low as possible" is too open for interpretation and therefore should not be recommended by NIOSH because it is not a meaningful metric. In addition, NIOSH has not considered the cost implications of its bottomless recommendation.
3. Beryllium sensitization is not a health effect or a material impairment of health and therefore should not be included in any warning or as a basis for any medical surveillance or other control measures. In addition, NIOSH should not be recommending the use of a blood test just because it exists, especially since it is not standardized, does not provide consistent results and is not reliably performed by the few labs that offer it. A recent study by Donovan found that this test finds beryllium sensitization in about 1% of persons not occupationally exposed to beryllium and that results can bounce between positive and negative over time leaving the interpretation of the test open to speculation. In addition, the Borak study, which is the only study to have evaluated whether the blood test meets World Health Organization standards for performance, concluded that it should not be used for screening of asymptomatic persons. Since this test provides no direct benefit to the person being tested, all of the above factors will only serve to confuse workers since an employer will not be able to convey the potential health implications of the test to the individual worker. Simply put, NIOSH should not be recommending a blood test that is unreliable, cannot be meaningfully interpreted for the individual being tested and will most likely introduce confusion and uncertainty into the work environment. This was articulated in the responses by the small businesses involved in the recent OSHA Beryllium SBREFA process.
4. The NIOSH recommendation to offer the blood test to persons who come into contact with beryllium containing dusts is further reason for NIOSH to withdraw its blood testing recommendation. As we stated earlier, beryllium is ubiquitous, therefore it will be present in every workplace in measurable amounts and every worker will come into contact with it. NIOSH should not be making recommendations that are uninterpretable and leave both workers and employers in a state of confusion as to what to do. This was also articulated in the responses by the small businesses involved in the recent OSHA Beryllium SBREFA process.
5. The NIOSH description of current exposure limits is not accurate and is incomplete by its exclusion of the California PEL. NIOSH's inclusion of proposed limits currently under review offer questionable value to the reader.

In conclusion, the NIOSH Alert recommendations are not written in a user friendly format, are for the most part un-interpretable by workers and employers as to their meaning and will result in confusion and unfocused actions on the part of both workers and employers. NIOSH should either provide usable recommendations or withdraw this draft NIOSH Alert as being valueless to the workers and the employers who are trying to apply the most current health and safety knowledge in the real world.

We appreciate the opportunity to provide these comments.

Sincerely,



John Arnett  
Government Affairs Counsel