

U.S. Department of Labor

Assistant Secretary for
Occupational Safety and Health
Washington, D.C. 20210



JAN 6 1998

MEMORANDUM TO THOMAS FREEDMAN

FROM: EMILY SHEKETOFF^{ESS}
GREG WATCHMAN^{GRW}

DEPARTMENT OF LABOR/OSHA

At our meeting December 15, you asked about the situation for Indoor Air Quality and Environmental Tobacco Smoke. We didn't forget, here are some facts that might help you:

STATISTICS ON INDOOR AIR POLLUTION

A wide range of signs and/or symptoms of illnesses are reported by workers inside buildings. It has been reported that five to ten percent of these workers (1-2 million) suffer from building-related illnesses, such as hypersensitivity pneumonitis, Legionnaire's Disease, asthma (it is estimated that approximately 200,000 to 1.5 million Americans could be affected by occupational asthma), and exacerbation of existing diseases by identifiable exposures in buildings. Some further estimate that an additional 10-25% of workers (2.1 to 5.25 million) suffer from "Sick Building Syndrome." Symptoms reported include irritation of the eyes, nose and throat; dry mucous membranes and skin; erythema; mental fatigue and headache; respiratory infections and cough; hoarseness and wheezing; hypersensitivity reactions; and nausea and dizziness. Generally, these conditions are not easily traced to a specific substance, but are probably due to some unidentified exposures to an unidentified contaminant or combination of contaminants. Symptoms are generally relieved when the employee leaves the building and may be reduced or eliminated by modifying the ventilation system.

COSTS

OSHA estimated that its Indoor Air Standard could cost up to \$8.069 billion and cover 70 million workers. We have since modified it somewhat, bringing the cost down to \$4 billion, which works out to \$57 per worker.

Most of the cost of an OSHA Indoor Air Standard would be related to the indoor air pollutant elements, requiring engineering controls and maintenance and training. The elements restricting smoking can be very inexpensive, such as No Smoking signs.

John 10?
OSHA
BR/ek-
I asked OSHA to
come up numbers of folks
hurt by indoor air pollution.
This includes those figures, the
cost of fixing, and how tobacco
bill or a new standard might work.
They haven't done this last piece.
TDR

BENEFITS

OSHA would expect a significant reduction in chronic diseases such as asthma, hypersensitivity pneumonitis, Legionnaire's Disease, cardiovascular disease, and lung cancer. It has been estimated that headaches (serious enough to leave work or seek medical attention) could decrease by 3,025,358 and 4,511,499 upper respiratory cases could be avoided with an Indoor Air Standard.

By only restricting smoking, as suggested in OSHA's Indoor Air Proposal, it is estimated that between 97,000 and 577,818 fatal cases of coronary heart disease would be avoided and between 5,583 and 32,502 fatal cases of lung cancer would be avoided for non-smokers.

OSHA would expect worker productivity to increase due to a reduction of negative health effects related to the decreased indoor air pollution.

WHAT THE ADMINISTRATION COULD DO

The Administration could work closely with the Congress and endorse the Tobacco Settlement, as modified this past summer.

OSHA could split its Indoor Air Quality Standard and focus on Environmental Tobacco Smoke. This piece of the standard has the lowest cost (no cost for restricting smoking, some cost for supplying a separately ventilated area); highest benefits (reduction of cardiovascular disease and lung cancer); but the issue of coverage of the hospitality industry must be decided.

for info
OSHA →

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Number of Pages (including cover sheet): 3 pgs

From: Emily Sheketoff, Deputy Assistant Secretary

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Message: I will follow up by phone

Hard copy original will be delivered

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