

Asbestosis far from hopeless, expert says

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QUINCY — Shipyard workers who are getting results from asbestos-related lung disease tests and being advised to seek medical help may have another problem — finding the appropriate treatment.

Dr. Robert Clubb, medical director of the Boston-based National Asbestosis Foundation, maintains the medical profession is not fully aware of how treatable the disease is.

"It is felt by the majority of the physicians that asbestosis is a hopeless disease and that's not true . . . there are a lot of things that can be done for these people," Clubb said.

Dr. Bartley Cilento of Scituate, president of the Norfolk South District Medical Society, disagrees with that assessment. He maintains most physicians in the county have been appraised of the situation and are prepared to control the disease in their patients. "Asbestosis was a subject of discussion at one of our more recent meetings," he said.

"You can have a positive test, but it does not mean its life threatening."

Some 300 workers at the Quincy shipyard last week began receiving results of tests done in November by Dr. Irving Selikoff of New York. The study was confined to those who worked at the yard 12 or more years ago.

Selikoff said he could not comment on the specific results until the study is completed.

Earlier reports indicated the results would show more than 80 percent of the workers suffering from scar tissue from asbestos.

But if the calls to the Norfolk County Hospital in Braintree, which specializes in respiratory disease, are any indication, the number of positive results is not high.

Kevin Kenny, public relations director for the hospital, said four men called last week saying Selikoff had recommended they seek medical help. Each scheduled appointments.

The disease can't be cured, but the symptoms can be treated, he said. The hospital can prescribe medicine to reduce lung congestion and exercises to increase the capacity of the undamaged sections of the lung.

In some cases the patients will only need to be told to stop smoking and avoid contact with any other dangerous substances that could harm lungs already damaged, he said.

Clubb said other studies showed that 95 percent of those exposed to asbestos develop some type of lung-related diseases over time, including lung cancer and bronchitis.

It takes 10 years for the first signs of complications to surface and then the complications become increasingly worse over the next 20 to 40 years.

"But I think that just because there is scar tissue, that does not mean they're going to get cancer; not at all." He said about 10 percent develop cancer of the lungs, while another 20 percent develop other fatal bronchial complications.

But what that really means is that 70 percent won't die from the disease," Clubb said.

He said something must be done to ensure "that these guys do obtain good medical care and means for proper survival. What is going to happen is that when they develop shortness of breath and can no longer function on the job, then I imagine they will either quit, be fired or retire."

It is up to labor unions, industry and insurance companies to ensure the proper medical treatment, he said.

The facts on asbestos

Fifteen years ago, asbestos figured in the news only in terms of the world market for its uses, the price, and whether its applications could be expanded to the general benefit of mankind. Today, we are uncomfortably aware of walking on floor tiles made from it, or under ceiling tiles from which tiny, invisible, deadly fibres may be drifting down — to join those that billow forth from the brake linings of automobiles.

Awareness of hazard to asbestos workers has been fairly well established for some years, officially recognized to a degree by the changed attitudes of the Workmen's Compensation Board. The apprehended threat to the general public is a more recent phenomenon, and one that has been marked by chaotic responses. Should this ceiling be allowed to remain? Should that duct be torn out? Would it be wise to close the school altogether? Would paint hold the fibres in place on fire dampers? How many fibres per cubic centimetre can be tolerated? Is there no alternative substance?

In dealing with any threat, it is a fairly sound rule to begin by taking its measure; by assembling the facts from the best known authorities and, if necessary, by commissioning new studies. The Ontario Government has made the right move by setting up a three-man royal commission to look into the hazards of asbestos and to recommend safety standards.

Something of the kind might have occurred sooner (Opposition nagging goes back quite a long way) but the move is welcome nevertheless — doubly so with the assurance of Labor Minister Robert Elgie that the new commission would neither stall nor

displace other efforts to obtain information or establish safety. "If further immediate action of a remedial nature appears to be warranted," said Dr. Elgie, "we will not hesitate to act simply because a commission has been appointed to conduct a thorough study of the entire subject."

There is much to be studied, and a number of different opinions to be resolved — among them the selection of a standard of safety in terms of fibres per cubic centimetre of air. New Democratic Party Leader Michael Cassidy, noting that the Government had been reviewing occupational exposure standards since 1978, said that the current standard of two fibres was much too high and that it should be .5 or .1.

This proposal carries with it the weight of apparent U.S. Government endorsement. Earlier this month, Jo Lindhard, an employee with the standards branch of the Occupational Safety and Health Administration in Washington, said that within a year the United States would probably adopt a standard between .5 and .1. (The standard at present is the same as Ontario's — 2 fibres per cc.)

The royal commission may be able to help make an intelligent choice. The scientific and medical backgrounds of its members encourage optimism: the chairman, Stefan Dupre, has served on the National Research Council; Fraser Mustard is dean of health science at McMaster University; and Robert Uffin is dean of applied sciences at Queen's University, and formerly chief science advisor to the federal Government.

We may not all breathe more easily now that the commission has been set up — but in time we may.

Defense Witness for Firm Disputes Man's Claim That He Has Asbestosis

By MYRNA OLIVER
Times Staff Writer

A Philadelphia pulmonary disease expert asserted Wednesday that former Long Beach Naval Shipyard worker Richard J. Hogard has chronic bronchitis caused by smoking and does not have asbestosis as Hogard claims.

Dr. William Weiss offered the diagnosis as the first defense witness for Johns-Manville Corp., the world's largest miner and manufacturer of asbestos, in Hogard's Los Angeles Superior Court trial against asbestos manufacturers.

Hogard claims Johns-Manville and Raybestos-Manhattan Inc. failed to warn him of the health hazards of working with their asbestos insulation products and thus were responsible for his contracting asbestosis.

Questioned by Johns-Manville attorney Fulton Haigh about Hogard's physical condition, Weiss said with conviction: "I believe he has chronic bronchitis attributable to heavy cigarette smoking."

Weiss said in answer to Haight's questioning that asbestos dust cannot cause bronchitis. The prime cause of bronchitis, he said, is cigarette smoking.

Weiss' diagnosis was a direct contradiction to that of Dr. Oscar J. Balchum, head of County-USC Medical Center's lung disease unit, who testified earlier on Hogard's behalf. Balchum said Hogard has asbestosis and does not have bronchitis.

Balchum examined Hogard several times from 1975 to 1977. Hogard left the shipyard with a disability pension in late 1975 after the doctor advised him to get away from asbestos fibers. Balchum, like Hogard's other doctors, also advised him to quit smoking, a feat Hogard testified he has been unable to accomplish.

Weiss, a professor of pulmonary medicine at Hahnemann Medical College, Philadelphia, and former practitioner and researcher at Philadelphia General Hospital, never personally examined Hogard. He made his diagnosis from examining X-rays and results of lung function tests made by Balchum.

Showing jurors an X-ray which still bore Balchum's pencil marks, Weiss said the scarring which Balchum had attributed to asbestosis was actually caused by Hogard's smoking. Lines Balchum had identified on the X-ray as "pleural thickening," another symptom of the irreversible asbestosis, were described by Weiss as mere "muscle shadows."

"This is normal," the manufacturers' medical witness said, "for a man who has smoked a pack of cigarettes a day for 25 years."

One reason Balchum had insisted Hogard had no chronic bronchitis was that tests showed no obstruction of air flow common in the disease. Questioned about that during cross-examination by Hogard's attorney Robert B. Steinberg, Weiss said many people with bronchitis never show such obstruction until the disease advances into emphysema.

Weiss said a high red blood cell count, called polycythemia, helped move the diagnosis away from asbestosis to bronchitis.

"A fair number of people with bronchitis do develop polycythemia," he said. "It never happens in asbestosis."

Disagreeing with other experts, Weiss said asbestosis develops only after about 20 years of constant exposure to asbestos fibers. Hogard worked with asbestos materials about 10 years.

Anyone with asbestosis also should have "crackles," dry crackling noises while breathing. Weiss said, and no test results showed Hogard had them. An asbestosis victim, he added, could only expect to get worse, and Hogard's lung function tests in 1977 actually showed some improvement over those in 1975.

Hogard, 40, has said he smoked one pack of cigarettes a day since he was 15. (Haight insists pre-trial statements by Hogard indicate he regularly smoked two packs a day.)

The asbestos manufacturers have maintained that Hogard's cough, by now familiar to jurors, and lung scarring were caused by smoking and a 1978 bout with pneumonia.

Weiss said X-rays taken in 1979 and 1980 showed an added scar tissue on Hogard's lungs, which he attributed directly to the pneumonia.

As for the effect of asbestos on chances of getting lung cancer, Weiss said he believes the key cause is smoking and that asbestos would be only an "enhancing agent." He said a smoker working with asbestos would have a five times greater risk of getting lung cancer than a smoker in another occupation—an estimate far lower than that of other researchers.

The Hogard case in the courtroom of Judge Earl F. Riley is being watched by litigants across the nation who hope it will establish guidelines for settling their own similar cases out of court. More than 1,000 such suits are pending in the Los Angeles Superior Court alone.

Asbestosis: Johns-Manville view

To the Editor of The Day:

Your Feb. 21 1980 editorial, "Money and morals look to source for cost of asbestosis," is a continuation of the media's regrettable pattern of publishing only those items which sensationalize a subject rather than which tend to inform the public in a balanced report.

I would like to specifically respond to some of the statements in your editorial. You are quite right that knowledge of asbestosis did exist in the 1930s. At that time, however, the disease was thought to be confined to the very intense occupational exposures found in asbestos textile mills. Steps were taken then and afterwards to control the dust exposure and to learn more about the medical aspects of asbestos exposure.

In the early 1930s the asbestos industry and its insurance carriers underwrote medical studies on asbestos-related disease. Seminars, attended by the chief medical officer of the U.S. Public Health Service and his counterpart in Canada, were conducted during these studies. A documented history of continuing industry participation in medical studies can be traced from the 1930s up to today.

Further there are some additional facts about exposures in the shipyards that the media continually chooses to overlook:

- The government specifically required that asbestos products be used for insulation and fire protection in warships.

- The government was responsible for the shipyard work practices in the Navy yards.

- The government followed the U.S. Public Health Service recommended standard for exposure set in 1938.

As late as 1946 the government published a study which indicated that insulation work in the shipyards was not a hazardous occupation.

The association between exposure to asbestos and lung cancer in insulation workers was not confirmed until publication of a study in 1964 by Dr. Irving Selikoff of Mount Sinai School of Medicine. In that same year Johns-Manville began putting a caution label on its asbestos insulation products, seven years before government regulations required such labeling.

From this same study the medical community now agrees that "but for cigarette smoking, lung cancer would not have been a significant disease factor among asbestos workers." It is beyond our understanding why this association between cigarette smoking, asbestos exposure and lung cancer is continually overlooked by the media when they print stories about asbestos-related disease.

Also, asbestos is not the only known cause of mesothelioma. The medical community has identified the existence of mesothelioma in populations exposed to naturally occurring zeolites (a silicate used in water softening and as an absorbent) and in sugar cane workers in Louisiana.

James F. Reis

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