

PLAINTIFF'S EXHIBIT

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From the desk of—

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Do we have anything like this?

R.H.L.

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attachment

Why Cancer Hits Jersey Town 3 Times Harder

ROBERT VABE

On April 25 and 26 The Post published a two-part story on asbestos poisoning in Manville, N.J., a town 40 miles southeast of New York City and home of the world's largest asbestos processing plant. The incidence of cancer and lung ailments among workers and non-workers in Manville is alarmingly high—a pattern attributable to asbestos exposure. Three diseases are especially associated with asbestos inhalation: lung cancer, asbestosis, a disabling and sometimes fatal lung disease, and mesothelioma, a rare and incurable type of cancer.

A year ago, Dr. Irving Selikoff, head of the Division of Environmental Medicine at New York University's Mount Sinai School of Medicine, undertook an in-depth study of the medical histories of 683 employees of the Manville plant, which is owned by the Johns-Manville Corp.

Dr. Selikoff's purpose was to investigate the effects of asbestos exposure among the workers by comparing the frequency of deaths and diseases observed with the expected mortality rates in the general population. Since previous studies suggested that asbestos-related ailments seldom develop until 20 years after initial exposure to the dust particles, Dr. Selikoff limited his research to workers who were employed as of Jan. 1, 1955, and who were employed for a minimum of 20 years. Factors of age, sex and year were taken into consideration. Here are the results of the Manville study, released by Dr. Selikoff to The Post today.

According to the standard mortality tables, 124 deaths could have been expected among the 683 asbestos workers by Dec. 31 of last year. Instead there were 199

deaths before that date—an excess of almost 50 per cent.

At the outset it should be noted that the number of deaths recorded did not include employees who died before being exposed for 20 years. Moreover, Dr. Selikoff pointed out that since the mortality rates among workers are always lower than among non-workers—adequate health being a prerequisite of ability to perform work—the excess deaths among the Manville plant workers studied are even more damaging than the statistics reveal.

Why the surfeit of deaths? The causes were not difficult to identify.

It was not particularly surprising that 74 of the deaths resulted from asbestosis. After all asbestosis is a disease that cannot be contracted without exposure to asbestos.

Susceptibility

The real source of the unhappily high death rate among the Manville workers can be readily traced to their susceptibility to cancer.

According to calculations based on the general population, only eight deaths from cancer of the lung were to be expected. Yet among the Manville workers there were 37 such deaths—a 550 per cent increase.

Mesothelioma, a cancer so rare that it strikes only about one in 10,000 in the general population, accounted for 15 deaths.

Only five gastro-intestinal (stomach, colon and rectum) cancers were to be expected. Yet there were 13 deaths in that category. And where 14 deaths from cancers at other sites were to be expected, there were actually 17.

All in all, cancer accounted for 73 deaths among the asbestos workers of Manville, three times as many as had

been statistically expected.

Because Dr. Selikoff counted 103 deaths resulting from all other causes—roughly the same number that had been anticipated—he concluded that the 50 per cent higher death rate among the workers could be entirely ascribed to the extensive occurrence of the asbestos-related diseases.

Both the most chilling statistics are yet to come. Based on the mortality experiences of the 683 workers under study, Dr. Selikoff was able to formulate some staggering predictions.

Of the 3000 employees who were working at the Johns-Manville plant in 1959, about 400 can be expected to die of

lung cancer. Some 360 are fated to die of asbestosis; about 250 of mesothelioma; and about 240 from gastro-intestinal cancer.

Still Dr. Selikoff's research did produce what he called "a hopeful finding." The death rates among plant workers assigned to areas that were comparatively free of asbestos dust were lower than those who had worked in areas with high concentrations of the mineral.

Furthermore, in the areas with a low quotient of asbestos dust, less than 10 per cent of the deaths resulted from asbestosis; whereas in the textile areas, where asbestos dust is most prevalent, about 37 per cent of the

deaths were due to asbestosis.

"Nature is showing us that we can cut down these deaths by cleaning up the asbestos," says Dr. Selikoff, a pioneer in the field of industrial ailments. "And there is little doubt that we have the technology to reduce the dust count."

"The results we found are the legacy of the past," he added. "The legacy of the 1940s and 1950s when precautions were inadequate. It was based on the ignorance of all of us. It shows what you don't know can hurt you."

And Dr. Selikoff, whose previous studies of asbestos

workers produced similar findings, warns: "If the lessons of the past have not been learned, then we will face a very serious situation. We must protect our future generations."

In the course of his research, Dr. Selikoff worked closely with the asbestos workers' union, Local 200 of the United Papermakers and Paperworkers.

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