

Asbestos Information Association: North America

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The Editor
The New York Times Magazine
229 West 43 Street
New York, New York 10036

Dear Sir:

Robert Sherrill's lengthy article, "Asbestos, the saver of lives, has a deadly side" (January 21), contains numerous statements of "fact" and interpretation with which we disagree, however, the continued inference throughout the article that the asbestos manufacturing industry in the United States has steadfastly refused through the years, even to the present day, to honor its obligations with regard to the health of its employees is one that we believe deserves comment.

I believe it is appropriate to state at the outset that the Asbestos Information Association/North America and its 19 member companies are fully cognizant of the potential serious health effects of excessive asbestos dust inhalation and of our obligations to protect industry workmen from the various asbestos related diseases. It is also important to point out that the asbestos related disease being found today among some long-term industry employees is a result of conditions existing decades ago, at a time when neither the industry nor the medical profession knew very much about the health effects of asbestos and even less about the proper means for their control.

It is because this statement of principle contrasts so sharply with the picture of the industry painted by Mr. Sherrill that this letter has been written.

To give credit where credit is deserved, there is no doubt that Dr. Selikoff, whose research findings and statements have received enormous publicity over the past half-dozen years, served as a catalyst to precipitate a new and stronger sense of urgency and responsibility in the asbestos industry in the United States than had ever existed before with regard to occupational health. Unlike Mr. Sherrill, however,

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Dr. Selikoff has never tried to place the blame for past mistakes and failures on the industry alone. In a 1970 paper describing the results of a joint industry-labor sponsored research project, he stated that "It is too easy to indulge in what might be called the demonological theory of industrial hygiene history." Rejecting the proposition that either industry or organized labor was solely at fault, he continued: "Both conclusions are too convenient and are essentially erroneous. It is much nearer the truth to say that both industry and labor shared in ignorance and neglect of the problem. Science and medicine are also at fault here for inadequate attention to environmental and occupational health."

Mr. Sherrill's evaluation of the situation was not so balanced.

Using words such as indifferent, defensive, hostile, uncooperative, etc. to describe the industry response to the problem in general and to Dr. Selikoff's findings in particular, Mr. Sherrill selected a number of isolated incidents, mostly from the early 1960s, to document his thesis of a totally irresponsible industry. At no point in the article does Mr. Sherrill make mention of any of the progressive steps taken by the industry to learn more about the health hazards of asbestos and the proper means for their control.

For example, in referring to the recent "explosion of literature on the occupational hazards of asbestos," Mr. Sherrill used as an example the October 1972 Lyon conference on asbestos-health sponsored by the World Health Organization. In the very next sentence, he then states that the asbestos industry has "not seemed exactly overjoyed to receive all this new data." In reality, using the same conference as an example, of the approximately 125 attendees at Lyon, more than three-dozen were representatives of the world asbestos industry seeking not, as Mr. Sherrill would have us believe, to avoid knowledge but seeking in fact, to gain even more knowledge on asbestos and human health.

In addition, of the 48 medical and technical papers presented at the conference, nine represented the findings of industry sponsored research, and another five were reports presented by asbestos industry scientists on their own research. In comparison, only six of the papers at the conference were presented by doctors associated with Dr. Selikoff's laboratory at Mount Sinai and one of those was a paper coauthored with an asbestos industry scientist!

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In fact, two of the world's largest nongovernmental sources of funds for asbestos-health research are the Institute of Occupational and Environmental Health in Montreal, which is sponsored by the Quebec Asbestos Mining Association, and the Asbestosis Research Council, sponsored by the British asbestos manufacturing industry. The data generated through research sponsored by these two organizations and also by various asbestos companies acting independently has contributed significantly to our knowledge of the biological effects of asbestos. These facts simply do not support Mr. Sherrill's statements about an uncooperative, indifferent industry.

Later on in the article, Mr. Sherrill insinuates that the infamous Tyler, Texas plant is indicative of conditions throughout the industry. Mr. Sherrill is obviously theorizing from a lack of knowledge rather than from valid documentation, for had he accepted our repeated invitations to visit an asbestos manufacturing plant, he would have realized that the situation which existed at Tyler is not indicative of conditions throughout the rest of the industry.

This is not to say that every dust station in every plant in the industry is below the five fiber standard established by the U. S. Labor Department. The industry has always admitted that some difficult engineering problems are still to be overcome, however employees are being protected by other approved means while engineering controls are being instituted. The asbestos manufacturing industry has spent approximately \$110 million in the past decade on dust control and expects to spend an additional \$95 million over the next few years to achieve complete compliance with the Labor Department standards.

In discussing the 1964 New York Academy of Sciences symposium on asbestos, Mr. Sherrill neglects to mention that following the symposium, a group of asbestos textile manufacturers, disturbed at the high rates of disease Dr. Selikoff was finding among his insulation workers, approached the U. S. Public Health Service and requested that the government undertake a complete investigation of the U. S. asbestos textile industry to determine if a serious health problem existed. The industry gave its complete cooperation to the government on this study, which eventually involved nearly 10,000 asbestos industry employees throughout the country. Progress reports on the various findings of this study have been presented at medical meetings for a number of years. Needless to say, your writer made absolutely no mention in his article of the industry's

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role in initiating this study, nor of the complete cooperation extended to the government by the various companies involved.

With regard to the Department of Labor standards on asbestos, Mr. Sherrill attacks the government for its decision to retain the present five fiber per cc standard for another four years before lowering it to the two fibers per cc standard recommended by the National Institute of Occupational Safety and Health (NIOSH) and the Department's own asbestos Advisory Committee. What Mr. Sherrill fails to mention is that both NIOSH and the Advisory Committee recommended that the standard not be lowered for two years (Mr. Sherrill would have us believe they wanted it lowered immediately), and that Labor's decision to delay the adoption of the stricter standard for an additional two years was to grant the industry the time required to develop and install the sophisticated engineering controls necessary to achieve such a tight dust standard.

In addition, Dr. Marcus M. Key, Director of NIOSH, is in total disagreement with Dr. Selikoff's prediction that of the 100,000 or so new men that he estimates will enter the asbestos industry in the next four years, approximately half will die of asbestos-related disease because of Labor's delay in adopting the two fiber standard. Dr. Key assured the Labor Department in a letter sent prior to the publication of the standards that "a new employee could work up to ten years at five fibers per cc before the remaining working exposure of two fibers per cc would approach" a potentially hazardous buildup of asbestos in the body. Dr. Key also admitted that the NIOSH technological "feasibility data were limited" and that if the testimony presented at the hearings and the Arthur D. Little "feasibility study indicate that a two fibers per cc level is not achievable until four years hence, I would accept this as a reasonable health standard."

It should also be noted that as late as 1968, the American Conference of Governmental Industrial Hygienists' (the only national standard setting body in existence at that time) recommended standard for asbestos exposure was five million particles per cubic foot of air --- approximately 30 fibers per cc. This standard was lowered by the ACGIH to 12 fibers per cc in 1968 and to five fibers in December 1971 by the Labor Department. Thus, the standard for asbestos exposure has been lowered twice in the last five years, and represents a reduction of approximately 83 per cent of the pre-1968 levels. These facts should help place the two vs. five fiber controversy described by Mr. Sherrill in its proper perspective. Both standards are extremely tight by comparison with past levels, and the industry's support of the five fiber standard does not represent a refusal to honor its obligations to its employees.

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In addition, contrary to Dr. Selikoff's statements in the article, the medical evidence for two fibers is neither extensive nor compelling, and is, in fact, heavily outweighed by data showing that five fibers is an acceptable safe level. Thus, the Labor Department's decision to adopt the two fiber standard in 1976 clearly demonstrates, contrary to Mr. Sherrill's evaluation, that when controversies of this nature arise, the question shall be resolved, not according to industry's wishes, but in favor of the greatest protection to employees.

Of equally serious concern is your writer's obvious disdain for the Arthur D. Little Incorporated health panel of "11 doctors and technicians, all but two or three of whom reputedly have been 'consultants' to the asbestos industry at some time in their careers." One does not have to be particularly acute to insert the intended "paid medical lackey" or some such phrase in place of the word "consultant." In reality, of the 11, three were government doctors (two from NIOSH and one from the Department of the Navy); one was the medical director of the nation's largest asbestos manufacturer; two would have to be considered consultants to organized labor; only one is an actual consultant to industry; and the remaining four have done extensive research in the asbestos-health area.

The only way Mr. Sherrill's statement makes sense is to assume that since at least five of the doctors on the list have conducted research sponsored by the industry, this makes them "consultants" in Mr. Sherrill's mind and as such their findings and opinions automatically become untrustworthy. This is a rather curious attitude in light of the fact that Dr. Selikoff (a member of the panel), whose research work is the central focus of the article, was himself the recipient of substantial research funds from the Johns-Manville Corporation, one of the companies singled out in the article as being uncooperative.

While there are many other unwarranted statements and attitudes expressed in the article that deserve comment, it should now be quite clear, on the basis of the evidence presented in this letter, that the asbestos manufacturing industry in this country is not the indifferent, hostile villain that Mr. Sherrill portrayed in his article.

Since much of this information was sent to Mr. Sherrill or relayed to him over the phone, one must assume that his failure to include any of this material in his article was no accident, and that it was ignored because it would have contradicted the horrendous picture of the industry that he wished to project.

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In this same vein, it should be noted that while the Department of Labor was severely attacked in the article, no opportunity was given to Labor to defend or explain its actions. It is also significant that while Mr. Sherrill admits that Dr. Selikoff is only one of "the three or four top authorities on asbestos disease," there is no mention whatever of who the other top authorities might be, or what their views are on the various aspects of the problem. This omission is important because many of the world's ranking asbestos-health experts believe that many of the extrapolations and predictions made by Dr. Selikoff are not justified by the published medical data.

In conclusion, I hope that this rather lengthy letter has demonstrated quite clearly to you the incomplete, erroneous, sensationalized and distorted manner in which Mr. Sherrill presented the asbestos-health situation in his article.

Very truly yours,

Matthew M. Swetonic

Matthew M. Swetonic
Executive Secretary

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