

FILE NAME: National Gypsum (NG)

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DOCUMENT DESCRIPTION: Letter to A. Bianco, LA Medical School in Response to Questions RE Asbestos and Health Effects from Dr. Wright

SAINT LUKE'S HOSPITAL

of the Methodist Church

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April 4, 1967

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Dear Mr. Bianco:

I am afraid you have been somewhat misled because I am not the "medical officer" for the National Gypsum Company. I do examine their pre-employment and other chest films and I do act as a consultant for the company on some matters having to do with the health of workers. I also have a very strong interest in the general problems of what might be termed the "health effects of asbestos fiber" and hence, I am happy to make some comments about your questions, arranged in the order that you asked them.

I do not know of any controls required by the Federal Government since most of this sort of thing is the responsibility at the present time of each state. A very considerable amount of work is being done by the U. S. Public Health Service in Cincinnati having to do with learning more about the exposure pattern to asbestos fiber in industry, but as yet no specific recommendations in regard to this have been formulated. I would suggest that you consult your own state industrial hygiene officials in regard to what the Louisiana requirements with respect to asbestos fiber might be.

In those large corporations that have something called a "medical officer" there is also usually a department of industrial hygiene. The medical officer in conjunction with the industrial hygiene department usually assumes the responsibility for the health matters of the worker in that specific industry. One of the jobs would be to exert every effort possible to see to it that specified controls are observed. With respect to some materials and gases, the requirements in general throughout the United States are well enforced but with respect to others, this is not always the case. With

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regard to asbestos fiber, I would say that in general such controls as have been suggested have not always been rigidly enforced. Many plants--and I cite amongst these the National Gypsum Company--have taken great efforts to provide a working environment where both free crystalline silica and asbestos fiber exposure is controlled within the limits suggested by the specific state the plant might be in. I would suggest that you might want to write to Mr. Frank Zimmerman, (Director of Safety, National Gypsum Company, 325 Delaware Avenue, Buffalo, New York 14202) about the specific controls in effect in the New Orleans Plant. I would also suggest that you might write to Dr. Lewis Cralley (Director of Epidemiology and Field Studies, U. S. Public Health Service, Bureau of State Services, 1014 Broadway, Cincinnati, Ohio 45202) who is currently in charge of a very comprehensive program studying the environment in the various industries where asbestos fiber is used.

There are few if any reliable data on the incidence or prevalence of "pulmonary asbestosis" in any current working population in the United States. Completely reliable figures with respect to this matter are not available anywhere in the world. The reason underlying this is that the diagnosis of "pulmonary asbestosis" is one of those things that is not universally agreed upon during life or even at autopsy. The spectrum runs all the way from a diagnosis of asbestosis made by simply finding one or two asbestos bodies in the lung to requirements that extensive changes in the x-ray must be recognized before the diagnosis can be made. In my opinion the best that can be said is that there is a disease which results from the interaction of human lung tissue and asbestos fiber and something is also known about the pattern both anatomically and clinically. However, a definite statement that asbestosis is present in a particular person is often moot. Some conferences on this subject are to be held in the near future.

That the incidence of carcinoma of the lung and of mesothelioma is higher in some populations of persons having other stigmata of pulmonary asbestosis has been reported on what would appear to be reasonably acceptable data. There is still some disagreement as to whether or not the incidence of lung cancer or mesothelioma is higher than to be expected in the group of persons who have been exposed rather heavily to asbestos fiber over a period of many years but who do not have stigmata of pulmonary asbestosis. Insofar as data in the

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United States is concerned, there is not--to my knowledge--any completely acceptable study on populations of manufacturing plants using asbestos fiber. There would appear to be a higher than expected incidence of lung cancer in insulation workers under certain specific circumstances. A considerable study of a population of asbestos miners and millworkers (refining) carried out in a group of chrysotile producers failed to show any unusual frequency of lung cancer. It is apparent that there is every reason to make a careful study of the role that asbestos fiber may play in lung cancer and mesothelioma, but I do not believe that we are in any position as of today to indicate what this role is under the many diverse existing circumstances.

One area of great importance has not been questioned by you. I refer here to the fact that "asbestos" is a generic term and embraces a family of fibrous materials which chemically and physically are quite different, one from the other. Sub-families, as for example chrysotile, amosite, crocidolite, and anthophyllite are major groupings which vary greatly in their chemical and physical makeup. It is of interest that in some areas where the exposure has been to chrysotile only, the investigators have been unable to show any relationship between exposure to fiber and an unusual incidence of lung cancer or mesothelioma whereas in some areas where crocidolite is used, the relationship seems to be quite striking. It is imperative, therefore, that at outset you adopt the practice of referring to specific materials rather than to the general term asbestos. One of the great problems in attempting to learn the true role of these materials from a cancer point of view--and I might add also from a fibrogenetic point of view--is that in many circumstances there are mixed exposures and there are relatively few large population groups that have been exposed solely to one or the other varieties.

I would also call your attention to the fact that the occurrence of pleural plaques--both calcified and non-calcified--occurs with unusual frequency in certain populations having varied exposures to asbestos fiber and the problem of specific kinds of fiber plaques us here also.

Enclosed is a photostat of a rather good review article recently published by John Gilson, M.D., and in which he

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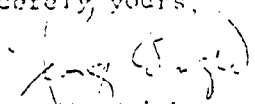
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calls attention to some of the points raised in the above comments.

With best wishes.

Sincerely, yours,


George W. Wright, M.D.
Head, Medical Research
Department

GMW:kaf

Enclosure

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