

FILE NAME: CertainTeed (CERT)

DATE: 1968 Feb

DOC#: CERT033

DOCUMENT DESCRIPTION: Letter from Johns Manville to CERT with attachment of Letter from Mt. Sinai School of Medicine

CONFIDENTIAL

Ardmore

Mr. Malcolm Meyer

Ardmore Legal

February 27, 1968

C. E. DeLong / kh

AC PIPE HEALTH PROBLEM

cc: Mr. James R. Reichel - Ambler 45 (w/encl.)

THIS COPY FOR

Enclosed is a letter from Herb Ball of JM enclosing certain attachments pertaining to the health hazards of AC pipe, including a very important letter by Dr. Snell and further newspaper articles on the Nashville situation.

Please note the request in Mr. Ball's letter that all this information be kept strictly on a top executive level.

Encl.

GENERAL

FEB 28 1968

JOHNS-MANVILLE CORPORATION

TWENTY-TWO EAST FORTIETH STREET

NEW YORK, N. Y. 10016

HERBERT MORTON BALL
VICE PRESIDENT AND GENERAL COUNSEL

February 26, 1968

Charles E. DeLong, Esq.
Secretary and Resident Counsel
Certain-teed Products Corporation
120 East Lancaster Avenue
Ardmore, Pennsylvania 19003

Dear Charlie:

Attached is a copy of a letter from Dr. Irving J. Selikoff which presents the same point of view that Dr. Selikoff expressed in his letter to Dr. Bistowish of Nashville last December 7. This letter is certainly more positive than negative for our cause and seems to take the wind out of Vanderbilt University's Dr. Snell's sails, since Dr. Snell used the previous writings of Dr. Selikoff in making his original allegations.

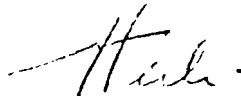
We are now proceeding full steam with the position paper on asbestos-cement pipe. A due date of March 15 has been placed on this position paper.

Also enclosed are some reproductions of newspaper clippings in connection with an appearance of Mr. J. Baker of Johns-Manville before the Metro Health Board of Nashville and an additional appearance before the Metro Councilmen.

I repeat that as agreed at our meeting on January 3, this information is to be kept strictly on a top executive level. It is definitely not to be distributed to the field.

It is with this understanding that the attachments are sent to you.

Sincerely yours,



HMB:LH
Encs.



MOUNT SINAI SCHOOL OF MEDICINE
of The City University of New York
FIFTH AVENUE AND 100TH STREET NEW YORK, N.Y. 10029



Department of Community Medicine

February 16, 1968

Dr. F. L. Pundsack, Director
Division and Corporate Research and Development
Johns-Manville Research and Engineering Center
P. O. Box 159
Manville, New Jersey 08835

Dear Dr. Pundsack:

I have been aware that inquiries have been made concerning the possible health hazard associated with the drinking of potable water circulated through asbestos-cement pipes.

I presume this concern is derived from the recognition of the carcinogenic hazard of asbestos. While this hazard exists, I would qualify such categorization at this time, by adding the phrase "under certain industrial conditions." Workmen occupationally exposed to asbestos have an increased risk, in many instances, of lung cancer, pleural and peritoneal mesothelioma, possibly gastrointestinal cancer, asbestosis and possibly several causes of death, not yet well defined.

We are on very much less secure ground in judging whether any health hazard exists with non-occupational asbestos exposure. While there is evidence that environmental asbestos contamination occurs, association of disease with the minimal levels involved has not been unequivocally demonstrated despite some suggestive evidence under special circumstances.

To compound the difficulties in answering the question you ask, studies on environmental asbestos disease have been concerned with inhalation exposure. There is no way to translate these experiences into exposure by ingestion. Thus, we cannot equate a priori the response of the respiratory mucosa with that of the mucosa of the gastrointestinal tract; I am sure that these responses to asbestos are markedly different. For example, asbestos bodies are often formed in lung parenchyma following inhalation of asbestos fibers yet such bodies occur rarely, if at all, in the gastrointestinal mucosa, following ingestion.

Moreover, experimental work so far has not yielded evidence of significant adverse effects associated with ingestion. For example, Russian work with dog-feeding experiments has demonstrated some mucosal changes, but these were minor, while in our own Laboratory feeding experiments in hamsters have produced very few sub-mucosal asbestos bodies and an adenocarcinoma of the colon in only one animal (very likely coincidental, since such are known to occur spontaneously in these animals). Yet, the exposure to ingested asbestos in this experimental work was very much larger indeed than might be anticipated in water obtained from asbestos-cement pipes.

February 16, 1968

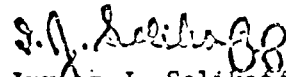
This is not to say that the problem of ingested asbestos does not require further study; it obviously does. First, such studies will be useful in determining whether any relationship exists between ingestion of such material and the occurrence of peritoneal mesothelioma or gastrointestinal carcinoma (alternate routes of contact can be suggested in the pathogenesis of these tumors) and, second, as part of wider necessary studies to define whether any health hazard exists with low-level exposures in general.

Thus, there is no evidence at this time that the presumably very low-level exposures by ingestion which might occur by intake of water supplied through asbestos-cement pipes has resulted in a recognized health hazard. Even if such a hazard could be defined, it would be difficult to be sure that asbestos-cement pipe water were the only source since a number of foodstuffs and other substances are filtered through asbestos filters and may presumably contain small numbers of the fibers (including beer!).

The question of potential health hazards associated with low-level environmental asbestos exposure is under intensive study at this time. As noted, the potential hazard of asbestos-cement pipes is part of this general problem. I hope and trust that we will find that no hazard exists with the very low level of exposure associated with environmental contamination and that the problem will be found to be confined to the much heavier exposure in industry. If I had to hazard a guess at this time, I would suggest that this is what we will find.

I hope that this information will be of assistance to you in your research on this problem.

Sincerely yours,



Irving J. Selikoff, M.D.
Professor and Chairman
Division of Environmental Medicine

IJS:df