

--Item 13(a)

Turner & Newall Limited
Board Meeting - 25th May, 1967

Asbestos and Health - Publicity Problems

I was asked to make a report to the Board on the current situation on this topic. I think the Board may appreciate a summary of the background first.

History

As the Board is aware, asbestosis (diffuse fibrosis of the lung) has been a recognised problem since about 1930, and since then a very large amount of Group capital, revenue and managerial effort has been expended on controlling and diminishing the incidence of this disease. No cure has yet been found; the disease, once begun, is irreversible and almost invariably shortens life, except where some other quite distinct cause of death supervenes.

There is good evidence that in our factories conditions are now such that very few new cases are now being caused, but as the disease can take 20 or even 30 years to develop cases will continue to be initially diagnosed for a good many years to come. At present new notifications in the U.K. are occurring at the rate of about 80 a year, with a tendency still to increase. The annual number of deaths has risen to 64 in the last two years, compared with 40 a year from 1961 - 1964 and only 28 a year in the ten years from 1951 - 1960. The total number of deaths from 1925 to the end of 1966 was 776.

The reasons why the improved conditions in factories - which date back, in part, for over 30 years - have not caused the number of new diagnoses to pass the peak by now are four-fold. Firstly, because the insulation contracting side of the industry was not subject to Regulations and did not realise its danger in time: most of the new cases are now arising on that side, caused mainly by conditions 10-20 years ago. Secondly, because the population employed in the industry increased rapidly during the 1930's and this population is now getting older and more liable to develop disease of one kind or another. Thirdly, because of the striking fall in the incidence of tuberculosis and the death rate from pneumonia and other chest diseases, so that more people liable to chest trouble live longer and get asbestosis. And fourthly, because methods of diagnosis are getting steadily keener and are causing the Medical Panel to diagnose disability at an earlier stage than before.

Even if no new cases were being diagnosed, the number of deaths of asbestosis cases is bound to rise for a good many years yet, because the existing cases caused by exposure years ago are getting older and when they die - many of them well after retirement age - inquests are held and their deaths are associated, at least partly, with asbestosis.

A further factor which attracts medical attention and adverse publicity is that an increasing proportion of asbestosis cases now develop lung cancer as a secondary effect. This increase, oddly enough, is partly due to a substantial rise in the expectation of life of asbestosis cases due to improved conditions.

As a result of these facts, much medical research in many parts of the world has been focussed in the last ten years on the health problems of asbestos, leading to international medical conferences and the publication of many papers, all of which create unfavourable publicity, even when the researchers themselves are not actively hostile to the industry or courting personal fame, as some of them are.

A piece of medical research in Capetown in 1953 indicated that many lungs of the urban population contained bodies which were, or looked very like, the "ferruginous bodies" which are found in the lungs of asbestos workers. Although these bodies are harmless in themselves - and it has since been shown that very similar bodies can be caused by many different dusts which are present in urban life - the suggestion was made that asbestos may be a "general urban hazard", and this has been much written and talked about in Public Health circles.

Finally, what really caught the public attention in Britain was the discovery - first in Africa and then in and around the Cape Asbestos Company's factory in Barking - of an association between asbestos and the rare form of cancer called mesothelioma. While this disease - which kills rapidly - is predominantly associated with crocidolite, there is some evidence of an occasional association with chrysotile, and this cannot be absolutely denied.

This summary may seem long but it is a very brief and selective digest of an enormous subject. It will, perhaps, serve to show the magnitude of our problem.

Research Problems

The main difficulty is that the exact causation of the pathology is not yet understood, and so no one can say why some types or origins of asbestos may be more dangerous than others, or why the range of susceptibility in individuals seems to range from almost all to quite rapid involvement; there is even some evidence, recently, that the troubles may be mainly caused not by the asbestos itself but by infinitesimal trace elements of metal from the beaters of the opening machines in the mills. (This might explain why diseases are relatively rare among the miners.) These problems are now being studied in almost every major industrial country.

Publicity in the U. K.

The allegation - mainly in regard to mesothelioma, and even this is very questionable - that quite slight exposure to asbestos dust could be dangerous has led to alarm among dockers and also to very damaging and alarmist statements about the dangers of using

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asbestos products or even of living in asbestos-cement buildings. Much of this is ludicrous but some of it is being put out by hospital and university authorities whose word carries weight, and the same distortions reverberate and are picked up and repeated with a snowballing effect. The industry's products are being "smeared" directly and indirectly in many ways and this is almost as difficult to combat as McCarthy's political smear campaign on individuals in the U.S.A. ten years ago. Every sub-editor now knows that the danger of asbestos dust is news, and unfavourable articles and alarmist headlines are appearing almost every day, particularly in local papers and in Trade Union journals, whenever any event such as a medical lecture, an inquest or a Common Law settlement comes up. Questions in Parliament have been coming up at the rate of two or three a week, but the Ministry of Labour has been parrying these very well. B.B.C. T.V. put out a very irresponsible programme in "24-Hours" in February.

The attitude of labour in the docks, building sites and the contracting industry (though not, fortunately, in any T. & N. Group factories, so far) has naturally become reactive and there have been stoppages of work, and threats of more, on building sites and ship-yards where asbestos insulation or fire-resisting partitions are being installed. Big customers such as I.C.I., Hospital Authorities, the Navy and the C.E.G.B. are tending to turn to non-asbestos materials where possible; British Railways - or their Unions - have quite accidentally made matters worse by widely publicising the decision (which they had in fact made about a year ago) to cease using sprayed Limpet Asbestos on railway coaches.

Everything possible is being done through the Medical Adviser to the T.I.C., through the Medical Officers and officials of the Nationalised Industries and by technical and commercial contacts with other customers, to allay alarm and establish practices which will eliminate risk, but the problem is becoming not so much one of convincing management but of calming down their workers; even if there is no risk contractors and users will tend to avoid asbestos if they fear that its use will give yet another opportunity for trouble-makers to make trouble. This makes a new problem for the salesmen of all companies to surmount.

The most serious situation currently is in the docks; every important port in the country except Avonmouth, Manchester and Glasgow is now closed to asbestos unless it is not only in impervious bags but also palletised or in containers. Palletisation is being carefully investigated by the Canadian and now the African Mines, but this will take many months to become the general practice.

Action

Without still further extending this long report much of the action being taken must go un-mentioned here. On the publicity front a small Asbestos Information Committee has been formed, consisting of myself as Chairman with Senior Directors of Cape Asbestos Co. Ltd.,

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the British Netting & Asbestos Group and GEFCO Ltd., and the London branch of an American firm, Hill & Knowlton International, has been appointed as Public Relations Consultants. Their job will be to combat and, if possible, to forestall adverse publicity in all quarters. A Press Conference has been arranged on 19th May and the Press Release will have been seen by the T. & N. Directors before this report is circulated.

Codes of Practice have been published for the Insulation and Building Construction Industries. A pamphlet addressed to dockers has been compiled, with collaboration from the Port of London Authority, the National Association of Port Employers, the Unions, the Ministry of Labour and various medical authorities (every word has to be checked and agreed with many people - an arduous and time-consuming process) and will have been published before this report appears. A programme of getting this leaflet across is being planned by Mr. Howe of T.A.F. Ltd. and by Mr. W.P. Howard, our Public Relations Officer.

Meetings are being planned with interested M.P.'s and contacts have been or are being made not only with the academic researchers but with University and other authorities who may be likely to emit damaging pronouncements. All the Group's big customers and their medical advisers have been contacted by the Unit Companies concerned or by the Group's Medical Adviser, Dr. Knox, but until it can be proved that no risks arise from using the Group's products the tendency of customers to play for safety by looking for alternative materials can be combated only by very active selling of the superior attractions of asbestos.

John Waddell.