

Survey looks for cancer in N.Z. asbestos workers

(By our industrial reporter)

Evidence from overseas strongly suggests that a number of New Zealand workers must have died from diseases caused by exposure to asbestos. While the greatest danger arises from the handling of asbestos fibre itself, workers handling asbestos insulation and some asbestos products are also at risk.

The diseases are lung and abdominal cancer, and asbestosis. Asbestosis is a build-up of scar tissue in the lungs resulting from the presence of asbestos particles, and according to American medical authorities: "There is no cure. Death, a strangulating, coughing demise, is the only end."

Public attention was drawn to the cancer threat by an article published in the British Journal of Industrial Medicine in October, 1965. Asbestosis was first clearly recognised as an occupational disease in the United Kingdom in the late 1920s.

There are 25 asbestos factories in New Zealand, four of them in Christchurch. In addition, many workers become exposed to asbestos through handling and installing insulation, through trimming asbestos-cement sheets for building use, and through grinding and repairing brake and clutch parts.

It seems clear there is a cancer risk even from light and occasional exposure to asbestos.

According to a paper presented at the International Cancer Congress in Tokyo in 1956, out of 10 patients who had occupational exposure to asbestos, one was a boiler-maker who worked on the insulation of steam engines, another built bakery ovens in which asbestos insulation was used, and a third was an accountant in the office of an asbestos textile plant.

A type of cancer particularly associated with asbestos is mesothelioma, and this has been found in a 47-year-old insurance agent whose contact was limited to 18 months work as a storeman in an asbestos plant 24 years previously.

Another victim of mesothelioma was a 14-year-old boy whose only exposure to asbestos came from the help he gave his father in replacing plaster board in an extensive remodelling of the family home. The plaster board contained a high percentage of asbestos.

The New Zealand Department of Labour has now spotlighted the hazards with a well-documented article in the latest issue of its official magazine, the quarterly "Labour and Employment Gazette."

This, in turn, is the forerunner of a detailed report which the Department of Health is expected to complete by June. The article comments that the medical findings will be studied with interest, and says that regulations in line with those introduced by the United Kingdom might well warrant the consideration of New Zealand industry.

In essence, these regulations require respirators and protective clothing to be provided for use in workplaces where asbestos dust is present.

United Kingdom deaths from asbestosis averaged three a year from 1924 to 1930. Since then the known death toll has increased steadily, reaching 64 in 1955, the latest year for which figures are available locally.

Much of this rise—perhaps all of it—could be ascribed to great increases both in the use of asbestos and in the number of people handling it. But this does not account for a three-fold rise since the 1940s in the incidence of lung cancer associated with asbestosis.

Of the 64 known asbestosis deaths in the United Kingdom in 1960, 42 were associated with cancer of the lung. In addition, an unknown number of asbestos workers died from cancer not associated with asbestosis.

As the "Labour Gazette" article points out, in the absence of the systematic medical examination of all asbestos workers some victims will die with their disease unrecognised, or unattributed.

A study by three leading American physicians has statistically tied asbestos to cancer among workers handling it.

In 1962 they compiled a list of 632 men who had been members 20 years before the two metropolitan New York branches of the International Association of Heat and Frost Insulators and Asbestos Workers.

Union, medical and insurance records showed that in the intervening period, 262 out of the 632 had died. Based on the ages of the study group, this was 55 more deaths than normal—25 per cent above the average.

Moreover, 45 had died of lung cancer when actuarial tables expected only six. All told, 105 had died from different types of cancer, including 29 from gastro-intestinal carcinoma when only 10 would have been expected.

The physicians continued to keep a watch on the study group, and during the next five years 113 more died, compared with the 50 predicted by standard mortality tables. Of the 113 deaths, 23 were caused by cancer in the pulmonary tract, eight by gastro-intestinal cancer, and 15 by asbestosis.

According to the United Kingdom Advisory Panel on Problems Arising for the Use of Asbestos, particular significance must be given to one of the varieties of asbestos—crocidolite, or blue asbestos—as a cause of mesothelioma. It recommends that other types of fibre should be substituted where possible, and where this is at present impossible, special precautions should be taken to reduce the risks of inhaling the material to the lowest possible level.

While some of the dangers of asbestos have been known for a long time, there is no substitute for it in many modern processes and products. Nothing equals it for fireproofing, or as a lining for vehicle brakes.

Furthermore, blue asbestos has a much longer fibre than the other varieties, and it is

virtually impossible to avoid using some of it in some asbestos products.

However, by June, 1966 the United Kingdom's imports of blue asbestos had been limited to 2.5 per cent of the total imports, and there have been substantial reductions in the proportion of blue asbestos used in New Zealand.

The largest asbestos factory in the South Island, the Fletcher Industries, Ltd asbestos cement plant in Riccarton. Last year about 1 per cent of the asbestos fibre used there was blue fibre; this year the proportion had fallen to about 0.5 per cent.

The factory manager (Mr L. L. F. Waugh) agreed to take the writer on a tour of the plant, and pointed out many improvements that have been made in recent years. While the dust problem has not been eliminated it has certainly been greatly reduced by the introduction of forced-draught ventilation. Respirators are available, although one suspects they are not often used.

The plant has about 10 workers on the factory floor and office and management personnel bring the total staff to about 120.

Commenting on the Health Department's survey of the industry, Mr Waugh said that more than a dozen of the factory's long-term employees had been checked over a period of perhaps 10 months. There had been series of X-rays and lung capacity tests, finishing about a year ago.

Neither the company nor any of the workers has heard anything since, which surely indicated that no-one had needed medical treatment.

Mr Waugh seems to have grounds for optimism as far as his own staff are concerned, but in view of the overseas statistics the New Zealand Health Department's findings cannot be released so soon. According to the head of the department's occupational health unit (Dr J. F. Coppleson) the completion of tests has been completed but the analysis and evaluation will take another month or so.

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