CONFIDENTIAL

Mr. J. M. Briley - Toledo

November 29, 1965

F. H. Edwards - Toledo

ATTACHED REPORT

The report describes what little information we have about Dr. Selikoff and several fairly recent statements by Dr. Kenneth Smith, J-M Medical Director.

Our present concern is to find some way of preventing Dr. Selikoff from creating problems and affecting sales. A direct approach might be more damaging than helpful and I am only suggesting that we explore, at this time, all avenues open to us.

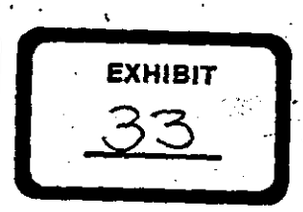
As I explain in the report, we know of no real evidence that permits Dr. Selikoff to take this positive position and this point could be used effectively in explaining our position to Mount Sinai Hospital officials. This certainly would force Dr. Selikoff to produce what information he has.

Neither Dr. Bishop nor I would want to have an issue made of our surprise and suspicions about Dr. Smith's statements. I mention them only because they might be indicative of at least some of the thinking in J-M.

F. H. Edwards

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1. Dr. Selikoff first came to our attention through the November, 1962 issue of the "Asbestos Worker" which carried a reprint of his talk before the International Convention of the Union in September, 1962. He reported a study of 632 insulation workers who entered the trade before 1943. According to Dr. Selikoff, this group showed a much higher death rate from cancer of the lungs, stomach, colon and rectum than average. He attributed this to exposure to asbestos fibers.

   According to Mr. Sickles, President of the Union, Dr. Selikoff conducted his study without compensation, thus implying it was a humanitarian project.

   To quote from the talk, "Take fibrous glass, for example. There is an appalling lack of sound scientific data on its effect on the lungs."

2. Although Dr. Selikoff's prime target was asbestos, it seemed evident that, sooner or later, he would probably condemn fibrous glass. Consequently, Dr. Bishop and I had a meeting with the medical directors of Johns-Manville and Pittsburgh Plate Glass to determine what action could be taken. No specific recommendations came from the meeting, but I learned the following from Johns-Manville people who claimed to have investigated:

   a. Dr. Selikoff, an immigrant, was not approved to practice medicine in the United States after his first application. He was later accepted under a broad reciprocal agreement with a foreign country.

   b. He gained stature in the profession by championing an altruistic medical cause.

   c. He lost stature in the profession when he again supported a project and arrived at medical conclusions that his data did not justify.

   d. His current attempt to get public and professional notice with attacks on asbestos are considered to be typical.

3. He was the motivating force in organizing a world-wide symposium in New York in October, 1964 on the subject, "The Biological Effects of Asbestos." The conference was sponsored by the New York Academy of Science.

   On the first morning of the three days' conference, he attempted to release three press stories which implied that the majority of the participating authorities had supported his views and condemned

asbestos as a carcinogen. Before the articles could be released, the conference adopted a resolution to withdraw the statements on the basis that none of the specialists had seen the articles and were not ready to state that asbestos caused cancer.

4. Dr. Selikoff is not without support. He holds a responsible position with Mount Sinai Hospital and I understand that he holds, or has held, important posts on committees of the A.M.A.

He was successful in getting his article, "Asbestos Exposure and Neoplasia" published in the Journal of the American Medical Association.

On the other hand, physicians who claim to know him well are unusually critical of his medical ability and motives.

5. Dr. Selikoff's study of 632 insulation workers does not justify his conclusion that asbestos is a carcinogen. It is indicative perhaps, but far from conclusive. This was borne out by the statements of many medical authorities during the New York symposium. Most of these men had studied the effects of asbestos exposure for years, yet they were reluctant to identify asbestos as the culprit.

6. To our knowledge, Dr. Selikoff has never conducted a scientific medical study of the effects of exposure to glass fibers. As a result, a letter of the type written by him to James Eaton (copy to you) is entirely unjustified. It is based upon conjecture and opinion only with Dr. Hueper and Dr. Schepers providing (as Dr. Selikoff says) any acceptable data.

The following comments about statements in his letter may be helpful:

a. We have animal studies (inhalation, ingestion, cutaneous) made by Dr. Leroy U. Gardner (deceased), one-time Director and Research Pathologist of Saranac Laboratory, and by Dr. Paul Gross, Research Pathologist, Industrial Hygiene Foundation, as well as a medical investigation of 1400 of our Newark employees, all of whom have worked for the company for 10 to 25 plus years. Dr. Selikoff seems to dismiss these studies for some reason -- one being, perhaps, that no injurious effects of Fiberglas have been demonstrated.

b. By condemning the use of fibrous glass as a "particulate matter" and a "potentially significant health hazard", he is assuming the position of arbiter of health hazards and standards for the country. The U. S. Public Health Service has not found it necessary to invoke any such restriction. Further, Dr. Selikoff is saying in effect, "If I believe that a substance is injurious, it must not be used industrially even though I have nothing conclusive on which to base my opinion."

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c. Dr. Selikoff refers to fibrous glass as a "micro-particulate" substance. If he has used this in the literal sense, he is wrong in respect to more than 95% of air-borne glass fibers. Air sampling surveys made by Kettering Laboratory and Aetna have shown that less than 1% of air-borne glass fibers in our plants is under 10 microns in maximum dimension. It is generally agreed in the medical profession that few particles over 10 microns enter the lungs proper. After several years of study, Dr. Leroy U. Gardner concluded that Fiberglas particles are not inhalable.

It is a common error on the part of pathologists, public health officials and others to compare Fiberglas particles with free silica, asbestos and coal dusts which often are sub-micron in size. Fiberglas seldom breaks down to such small particles and we must mill them to make them usable for animal studies.

d. Note that Dr. Selikoff states in the last sentence of the third paragraph of his letter, "These theoretical considerations" which indicates he has nothing substantial upon which to base his ideas. Further, he has selected a 20-year period or longer in which a lung disease from glass dust exposure would develop subjective or objective symptoms. In my opinion, he has selected a long period of time mainly because he has not found any lung diseases that he could attribute to glass dust. It is true that pneumoconiosis takes years to develop symptoms but numerous cases show up in a matter of 12 or more years because of the unusual susceptibility of a small group of people.

e. To our knowledge, Dr. Shaper has never published anything relating Fiberglas to lung cancer or other lung diseases. Incidentally, he was one of the few supporters of Selikoff at the New York asbestos meeting.

Dr. Schepers came in as head of Saranac Lab. during the time that Fiberglas-reinforced plastic resin was being studied and published a number of articles that implied that Fiberglas dust might be harmful. This is a long story.

f. Dr. Selikoff indicates that he is attempting to restrict the uses of Fiberglas. I am sure that he has nothing concrete to show to Public Health officials.

7. Our own position is somewhat delicate and I believe we should approach it cautiously. It would be of interest to know to what extent Dr. Shaper and Dr. Schepers would back him but they are all cut from the same cloth.

8. We have had several formal and informal conferences on Dr. Selikoff and the health aspects of glass with Dr. Kenneth Smith and Mr. Clifford Sheckler, Manager of Health, of Johns-Manville Company. We entered these meetings with the thought that the fibrous glass business is a relatively small part of J-M's total volume and for this

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reason they might be less concerned over the problem that we are. They have never contributed anything to our health knowledge.

Dr. Bishop, Lou Saxby and I have heard of certain statements or actions by Dr. Smith that have caused us to question his motivations. However, they should not be made an issue with J-M.

Within the past year, Dr. Smith has:

1. Supplied a pathologist with information about the composition of J-M binders which, along with Fiberglas binders, were being questioned by a health group.

2. Publically stated that he had no quarrel with statements made by Dr. Selikoff in regard to the biological effects of asbestos although we know that Dr. Smith and other J-M people were fighting his every move during the New York symposium. It seems evident that they do not want to make an open fight of it.

3. In a talk before physicians and industrial hygienists in October, 1965, he referred to Dr. Selikoff's article on asbestos and said that very little asbestos was being used in those early days. He questioned why Dr. Selikoff would select asbestos as the culprit when cork, mineral wool and Fiberglas were used. The implication is obvious and in truth Fiberglas could have been omitted as it was not produced in the early days, either.

The foregoing incidents are scarcely straws in the wind but they did surprise some of us because they did not appear to express positive thinking and certainly they were said or done with plenty of time to consider possible results.

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