



ASBESTOS INFORMATION ASSOCIATION

NORTHAMERICA

1745 Jefferson Davis Highway, Crystal Square 4, Suite 509
Arlington, Virginia 22202 • (703) 979-1150

August 29, 1984

Ms. Nancy Lewis
The Washington Post
1150 15th Street, N.W.
Washington, D.C. 20071

Dear Ms. Lewis:

I write to you on behalf of the Asbestos Information Association/North America, a non-profit organization whose member companies are involved in the mining and milling of asbestos and the manufacturing and marketing of asbestos-containing products in the U.S. and Canada, to comment on an article of yours entitled, "1 Asbestos Exposure Can Be Life's Worth," which appeared in The Washington Post of August 19, 1984. It is difficult to fault you for the collection of half-truths and misrepresentations which constitute the article. It is obviously not a work of much cross-checking or research, for which you may have neither the time nor the inclination, but is rather a series of quotations or paraphrases taken from Dr. Selikoff, who is widely known for his asbestos epidemiology studies. Nevertheless, the article presents such a distorted and alarming impression concerning asbestos that I feel obliged to write to you to set the record straight, and, hopefully, prevent any future distortions.

It is well known that occupational groups heavily exposed to asbestos in the past suffered an incidence of disease which exceeds that observed in the general population. However, to speak of one asbestos exposure in the context of excess disease, as is suggested by the title of your article, borders on the nonsensical. For one thing, low levels of airborne asbestos are ubiquitous in the environment. Numerous studies of lung biopsy samples have demonstrated that the presence of asbestos fibers or coated asbestos bodies are a virtual certainty in everyone's lungs. However, research also indicates that the body's defense mechanisms operate to eliminate these and other particles from the lungs. It is when these defense mechanisms are overwhelmed that disease may result. The higher the level of exposure, the more likely that the defenses will be overwhelmed, and, conversely, the lower the level of exposure, the less likely that this will happen.

To speak of mesothelioma incidence in 1964 as "a then-rare form of cancer" is misleading, as it gives an impression that mesothelioma has since become commonplace. That is not the case. Estimates of the incidence of mesothelioma range between 1 and 10 per million. The difficulty of accurately diagnosing this disease is a factor in the ten-fold range of the estimated incidence. It remains, however, a very rare disease.

It is similarly misleading but anxiety-provoking to speak of "actively developing tissue, as during growth, is more susceptible to cancer-causing agents," in the context of exposure to asbestos in school buildings. Recent studies have shown a link between the uncontrolled growth of cancerous tumors and the same factors which initiate the growth of healthy cells. In addition, it has been observed that cancer once contracted in children tends to spread at a more rapid rate than it does in adults. However, children are far less "susceptible" to cancer, perhaps because their bodies' defense mechanisms operate more efficiently than adults'.

Between one-quarter and one-half of one percent of cancer deaths take place in children, most as a result of blood, bone, brain, nervous system, or kidney tumors. Leukemia alone accounts for about a half of all cancer deaths in children. Mesothelioma is even more rare in children than it is in adults, and because of the long latency period of such tumors associated with asbestos exposure, asbestos is unlikely to be a factor in even the few cases that do occur.

Again, the closing statement that a smoker who is also exposed to asbestos has a five or six times greater risk of developing lung cancer is misleading when taken out of context. While this multiplicative interaction of cigarette smoking and asbestos has been observed in some heavily exposed occupational groups, there is simply no evidence, nor is there ever likely to be such evidence, that such an interaction takes place at low levels of exposure to asbestos.

What is consistently absent in reports from the media or government agencies on the subject of asbestos in buildings is any discussion of the magnitude of the risk involved. The public constantly hears that asbestos is a proven carcinogen and that there is no "safe level" of exposure. Certainly, this simplistic rendering of the situation presents an alarming picture. It may be that the public has become so accustomed to accepting this picture; that a discussion of the risk involved would itself be startling, by virtue of its contrast with the projected wisdom. A few brief paragraphs would be sufficient to present this information.

In 1980, the Canadian province of Ontario convened a Royal Commission to investigate matters of safety and health arising from the use of asbestos. The Ontario Royal Commission invited and reviewed the testimony of over 50 witnesses, many of them world-recognized authorities on asbestos and health. In March of this year, the Ontario Royal Commission produced a comprehensive, three-volume report of its findings. Among the many issues it addressed, the Royal Commission's report contained a risk assessment predicting the level of risk resulting from exposure to asbestos in buildings.

The prediction of risk resulting from low-level exposures to asbestos is premised upon the unprovable notion that there is no absolutely safe level of exposure at which no person will suffer any adverse effect. Using this assumption, the risk of occupational groups heavily exposed in the past is extrapolated down to extremely lower exposure levels, such as those in buildings in which asbestos was used as a fireproofing material. Such a procedure guarantees the prediction of an excess risk at any level of exposure, no matter how small. The extrapolation of risk from high to low levels of exposure is a procedure which can be applied to any hazard, for example, smoking.

Using the procedure roughly outlined above, the Ontario Royal Commission predicted a risk from exposure to asbestos in buildings that would approximate the risk resulting from smoking one-half cigarette a year. It may be worthwhile to pause a moment and contemplate the magnitude of this "peril" repeatedly paraded before a trusting, but uninformed and uncritical, public. Let us then assume, for the sake of argument, that the Royal Commission's prediction is wildly inaccurate, and that the risk is actually one hundred times greater. Even increased one hundred-fold, it still approximates the risk which would result from smoking only one cigarette a week. In any event, the discussion of such small predicted risks must remain academic, for they range over such low levels that they would never represent a detectable effect.

The public needs information on the magnitude of risks with which it is confronted, so that important decisions concerning the allocation of limited resources can be made on the basis of reasoned judgement rather than emotional response.

I would be pleased to provide you with supporting documentation for any of the statements made above, or to discuss any additional questions you may have concerning asbestos at your convenience.

Sincerely,


B. J. Pigg
Executive Director

THE WASHINGTON POST

Sunday, August 19, 1984

1 Asbestos Exposure Can Be Life's Worth

A single exposure to asbestos fibers can be the same as breathing the microscopic particles for a lifetime: once the fibers are in a person's lungs, they don't go away.

"Lung cells are being exposed to asbestos from that day on," said Dr. Irving Selikoff, whose pioneering 1964 study of New York-area asbestos workers first showed the material to cause a then-rare form of cancer called mesothelioma.

The longer the asbestos fibers "reside" in the lungs, Selikoff said, the risk of developing mesothelioma—cancer of the lung or abdominal cavity—increases.

"This is a reason we are so concerned about children," said Selikoff, director of the environmental medicine laboratory at the Mount Sinai Medical School in New York.

"If you are 50 or 60 when you inhale asbestos fibers, it probably won't affect your chances of getting mesothelioma, which is usually fatal, Selikoff said. "You don't see much of it before 20 years later."

For every year longer than 20 years, the risk increases markedly, he said. "Many times these cancers don't develop for 40 to 50 years. But children are young, and they are going to live a long time. By the time they are 50, many of today's children will have lived with asbestos in their lungs for 40 or 45 years.

In addition, Selikoff said, recent studies have indicated that "actively developing tissue, as during growth, is more susceptible to cancer-causing agents."

"Because there are so many school children who are in schools with friable [crumbling] asbestos—the EPA estimates there are 15 mil-

lion such children—it is a big public health problem," Selikoff said.

But the health risks aren't limited to mesothelioma, he said: inhaling asbestos can lead to lung cancer and other malignancies.

"It is different for lung cancer, [in that exposure to asbestos] increases the background risk," he said. All adults have background risks, caused by exposure to various substances in the environment, Selikoff said. As a background risk, exposure to asbestos multiplies the risk of getting other cancers.

For example, a person who is 50 or 60 smokes already faces a high risk of cancer said. But if that person has also been exposed to asbestos, his or her risk of developing cancer is about five times greater.

—Nancy Le