

CRISIS RESPONSE

completed in 1955, found only a handful of cases and concluded that whatever was going on in England it wasn't happening here.

Complacency was finally shattered in the early 1960s when reports started surfacing in many countries of an exceedingly rare cancer of the lining of the chest or the abdominal cavity. It was called mesothelioma. Not only was it being found among asbestos workers, but it was also showing up in communities adjacent to asbestos mines and factories, and among the families of asbestos workers — people whose only exposure to asbestos was the dust on the clothes worn home from work. Most of the cases being reported were in Great Britain and South Africa, but, unlike lung cancer, because there were no known causes of mesothelioma other than asbestos exposure, it was difficult to ignore.

Too Little Too Late?

In the United States, additional dust control equipment of varying degrees of sophistication began to be installed in plants from coast to coast. But was it enough, and was it too late? The problem was, no one knew for sure how much dust was too much, nor, in the United States at least, were there standards that were enforceable in all plants and mines nationally even if someone did come up with a safe exposure level that everyone could agree upon. The basic law governing exposure to occupational hazards in the U.S. was at that time the Walsh-Healey Public Contracts Act, which had been passed in the 1930s but applied only to those companies doing business with the U.S. government. Because there were no inspections nor record-keeping procedures enforceable under the law, compliance was for all intents and purposes voluntary. The standards themselves were developed by an independent group called the American Conference of Governmental Industrial Hygienists (ACGIH), which set and revised standards for a whole range of occupational hazards, including asbestos.

For many years, asbestos exposures had been measured in particles per cubic foot of air, which was more a reflection of the crude nature of the measurement equipment then available than it was of the conviction of the scientific community that the volume of asbestos inhaled by a worker was an appropriate gauge of its level of hazard. By the 1960s, in fact, most scientists had come to the conclusion that volume meant little; it was the number and size of the individual asbestos fibers that a worker inhaled that was the true test of its danger. If a fiber was too long or too thick, it was incapable of penetrating into the deep recesses of the lung where it could cause disease. In the same regard, if the fiber was too small, it would be either cleared by normal lung cleansing mechanisms or else would be totally encapsulated by certain types of lung cells to form a non-hazard phenomenon called an "asbestos body."

General agreement; no agreement should be the said 5; some early 1970s — ahead of my

While aware in 1960s that some things were being issue known enlightened in hazard or weaknesses along to stir

Dr. Irving Selitsky's career was at the School of Medicine, University of Michigan, where he worked in the laboratory. He was not working there when they were the scrapers and replaced, ripped

The health exposure was increased, was discussed. There were higher asbestos-exposure levels. The first large asbestos-exposure produced results no longer possible. The insulation spring of 196-

The next four years at Mount Vernon, where the asbestos worker both here and development