

An electron microscope reveals asbestos fibrils found in the air of an asbestos worker's home.

workers meaningless." Then, in 1928 and 1929, the chief medical inspector of the British Home Office's factory department examined 383 asbestos-textile workers and found that more than 25 percent of them showed evidence of coming from asbestosis. In 1931, on basis of the inspector's findings, Parliament made the disease compensable. Among other measures, instituted medical checkups for workers engaged in particularly hazardous processes in the industry. Next, in 1955, Dr. Richard S. Doll, director of the Statistical Research Unit of the British Medical Research Council, completed a study of 113 consecutive autopsies of men who had been occupationally exposed to asbestos for more than twenty years.

His study showed that the extent to which they had risked lung cancer over the whole period was eleven times as great as that of men in the general population of England and Wales. Brodeur refers in his pioneering article on the subject: "From then on, many doctors were convinced that a causal relationship between asbestos exposure and lung cancer had been demonstrated. Although almost no part of the vast asbestos industry either acknowledged the relationship or found it advisable to let the independent researchers who were investigating it."

The health hazard posed by asbestos in home in Manville in 1983, when Maxwell Horne, a local physician, told that seventeen townsmen had died of mesothelioma within the span of four years. Four years later Horne paid John-Manville for \$3,000 to have a display to educate both workers and the medical profession at large about asbestos-related diseases; his request was turned down. Horne subsequently approached the workers' union, Local 800 of the United Paperworkers and Paperworkers; the union organized the collection of the needed money.

Why had John-Manville declined to do it? "It was our opinion," Jack H. H. the corporation's vice-president in charge of environmental affairs, explained to me, "that in 1987 there was no need to learn more about mesothelioma before a relationship with asbestos could be affirmed or denied." Besides, he added, since 1970 the company already spent some \$2 to \$3 million



on new dust-control equipment and, as a result, considered the Manville plant a safe place to work in. Men and women who worked at the plant in the Fifties and Sixties, however, failed to notice that the new equipment made any appreciable difference. "There were times when the air was so thick with asbestos dust in some places that you couldn't even see," I was told by a textile division worker who has been with the company for thirty-two years. "Sometimes it was even impossible to breathe with a respirator because the filters would get so clogged with asbestos." (Respirators are generally unpopular among asbestos workers. The wearer sweats and his eyes smart. For workers who have cardiac or pulmonary problems, breathing through an ordinary respirator adds to the strain on their lungs and heart. Air-cooled respirators that supply air to the wearer are bulky and costly.)

Even outside the factory the air was frequently full of the potentially deadly fibers. In the Last Valley section of town—an area downwind from the factory—the fiber fallout would get so thick that homeowners had to hose the stuff off their homes. Directly in front of the plant conditions were even worse. "When I'd direct traffic there," Sgt. George Kalman of the Manville police recalled, "there were days when it was like we were having snow flurries. In July, I'd take off my hat, and it would be covered with this white dust."

Meanwhile, examinations by company doctors were carried out only once every two years—a schedule that was

increased to once a year in 1979. Such infrequent checkups may have been sufficient to monitor a slowly developing case of asbestosis, but they were less useful as a means of catching a victim of a swiftly developing cancer, particularly mesothelioma, a disease that normally proves fatal six months to a year after the cancer shows up in X-ray pictures. (To jump from past decades to an illustration from the recent past: in December 1971 Danny Maciborski, a forty-nine-year old ex-marine who had worked for John-Manville for thirty years, checked in at the company dispensary for his biennial physical and was given a clean bill of health. A few weeks later, however, he felt a strange sensation in his abdomen—as if his stomach were "getting bigger," as he put it—and went to see a private physician, who in turn sent him to Dr. Borow. Borow's tests showed that Maciborski had a malignant tumor of the membrane that lines the abdominal cavity—in other words, mesothelioma. "I knew what it was because everybody at the plant knows about asbestosis and mesothelioma now," Maciborski told a reporter for the New York Post. "I wasn't surprised or shocked about it . . . I just asked [Dr. Borow], 'How long have I got?'" Maciborski died last September. He lasted as long as he did because he was willing to go to the doctor every two weeks to have up to eight quarts of fluid pumped out of his abdomen. John-Manville paid Maciborski's medical expenses, and, as provided by New Jersey state compensation laws, it is paying his widow \$70 a week—a sum that will drop to \$72 this June, when her eldest son will turn eighteen.)

Why, throughout the Fifties and Sixties, did men and women continue to work in the plant if conditions were so hazardous? The answer would seem to have as much to do with psychology as with economics. "It's funny," says Chester Ruczkowski, a forty-one-year-old machinist and union ship steward at the plant, "but the only people who seem scared of this stuff come from outside the community." To Ruczkowski, who has worked at the plant since he was eighteen, his job is a way of life that he is not about to give up just because of a few "scare stories" in the press. "You and I can work in a place for thirty-five years, and maybe you get