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Mr. Oliver

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November 10, 1972

Mr. William S. Simpson, President
Raybestos-Manhattan, Inc.
205 Middle Street
Bridgeport, Connecticut 06603

Dear Mr. Simpson:

This is a review of the meeting in Lyon, France, the subject of which was the Biological Effects of Asbestos. The real purpose and importance of this meeting seems to indicate to me that there is a distinct trend in the thought of people internationally associated with the biological effects of asbestos in its relationship to disease, mainly asbestosis, and to a greater extent its significant effect on the individual in relationship to cancer.

The translation of this knowledge into future efforts by Raybestos-Manhattan Corporation and its medical personnel in relationship to the scientists, the public, and to the government remains to be evaluated. I think it would be appropriate to discuss the future trends and the course of action that was being taken by all parties concerned in this discussion.

At the present time, there is no doubt - no question - that the biological effects of asbestos leads to asbestosis and to carcinoma of the lung; both bronchogenic carcinoma and mesothelioma. As far as the different aspects of the effect of different types of asbestos are concerned, all types of asbestos are incriminated. There were papers presented which show that mesothelioma is caused by crocidolite, amosite, and chrysotile. These particular cancers of the lung are of extreme importance and lately have been given national and international publicity.

Consideration is being given to the investigations that we are pursuing relative to the possibility that other types of tumors of the body may have a relationship to asbestos exposure. This at the present time is not firm, but there was shown at this particular meeting that there is a trend toward this direction relative to gastro-intestinal tumors and possibly other types of rare tumors, such as the pancreas, esophagus, parts of the colon, and other parts of the intestinal tract. This is a point of view which has not been previously recognized. The broad scope and medical implications of this particular type of environmental exposure is extremely important because we now see the implications of additional publicity affecting all organs of the body, although it is true that the respiratory system is a major primary organ of the body which is affected. The company's concern, the public's concern, and the general public's concern, as discovered and reported in literature and in newspapers, is observed by the public in general industry and management and will immediately recognize the importance of such releases in the press.

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I don't think personally that the public relations approach is now the answer to the specific problem of our industry. I think that it is going to be better to spend more money on environmental controls of the dusts, with strong emphasis on housekeeping, of the fumes, and of the gases of which industry has encountered. I feel that no matter what the circumstances are the problems relative to the biological effects cannot be neutralized or washed away by any types of releases or types of public programs.

Industry must recognize that governmental introduction into the field or into the workplace and the recognition of the hazards has been established. At this particular meeting there were several members of the labor movement there, and also members of the international AEL/CIO which were associated with Dr. Selikoff. It is apparent to me that the next major effort will be in the education of the workers. I was told by Dr. Selikoff and his associates in the labor field that we would have to begin educating the worker in a more objective method and manner. The workers would have to be knowledgeable concerning the absolute exposure at which they were subjected; they would be able to look at these counts to see the dust that they were exposed to, the length of time they were exposed, and according to the requirements of the OSHA act this information must be provided to the workers.

There should be no allusion that the company must initiate immediately the development of an educational program principally organized by medically oriented people in a manner to properly inform management, foremen, and employees of the uses, biological effects of asbestos, and what is being done to control this asbestos exposure. I say this primarily because I have heard recently in other industries that they have had hysterical episodes among employees as to the instances of asbestosis in plants. This is created due to press releases, public hysteria, and public pressure. We will begin to see a situation or a demand from the union and pressure from the public to do something about the situation. Plans should be developed relating to immediate steps that should be taken as to the environmental controls and to medical programs. A complete medical program for the entire corporation is a must.

I think there is some real hope though to reestablish the very cause of these carcinomas because it begins to appear that there are some other causes associated with asbestos that precipitate these carcinomas and other changes that occur in the effects of the asbestos fiber. Perhaps, it is the fiber itself, perhaps, it is in some associated trace metal that attaches itself to the asbestos fiber. A significant paper by Dr. J. C. McDonald stated that he was able to control the effects of asbestosis and carcinogenesis if he had a fixed level of 5 fibers. The carcinogenicity of asbestos and even silica and aluminum oxide is primarily related to structure rather than to physical-chemical properties. It was interesting to me that silica fiber glass and aluminum oxide produced tumors in a paper prepared by Dr. M. F. Stanton, he stated with the use of glass they produced carcinomas and yielded more macrophages by changing the shape of the glass. They concluded from this that the carcinogenic relationship to the size of the fiber is very important and significant in the production of carcinogenesis. A paper by Dr. J. C. Wagoner and G. Berry talked about the consideration of the biological mechanisms and other factors that were related to the particular size of the fiber and that carcinogenesis is

or to the trace elements, but that there are indications that the fiber size and shape are important and that mesotheliomas have been produced with fiberglass and other non-asbestos materials. In intrapleural experiments all types of asbestos used have produced mesotheliomas in rats. A percentage figure which you might use as a measure is 61% of animals produced cancer with crocidolite, 36% with amosite, 34% with antophyllite, 30% with Canadian chrysotile, and 19% with Rhodesian chrysotile. A great many of the people felt that the trace metals were extremely relevant. The greatest conclusion of all was that in employment in asbestos, especially the insulation worker, smoking has a greater effect on asbestosis and lung cancer than anything else, and every one of the asbestos workers should stop smoking. ✓

There was great criticism of Dr. Selikoff's paper by Dr. J. C. McDonald. He felt that the statistics presented in this paper were not accurate. He talked about the insulation workers and he asked why the insulation workers that were not included in the union were not presented as a part of the study. I could go on for hours with various types of difficulties and problems they had with asbestos, but one of the main things I would like to convey to you is that glass fiber is carcinogenic. With a peritoneal irritation and the addition of benzopyrene with chrysotile a high rate of incidences of carcinoma was produced. Chrysotile alone produced a very low incidence of mesothelioma. ✓

In summary, I would say that there are many salient features to the discussions that were held at Lyon: (1) There is absolutely a direct connection between chrysotile asbestos and mesothelioma, broncogenic carcinoma, and, of course, asbestosis. (2) The union representative was adamant in that there will be a revolution in their particular area bringing about the necessity of industry getting ahead of the problem by introducing an educational program that will orient the worker as to what he is exposed to. Of course, this must be done by medically oriented personnel so that an aura of hysteria is not created. The facts are to be presented in a logical sequence in a manner of importance to such an extent that there will be a complete compliance with the OSHA requirements, and yet, not cause fear among employees. It must show the company's interest in the employees' health and what the company is doing to protect and safeguard their exposure. (3) There will be increasing publications and press releases related to the significant "epidemic" of mesothelioma and other types of carcinoma of the G. I. tract, pancreas, etc.,; and then, anticipation of this particular relationship should be combated by educational orientation of the employee. It should be emphasized that the people who are most at risk are the workers and they should be taught to use materials safely and with concern. (4) There should be a complete medical program. A complete survey of all the systems including the pulmonary system by use of modern environmental and medical means available to us and that a regular routine education program be coordinated with this physical examination. A film strip or a film should be prepared for the orientation of the employee, especially since OSHA regulations allow the individual to ask for his exposure, the amount of exposure, and the dust to which he has been exposed. I think that this program will bring about greater public relations by what is being done, no matter what publications a public relations man will produce. A public education program is certainly in order in which one can, I believe, through the media of television, radio, and newspaper educate the public as to the importance of asbestos, its uses, the biological effects of asbestos, its controls, ✓

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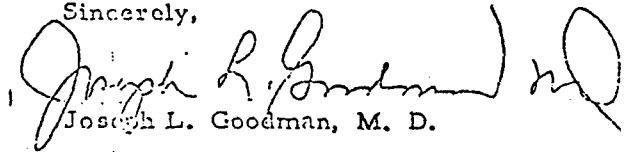
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and its indispensability to our modern technological society. It should be stressed that if properly used and properly controlled, it is a perfectly safe product.

I want to thank you very much for the opportunity to come in contact with some of the world's greatest scientists and international experimenters. I had the opportunity of sitting next to the investigator from Moscow who invited me to Moscow to visit his laboratory. I also had the opportunity of having long conversations and discussions with Dr. Gilson, Dr. Wagner, Dr. Webster, Dr. Cotin, and many others with international importance and found myself readily acceptable at their level. Of course, there is a great deal more to be discussed about this subject, but I certainly don't think this is the place for it. There are volumes and volumes of information and letters that I have read and have with me, and perhaps, at an opportunity that presents itself we will be able to discuss it person to person.

I send my best personal regards to you.

Sincerely,


Joseph L. Goodman, M. D.

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