

PLAINTIFF'S EXHIBIT

USX-1072

from the desk of-

R. HEATH LARRY
(NEW YORK)

MERLE BUNDY, M.D.
Director, Industrial Medicine

Do we have anything like this?

R.H.L.

May 24, 1972

attachment

DEPOSITION
EXHIBIT

USX-1

Bundy 12-6-88

Lung Cancer Hits Jersey Town 3 Times Harder

DEATH CASE

April 25 and 26 The published a two-part report on asbestos poisoning in N.J., a town 50 miles west of New York and home of the largest asbestos processing plant. The incidence of lung cancer among workers and non-workers in Manville is known to be a pattern attributable to asbestos exposure. Three diseases are fully associated with the asbestos: lung cancer, asbestosis, a disabling lung disease, and mesothelioma, a deadly type of cancer.

Dr. Irving Selikoff, chief of the Division of Occupational Medicine at the University of Pennsylvania, is studying the health of 633 employees of the Manville plant, which is owned by the Johns-Manville Corp.

Selikoff's purpose was to determine the effects of asbestos exposure among the town by comparing the frequency of deaths and diseases observed with the expected mortality rates in the general population. Since previous studies suggested that asbestos-related diseases develop only years after initial exposure to dust particles, Dr. Selikoff limited his research to workers who were employed on Jan. 1, 1935, and who were employed for a minimum of 20 years. Factors of age, sex, and year were taken into consideration. Here are the results of the Manville study, released by Dr. Selikoff to The Post.

According to the standard mortality tables, 134 deaths had been expected among the 633 asbestos workers by Dec. 31 of last year. Instead there were 169

deaths before that date—an excess of almost 50 per cent.

At the outset it should be noted that the number of deaths recorded did not include employees who died before being exposed for 20 years. Moreover, Dr. Selikoff pointed out that since the mortality rates among workers are always lower than among non-workers — adequate health being a prerequisite of ability to perform work — the excess deaths among the Manville plant workers studied are even more dismaying than the statistics reveal.

Why the surfeit of deaths? The causes were not difficult to identify.

It was not particularly surprising that 24 of the deaths resulted from asbestosis. After all asbestosis is a disease that cannot be contracted without exposure to asbestos.

Susceptibility

The real source of the unhappily high death rate among the Manville workers can be readily traced to their susceptibility to cancer.

According to calculations based on the general population, only eight deaths from cancer of the lung were to be expected. Yet among the Manville workers there were 27 such deaths — a 350 per cent increase.

Mesothelioma, a cancer so rare that it strikes only about one in 10,000 in the general population, accounted for 15 deaths.

Only five gastro-intestinal — stomach, colon and rectum — cancers were to be expected. Yet there were 13 deaths in that category. And where 16 deaths from cancers at other sites were to be expected, there were actually 17.

All in all, cancer accounted for 72 deaths among the asbestos workers of Manville, three times as many as had

been statistically expected.

Because Dr. Selikoff counted 116 deaths resulting from all other causes — roughly the same number that had been anticipated — he concluded that the 35 per cent higher death rate among the workers could be entirely ascribed to the excessive occurrence of the asbestos-related diseases.

But the most chilling statistics are yet to come. Even so the mortality statistics of the 633 workers under study, Dr. Selikoff was able to formulate some surprising predictions.

Of the 6000 employees who were working at the Manville plant in 1955, about 400 can be expected to die of

lung cancer. Some 300 are fated to die of asbestosis; about 250 of mesothelioma; and about 250 from gastro-intestinal cancer.

Said Dr. Selikoff's research did produce what he called "a hopeful finding." The death rates among plant workers assigned to areas that were comparatively free of asbestos dust were lower than those who had worked in areas with high concentrations of the mineral.

Furthermore, in the areas with a low quotient of asbestos dust, less than 10 per cent of the deaths resulted from asbestos-related diseases in the textile area, where asbestos dust is most prevalent, about 27 per cent of the

deaths were due to asbestosis.

"Nature is showing us that we can cut down these deaths by cleaning up the asbestos," says Dr. Selikoff, a pioneer in the field of industrial hygiene. "And there is little doubt that we have the technology to reduce the dust count."

"The results we found are the legacy of the past," he added. "The legacy of the 1940s and 1950s when precautions were inadequate. It was based on the ignorance of all of us. It shows what you don't know can hurt you."

And Dr. Selikoff, whose previous studies of asbestos

workers produced similar findings, warns: "If the lessons of the past have not been learned, then we will face a very serious situation. We must protect our future generations."

In the course of his research Dr. Selikoff worked closely with the asbestos workers' union, Local 500 of the United Papermakers and Paperworkers.

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USS 09727



May 31, 1972

To: Mr. R. Heath Larry
Vice Chairman - Board of Directors

From: Merle Bundy, M.D.
Director - Industrial Medicine

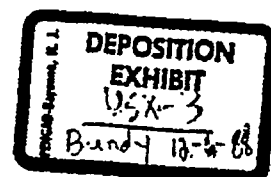
Subject: Cancer - Manville, New Jersey Population

In answer to your question concerning "Do we have anything like this?", I believe the proper answer is Yes, but the impact will not be so great. At Clairton, the increased risk for lung cancer is quite similar. However, the number exposed is much smaller than at Manville and only about 1/3 of the total employees live in Clairton. Thus the impact on the city is much less. To date there is no evidence to indicate an increased risk to the population of Clairton as regard cancer of the lung or kidney.

Tangential to your question is the possibility of such an article being written about "black lung" disease in one of our mine towns because of the fact that many of our people who retire for disability or age do not leave the community where they have worked for a long time. With the liberalization of the "black lung" benefits (Randolph-Perkins Bill) recently signed into law, there is the likelihood that most of our retirees will qualify.

On the other hand, we could or should have found out where else these potentials exist. In many of our plants we have the know how and the desire but not the manpower, and it does take manpower. We have had high hopes that Man-Map would long since have been a reality at which time environmental exposure, physical status of employees so exposed, and our health insurance benefits could have been automated and made available for studies to determine the extent of problems. In some plants we have had what we need but have been restrained from pursuing studies and in the instance of Clairton, manpower has been slashed without regard to the facts of the problem at hand. These latter comments are by way of explanation of why we don't really know the answer to your question as it would relate to other exposures.

MB/rp



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