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# HEW



# NEWS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

FOR IMMEDIATE RELEASE

April 26, 1978

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STATEMENT OF  
SECRETARY JOSEPH A. CALIFANO, JR.  
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Scientific studies have demonstrated that asbestos creates an especially high risk of lung cancer and other serious lung disease for workers who have been heavily exposed to this toxic substance.

The total number of workers exposed to asbestos since the beginning of World War II is estimated at between 8 and 11 million. Of that total, approximately 1.5 to 2.5 million are presently employed, while the remainder -- between 6.5 and 8.5 million workers -- were formerly employed in environments with significant asbestos exposure, including 4.5 million who worked in shipyards during World War II. Of those exposed in the past, a certain number -- which we cannot estimate with accuracy today -- have already died, either from asbestos-related or other causes.

Federal government responsibility for regulating current asbestos exposure is lodged in several agencies -- with the

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Occupational Safety and Health Administration bearing primary responsibility for regulating asbestos levels in the workplace and requiring employers to provide warnings to current employees.

But, to date, there has been no systematic government effort to notify physicians, past workers and others at risk of the hazards associated with asbestos exposure. Such notification is of special importance because the serious diseases associated with asbestos take a long time to develop -- from 15 to 35 or more years -- and because recent studies have underscored that workers exposed in the past, especially those from the war years, may just now be facing immediate, serious health threats.

As part of my responsibility to promote and protect the public health, I am today announcing several steps to inform doctors, workers and others about the increased health risks of asbestos exposure.

- Dr. Julius Richmond, the Surgeon General of the United States, will immediately send an advisory letter to all 400,000 doctors in the nation. This Surgeon General's advisory will set out the nature of the health risk posed by asbestos, describe certain steps doctors may wish to take when diagnosing or treating patients, and tell physicians where they can obtain additional information about

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asbestos-related diseases. /Both the physician advisory and a more detailed National Cancer Institute question and answer paper are attached to this statement.7

- HEW will launch a public information campaign aimed at workers and others exposed to asbestos.

Dr. Arthur C. Upton, director of the National Cancer Institute, and Dr. David P. Rall, director of the National Institute of Environmental Health Sciences, will co-chair an HEW team to develop a detailed public information proposal in consultation with other Executive Departments, unions, employers and other interested parties. To the extent possible, the campaign will be targeted on those at the greatest risk. I have spoken with Secretary of Defense Harold Brown, and he has directed the Department of Defense personnel to work with us in taking appropriate steps to inform former military and Federal civilian workers in Naval shipyards.

- The HEW team will consider other measures which the Department might take to deal with the asbestos problem, in addition to preparing the public information campaign. Such measures include: improved surveillance, other means of informing

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affected individuals such as outreach through unions and employers, development of further information for physicians, and additional research.

Asbestos is the term used for a group of fibrous materials that do not burn and are excellent thermal insulators. In the past four decades, asbestos has been used for a great number of purposes -- more than 3,000 uses have been identified -- with two-thirds of all asbestos used in the construction industry. Ship construction has been an activity with especially high use of asbestos, since the substance is effective in insulating boilers, steampipes, hot water pipes and nuclear reactors.

Unfortunately, numerous studies have indicated that exposure to asbestos in settings, like the workplace, where it is concentrated, significantly increases the risk of incurring four serious diseases: lung cancer, asbestosis (a progressively debilitating lung disease that impairs breathing and increases risk of serious illness or death from respiratory infections like pneumonia), mesothelioma (a cancer of the chest and abdominal cavities) and certain gastro-intestinal cancers.

Both the Surgeon General's advisory and public information campaign will suggest certain actions that individuals exposed to asbestos can take to reduce or mitigate the health threat to the greatest extent possible. They will

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stress that no single step has a more important effect in reducing risks from two of the most common diseases associated with asbestos -- lung cancer and asbestosis -- than stopping cigarette smoking.

Our best estimates of the increased risks associated with asbestos exposure are based on HEW supported studies of workers heavily exposed to asbestos before the government began to regulate asbestos in the workplace in the late 1960's and early 1970's. As a result of recent government regulation, current workers, without previous exposure, can be expected to face smaller risks than those exposed in the past.

The risks for past workers regularly exposed to asbestos are estimated to be as follows:

Lung Cancer. A non-smoker who has been exposed to asbestos is three to four times more likely to develop lung cancer than a non-smoker who has not been exposed. However, a smoker who has been exposed to asbestos is up to 90 times more likely to incur lung cancer than a non-smoker who has not been exposed, and up to 30 times as likely to incur lung cancer than a non-smoker who has been exposed.

At present, it is estimated that 20-25 percent of workers, both smokers and non-smokers, exposed to asbestos before the era of government regulation die of lung cancer.

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Asbestosis. Only individuals exposed to asbestos contract asbestosis which afflicts approximately 7 percent of the number of workers exposed in the past. Asbestosis is an irreversible and progressively disabling lung disease that impairs breathing, and individuals with the disease are much more likely to die of respiratory ailments, like pneumonia, than individuals who do not have asbestosis. The Surgeon General advises me that clinical experience indicates a person who smokes and has been exposed to asbestos faces a greater risk of developing asbestosis and of dying from a respiratory ailment than an asbestos exposed individual who does not smoke.

Mesothelioma. As with asbestosis, only those individuals exposed to asbestos appear to contract this disease. Approximately 7-10 percent of those exposed to asbestos in the past die of this cancer.

Gastro-intestinal cancer. Individuals exposed to asbestos in the past are estimated to be about twice as likely to die of gastro-intestinal cancers -- including cancers of the esophagus, stomach and colon -- as non-asbestos exposed individuals. Approximately 8 to 9 percent of asbestos-exposed individuals die of these types of cancer.

In addition to the 4.5 million persons who worked in shipyards during World War II, it is estimated that 500,000 to 1.4 million persons have been employed in shipyards

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since the War. Other occupations in which there has been significant exposure to asbestos include asbestos mining and processing; construction work involving insulation; building demolition; roofing; and automotive work in brake and clutch lining installation and repair.

In addition to the Surgeon General's advisory, information will be available to physicians through other means: Ca-The Cancer Journal for Clinicians, a publication of the American Cancer Society, is publishing this week in its March-April issue an article by Dr. Irving Selikoff and Dr. E. C. Hammond on the effect asbestos exposure has had on shipyard workers; the American Medical Association will be publishing a physician advisory in its Journal; and the attached question and answer background paper prepared by the National Cancer Institute will be made available to doctors through the American Cancer Society, the American Lung Association and all state medical societies, as well as through the National Cancer Institute itself.

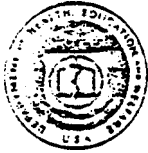
The actions I am announcing today with respect to asbestos are based on a number of factors, but two of the most important are: the number of individuals affected who are unaware of the risk and the fact that asbestos is one of the most dangerous and insidious substances in the workplace.

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Given the numbers of unaware individuals affected and the serious risks involved, it is imperative that HEW -- the Executive Department primarily charged with developing health policy -- work closely with other Executive Departments and Agencies in devising all appropriate steps to protect the health of our citizens.

If individuals have questions about what they should do in addition to stopping smoking, they should consult their personal physicians.

# # #



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

WASHINGTON, D.C. 20201

April 25, 1978

SURGEON GENERAL  
OF THE  
PUBLIC HEALTH SERVICE

PHYSICIAN ADVISORY - HEALTH EFFECTS OF ASBESTOS

The results of recent studies of shipyard workers have increased concern about the health effects associated with previous occupational exposure to asbestos. This advisory notice will assist you in dealing with inquiries from your patients and other members of the public.

Asbestos refers to a group of widely used fibrous minerals. Significant exposure of men and women employed in shipyards is known to have occurred, even among those not directly working with asbestos. Exposure to asbestos can also occur in many settings, such as, direct mining and manufacturing; construction; insulation; roofing; demolition; brake lining; and the manufacture and installation of asbestos pipe, sheets, panels, paper products, friction materials, textiles, floor tiles, paints, and gaskets. The risk has been documented extensively for certain occupational exposures, and there are reports that asbestos-associated disease also occurs in household contacts of asbestos workers.

The primary effects of past asbestos exposure are asbestosis, a lung disease, and certain types of cancer, primarily lung cancer and pleural and peritoneal mesothelioma and, less frequently, gastro-intestinal and other cancers. It is now known that the health effects of asbestos appear after a long latent period (15, 25, 35 or more years) after the initial exposure. Exposures as short as a month may result in disease many years later, because the inhaled dust, being mineral, tends to remain in the tissues. It has been noted in studies of heavily exposed workers that approximately 20 to 25 of each 100 deaths among asbestos workers 20 or more years from onset of exposure are found to be from lung cancer, 7 to 10 from mesothelioma, 4 from cancer of the esophagus, stomach, colon/rectum, and some excess cancers of other sites (oropharynx, larynx, and kidney). In addition, in some groups, as many as 7 percent of workers die of a form of pneumoconiosis, asbestosis. Cigarette smoking significantly increases the lung cancer risk of asbestos exposure and aggravates asbestosis.

In dealing with your patients or other individuals who worked in shipyards or believe that they were otherwise exposed to asbestos, you may wish to consider the following issues:

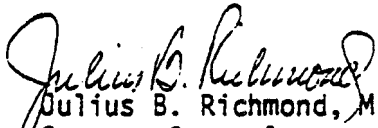
1. Occupational or Exposure History -- A detailed, lifetime history must be obtained. This is time consuming, but important because significant exposures may have been brief (one month) and may have occurred many years ago (i.e., during World War II). Because the World War II work force was comprised of many women as well as men, the potential for female patient involvement should not be overlooked.
2. Careful Management of Lung Disease -- A detailed history for symptoms such as shortness of breath or exertional dyspnea, physical examination, chest x-ray, and pulmonary function tests may be helpful in diagnosing the pneumoconioses associated with asbestos. Early x-ray changes are often subtle so x-rays must be reviewed carefully by experienced readers. Such readings should include a thorough search for pleural changes. Careful attention to and aggressive treatment of respiratory infections may be important in patients with asbestosis. The use of currently effective influenza and pneumococcal vaccines should be considered.
3. Emphasis on Smoking Cessation -- Discontinuation of smoking is an important step in the control of the sequelae of asbestosis and will assist in the prevention of lung cancer. Individuals who smoke and who have been exposed to asbestos have 30 to 90 times the risk of getting lung cancer of individuals who neither smoke nor have been exposed to asbestos and  $7\frac{1}{2}$  to 30 times the risk of the non-smoking asbestos workers. Data are available which show that cessation of smoking will significantly diminish the risk of developing lung cancer among asbestos workers.
4. Cancer Surveillance -- The usefulness of screening asymptomatic, exposed individuals for lung, gastro-intestinal and other cancers is now under study in clinical trials. Individuals, however, should be carefully questioned regarding possible symptoms which could be related to cancer: chest pain, hoarseness, hemoptysis, weight loss, melena, etc. If such symptoms are present, an appropriate diagnostic workup should be undertaken.

It is important to note that many people exposed to asbestos -- perhaps a majority -- suffer no apparent ill effects. It is hoped that most of your patients will be in this category.

Current use of asbestos is regulated, but attention must be given to proper ventilation and engineering controls and the use of respirators -- all measures of primary prevention. In the past the dangers of asbestos exposure were not fully appreciated; much exposure occurred in previous decades, particularly in shipyards, where individuals often worked in confined quarters.

A discussion of asbestos and its health effects appears in the March/April issue of Ca, The Cancer Journal for Clinicians and is available through the American Cancer Society, 777 Third Avenue, New York, New York 10017. A more detailed physician information alert will be distributed by the National Cancer Institute through a number of medical journals within the next two or three months including the Journal of the American Medical Association. Additional information including a more detailed series of questions and answers can be obtained by writing to Asbestos, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland 20014.

Sincerely,

  
Julius B. Richmond, M.D.

Surgeon General  
Assistant Secretary for Health

QUESTIONS AND ANSWERS  
ABOUT EXPOSURE TO ASBESTOS

April 26, 1978

National Cancer Institute  
Office of Cancer Communications  
Bethesda, Maryland 20014

QUESTIONS AND ANSWERS  
ABOUT EXPOSURE TO ASBESTOS

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QUESTIONS AND ANSWERS  
ABOUT EXPOSURE TO ASBESTOS

1. Who may be at risk of developing asbestos-related diseases?

Workers in many occupations, particularly in asbestos mining and processing, shipyards, construction, and workers in automotive brake lining repair commonly are exposed to asbestos, and may inhale or perhaps swallow dusts contaminated with concentrations of this substance.

Risks of disease due to asbestos exposures have not been defined clearly for all occupational groups known to have significant exposure. Firm scientific data are available only for heavily exposed insulation workers. Over the past several years, evidence has accumulated that asbestos insulation workers previously employed in shipyards and elsewhere are experiencing asbestosis, a progressive and disabling lung disease, and markedly increased rates of cancer. Workers who manufactured the asbestos insulation materials used in shipyards also have increased asbestos-related disease.

There is evidence that the problem may be more widespread than previously believed. Workers from a variety of trades who have been employed in shipyards, presumably in or near areas contaminated by asbestos dust, are now beginning to show signs of X-ray abnormalities in the lungs typical of asbestos exposure. These include painters, electricians, carpenters, machinists, boilermakers, and welders who may not realized they were exposed.

Large numbers of persons worked around asbestos in shipyards during and since World War II. During the peak war years, 1940-44, an estimated 4.5 million persons worked in shipyards in the United States, and even those not directly exposed to asbestos dust may have a higher risk of asbestos-related disease. In the last 15 years, the number of shipyard workers has stabilized to an annual workforce of approximately 200,000. Because of the high turnover in jobs during the war and afterward, no one really knows how many many people experienced significant asbestos exposure in their work in the shipyards.

The total number of workers exposed to asbestos since the beginning of World War II, including shipyard workers is estimated between 8 and 11 million.

2. What diseases may be caused by asbestos?

Asbestos can cause asbestosis and certain forms of cancer. Among some groups of workers who were heavily exposed to asbestos, as much 20-25 percent of all deaths are due to lung cancer. This rate is much higher than would be expected from the effects of cigarette smoking alone. In the general adult population, about 4-5 percent of all deaths are due to lung cancer. In addition, asbestos workers are at increased risk of mesothelioma, an otherwise uncommon type of cancer not associated with smoking and rarely observed in the general population. Above-average rates of cancers of the digestive system (esophagus, stomach, colon, rectum) have been found in groups of asbestos workers. Cancers of a number of other body sites also are thought to be associated with occupational exposure to asbestos, but these are less common.

3. What is the role of cigarette smoking?

Asbestos and cigarette smoking together produce more lung cancer than either factor acting alone. For example, investigators at the Mt. Sinai School of Medicine in New York City, together with epidemiologists at the American Cancer Society, have found that asbestos workers who smoke have a risk of lung cancer 8 times the risk of smokers in the general population. Cigarette smoking also increases the risk of other types of cancer and disabling lung diseases (emphysema, bronchitis).

Some information suggests that quitting smoking can reduce this extremely high risk in asbestos workers.

Although nonsmoking asbestos workers have more lung cancer than nonsmokers in general, this is still a comparatively low risk. They do not experience the extremely high risk of lung cancer of asbestos workers who smoke. However, they still are at increased risk of other asbestos-induced disease, including asbestosis, mesothelioma and gastrointestinal cancers.

4. Are there other work-related exposures that may aggravate risk of disease in workers previously exposed to asbestos?

Whether exposures from operations such as welding, and substances such as volatile solvents interact with asbestos to increase risk of diseases such as cancer is not known at this time. However, workers should be aware of health hazards in the workplace and protect themselves from unnecessary exposure.

5. How does asbestos cause disease?

The answer is not known. Asbestos fibers too fine to be seen by the human eye become airborne during various industrial processes and are inhaled and subsequently may be swallowed. Scientists believe the most harmful fibers are so fine that an electron microscope is needed to see them. Because of their size and shape, asbestos fibers can penetrate body tissues. Because of their durability, they remain in the body for many years after entry.

6. How much asbestos exposure is hazardous?

The answer is not known. In the case of asbestosis and lung cancer, the risk increases with increasing amount of exposure. Asbestos-induced disease is not likely to appear until 15 to 35 or more years after first exposure. The time between first exposure and the appearance of disease appears related both to the amount and duration of exposure: more intense exposure sometimes results in asbestos-related disease within 15 years. However, one study of workers in an asbestos plant showed that some workers who were exposed only a month or two have developed asbestos-related diseases many years later.

Typically, the first 10 to 15 years after initial exposure are free of signs or symptoms. Early X-ray changes may appear in lung tissue after 10 to 15 years, but may not be accompanied by other significant symptoms. Some investigators have reported evidence of impaired lung function in workers with less than 10 years of exposure to asbestos.

7. What is asbestos?

Asbestos is the common name for a group of natural minerals that occur as masses of compact or relatively long, silky fibers. Six fibrous minerals, members of a family called silicates, are recognized as asbestos: chrysotile (white asbestos) and actinolite; amosite (brown asbestos), anthophyllite, crocidolite (blue asbestos) and tremolite.

Commercially, chrysotile is the most important form of asbestos, with most chrysotile used in the United States being imported from Canada. All forms have a tendency to break into a dust of tiny fibers that can float in the air and be inhaled or swallowed.

8. How much is used?

Asbestos has been used in small amounts for thousands of years. Modern industrial use in the United States dates from about 1880, when mining of the Quebec chrysotile deposits began. Gradual increases in production and use occurred during the next 50 years, followed by accelerated use more recently. From 1970-75, the amount of asbestos fiber used in the United States averaged some 800,000 tons annually, according to the U.S. Bureau of Mines.

Amosite from South Africa has been used in the U.S. in smaller quantities in industries such as shipbuilding.

9. How is it used?

Asbestos has about 3,000 different uses, with about two-thirds being used in the construction industry in building products, insulation, friction materials and textiles. Manufactured products have included reinforced asbestos cement sheets and pipes, patching and taping compounds, floor and ceiling tiles, as well as paints, coatings and sealants containing asbestos as reinforcing fillers, pipe linings and fillers for various liquids.

Friction products include clutch facings and brake linings for automobiles, railroad cars, airplanes, and industrial machinery. A variety of other uses are known, including theatre curtains, fireproof "blankets," filtration materials, and until recently, artificial ashes in false fireplaces and dry-wall patching compounds.

Once incorporated into manufactured items, the hazard resulting from asbestos is less serious, as long as the substance is not disrupted in any way. However, the fibers are nearly indestructible. A potential health risk arises whenever asbestos fibers are set free, resulting in asbestos dust.

10. How has asbestos been used in shipyards?

Asbestos has been used extensively in shipyards to cover pipes and surfaces in new construction, repair and refitting. Major sources of exposure to asbestos in shipyards have been in fabrication of asbestos materials (such as pipe-coverings), their installation, and their removal during repair and refitting work.

Asbestos has been included in insulation materials such as boards, mattresses, and cloth for engines, hulls, and decks; covering of ventilation and water pipes; coatings for cables and electric wires; wall boards and tiles; and putties, caulks, paints, joint fillers, and cement products. It may also be present in construction materials such as gaskets, rings, tape, tubing, twine, webbing, washers and coated electric wires.

Asbestos exposure in shipbuilding probably is now far less than it was in the past, due largely to improvements in engineering and industrial hygiene methods and the introduction of other insulation materials into construction.

11. What are the signs and symptoms of asbestosis?

Asbestosis is a chronic lung disease whose signs and symptoms result from permanent changes in lung tissue due to asbestos exposure. The earliest and most prominent sign is shortness of breath on exertion.

It rarely becomes apparent until at least a decade after first exposure. The disease process usually has to be rather advanced to produce shortness of breath, however.

A dry, crackling sound (rales), coming from the lungs during inhalation, is the most characteristic physical sign of asbestosis. Clubbing of the fingers is sometimes found, usually late in the disease. A bluish discoloration of the skin and the lining of the mouth and of the tongue also may occur in the later stages of the disease. A physical exam with X-rays will show diffuse scarring of the lungs as asbestosis develops, and lung function tests will show impairment of the maximum volume of air a worker can inhale.

12. Does asbestosis lead to lung cancer?

Scientists do not believe asbestosis necessarily leads to lung cancer, but the presence of this disease does indicate that a worker received considerable asbestos exposure and has a greater risk of developing asbestos-associated cancers than an unexposed person.

Both types of disease can be caused by the same environmental agent, and the development of each may be independent of the other.

13. What are the symptoms of lung cancer?

A cough, or a change in cough habit, is found in most lung cancer patients. Chest pain is the second most common symptom. It is usually felt as a persistent ache unrelated to cough and is commonly experienced on the side on which the tumor is located. Blood-streaked sputum, coughed up from the lungs, is the initial symptom of a small percent of lung cancers.

14. How is lung cancer diagnosed?

Initial diagnosis is by chest X-ray examination. Confirmation is by means of medical procedures such as sputum cytology, or biopsy by means of fiberoptic bronchoscopy, mediastinoscopy or by thoracotomy.\*

15. What is mesothelioma?

Mesothelioma is an extremely rare cancer in the general population, but is common among asbestos workers. It affects the pleura, a membrane lining the chest cavity, or the peritoneum, a similar membrane lining the abdominal cavity. A large proportion of mesothelioma cases can be traced to prior asbestos exposure.

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\*More information is available in a brochure, "Progress against Cancer of the Lung," available from the Office of Cancer Communications, National Cancer Institute, Bethesda, Maryland 20014. Living with Lung Cancer, a book in paperback form for patients, also may be helpful, and is available at nominal cost from Schmidt Printing, Inc, P.O. Box 6006, Rochester, Minnesota 55901.

Only 120 cases of mesothelioma of the pleura and peritoneum were reported in the National Cancer Institute's Third National Cancer Survey of 1969-71, compared to 24,049 cases of lung cancer. The nine areas surveyed represented approximately 10 percent of the United States population. There is some indication from recent scientific reports that mesothelioma is becoming a more common diagnosis.

16. How is mesothelioma detected and diagnosed?

The most common first symptom may be shortness of breath or pain in the wall of the chest which is aggravated by deep breathing, or abdominal pain, which may vary from vague discomfort to severe spasms, sometimes located in the upper right region of the abdomen. Occasionally, this pain is accompanied by a need to urinate or defecate. Although chest X-ray is of some help in diagnosing mesothelioma when it occurs in the lining of the lung, precise diagnosis of this unusual cancer is difficult and requires an exploratory operation of the chest or abdomen, depending on the patient's symptoms, to provide tissue for microscopic examination.

17. If a worker currently is exposed to asbestos, what can he do to protect himself?

He can take steps to make sure his employer is aware of and following the asbestos exposure and related industrial exposures regulations of the Occupational Safety and Health Administration (OSHA). First, he can request a copy of the Standard on Worker Exposure to Asbestos from the Office of Information, OSHA, Washington, D.C. 20210 or from regional offices in Boston, New York, Philadelphia, Atlanta, Chicago, Kansas City (Mo.), Dallas, Denver, San Francisco and Seattle.

After studying the standard, a worker may wish to discuss apparent shortcomings with his employer or union representative to try to get them corrected. He also may initiate a complaint of workplace hazards with OSHA for investigation.

A booklet, Good Practices Manual for Insulation Installers, also is available and may be ordered from the Clearinghouse for Occupational Safety and Health Information, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, Cincinnati, Ohio 45226. This publication describes recommended procedures for working with asbestos.

Recommended practices for demolition operations have been published by the EPA. "Sprayed Asbestos-Containing Materials in Buildings: A Guidance Document" is available from the Standards Development Branch, U.S. Environmental Protection Agency, Research Triangle Park, N.C. 27711.

18. What else can a worker who was exposed occupationally to asbestos do to protect his health?

First, if still working around asbestos, he should take immediate steps to avoid additional exposure.

Second, if he hasn't smoked cigarettes he should never start. If he has, he should quit. This will reduce the risk of lung cancer, no matter how many years he has smoked. He should also be alert to other potential health hazards in the workplace.

Third, he should get regular health check-ups. His doctor should be made aware of his occupational history (for example, that he once worked in a shipyard), and provide a physical examination, that includes a chest X-ray, a lung function test, a rectal examination, and a sputum analysis. (Sputum cytology, the examination of cells in deep cough sputum samples, is a procedure still under study as a diagnostic method for lung cancer and is not widely available. However, it has shown some usefulness in studies of asbestos workers as an aid in identifying exposure.)

Lung cancer, mesothelioma, asbestosis and other serious complications of asbestos exposure are late results of asbestos-induced disease. Early X-ray changes often precede these serious consequences.

Absence of X-ray change is no guarantee of future safety. Some workers have had enough asbestos exposure to cause mesothelioma without showing earlier X-ray changes. However, in general, absence of X-ray change many years after initial exposure provides evidence of limited exposure.

19. What can be done to treat diseases that may be associated with asbestos?

Asbestosis: Most deaths from asbestosis are due to superimposed respiratory infections such as pneumonia and bronchitis, rather than to direct effects of the disease itself. These infections usually can be treated, but it is important to get medical attention early.

Lung and Esophageal Cancer: Treatment of these cancers depends on the type and amount of tissue affected. Lung cancer may be treated by surgery, drugs, radiation, or combinations of these treatments. Esophageal cancer is treated most often with radiation. As with most cancers, the treatment must be tailored to the individual patient.

Cancer of the Colon and Rectum: Surgery is curative in many cases and early diagnosis increases the likelihood of cure. Methods are available to improve the frequency of early diagnosis.

Mesothelioma of the Pleura or Peritoneum: Effective treatment is not yet available. Research is underway in the United States, Great Britain, and France to improve the treatment.

Cancer of the Stomach: Detection has been improved by development of the flexible gastroscope and gastric camera. Treatment is usually by surgery. New treatment regimens using drugs are improving the outlook for patients with this cancer.

Cancers of the Kidney, Throat, and Nasal Passages: Physician awareness of the possibility of occurrence improves chances for early diagnosis. These cancers often can be treated effectively by surgery and/or radiation therapy.

20. What Federal agencies are concerned with the effects of asbestos exposure?

The National Cancer Institute (NCI) and National Institute of Environmental Health Sciences (NIEHS) are conducting or sponsoring research on the health hazards of asbestos. The National Institute for Occupational Safety and Health (NIOSH) also is responsible for research on the documentation of hazards, and operates an information service to answer workers' questions about occupational safety.\*

The Occupational Safety and Health Administration (OSHA) regulates worker exposures. This Agency is part of the U.S. Department of Labor. The Environmental Protection Agency (EPA) is charged with monitoring levels of asbestos in air and water. The Food and Drug Administration (FDA), a part of the U.S. Department of Health, Education and Welfare, is concerned with asbestos contamination of foods, drugs, and cosmetics, such as might occur during the manufacturing process.

The Consumer Product Safety Commission (CPSC) recently has banned the use of asbestos as artificial ash for ceramic logs in gas-burning fireplaces, consumer clothing made of asbestos, and the manufacture of dry-wall patching compounds containing asbestos.

21. In addition to research on developing better detection methods and treatments, what steps are Federal agencies taking about the asbestos problem in shipyard workers?

An Asbestos Subcommittee of the Armed Forces Epidemiology Board has been established and currently is reviewing programs which might be recommended to the Secretary of Defense concerning asbestos-related disease among civilian employees of the Armed Forces, as well as veterans and men and women currently in service. At the request of this Subcommittee, additional information is being gathered to assess the health risks of shipyard workers in various U.S. locations.

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\*Address is in question #17.

Investigators of the Environmental Sciences Laboratory, Mount Sinai School of Medicine of the City University of New York and the American Cancer Society, are collaborating in a number of studies of shipyard workers, funded partly by the National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina. NIEHS also is sponsoring a study in rodents on ingestion of asbestos minerals with partial support from the EPA.

The National Cancer Institute (NCI) has planned an analysis of respiratory cancer in several shipbuilding areas along the east coast of the United States. Currently, NCI is completing an interview analysis of lung cancer cases and controls along the southeastern Atlantic seacoast where elevated lung cancer death rates were found in a nationwide study of geographic cancer patterns.

An educational program for physicians and the public is being developed by DHEW in cooperation with the voluntary health agencies, concerned unions, and the asbestos industry.

22. Where can a worker go for more information about cancer and other asbestos-related diseases?

- Sixteen Cancer Information Service (CIS) offices provide toll-free telephone sources of information. These offices can help with a variety of questions about cancer, including causes, prevention, detection, diagnosis, treatment, rehabilitation assistance, medical facilities available in a particular region, home-care assistance programs, financial assistance for cancer care, emotional counseling services, and patient referrals. These offices also can provide information about local smoking cessation clinics.

- CIS offices do not diagnose cancer or recommend treatment for individual cases. They do provide facts, understanding and rapid access to the latest information on cancer and local resources. The locations of the CIS offices are indicated on the attached brochure.

- Workers may wish to contact their international unions, or the Industrial Union or Metal Trades Departments of the AFL-CIO, 815-16th Street, N.W., Washington, D.C. 20006 for specific source of medical help, information on asbestos control, and insurance matters.

- Individuals who once worked in the Navy shipyards may wish to contact the Department of Defense, Public Correspondence, Directorate for Management, Washington, D.C. 20301.

- Inquiries concerning environmental exposures such as those occurring during building demolition, or other air and water concerns may be answered by the Public Information Center, PM-215, U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C. 20460.

- The Consumer Product Safety Commission (CPSC) operates a "hot-line" for answering questions about potential hazards of commercial products: (800) 638-2666 except Maryland residents, who should call (800) 492-2937.
- For information on current Federal regulations concerning the workplace, workers may contact the Occupational Safety and Health Administration, Office of Information, Washington, D.C. 20210.
- The Office of Cancer Communications, National Cancer Institute, Bethesda, Maryland 20014, will answer questions about health risks associated with asbestos exposures.
- For specific information on how to quit smoking, a worker may contact the Office on Smoking and Health, Room 622E Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201.
- Civilian employees of the Navy may direct specific inquiries concerning compensation to the Department of Labor, Office of Workers' Compensation Programs, Employment Standards Administration, 200 Constitution Avenue, N.W., Room S3524, Washington, D.C. 20210. Employees of private contractors in the shipyards should contact their unions for advice, or the office of workers' compensation programs of the State government.
- Other sources of information on how to quit smoking, lung diseases, and cancer are provided by local offices of the American Lung Association and the American Cancer Society. These organizations have local offices throughout the United States that may be identified from the telephone book.

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