Johns-Manville

Internal Correspondence

To: JOHN A. MCKINNEY, 1-03

Date: JUNE 22, 1977

From: PAUL KOTIN, M.D., 1-06

Copies: FILE

Subject: REPLY TO GUY GABRIELSON

I HAVE REVIEWED THE DRAFT OF YOUR REPLY TO GUY GABRIELSON AND I AM SOMEWHAT CONCERNED BY SEVERAL OF YOUR STATEMENTS.

FIRST, WHILE I AM AWARE OF YOUR OPINION ABOUT THE EXAGGERATED HAZARD ASSOCIATED WITH CROCIDOLITE VIS-A-VIS MESOTHELIOMA, THERE ARE NO DATA THAT DEMONSTRATE THAT CROCIDOLITE IS "EXCLUSIVELY RESPONSIBLE" FOR MESOTHELIOMA.

SECONDLY, STATING YOUR OPINION, EVEN IN A PERSONAL AND CONFIDENTIAL LETTER, MAY CREATE DIFFICULTIES FOR JOHNS-MANVILLE IF TAKEN OUT OF CONTEXT. AS YOU ARE AWARE, WE HAVE SENT A DOCUMENT TO THE CANADIAN GOVERNMENT EXAMINING THE RELATIONSHIP OF HEALTH HAZARDS TO FIBER TYPES IN WHICH WE CLEARLY STATE THAT ALL ASBESTOS IS HAZARDOUS AND THAT "BLUE" FIBER SHOULD NOT BE BANNED. IN ADDITION, OUR RESPONSE TO THE PROPOSED OSHA STANDARD FOR ASBESTOS SPECIFICALLY REJECTS THE THEORY THAT "BLUE" IS MORE HAZARDOUS.

WHAT NEEDS TO BE EMPHASIZED I BELIEVE IS OUR AGREED POSITION THAT THE REAL LONG-TERM PROBLEM INDUSTRY FACES IS BRONCHOGENIC CANCER AND ASBESTOSIS. ALTHOUGH YOU DO MENTION THIS IN THE SECOND PARAGRAPH OF YOUR LETTER, IT SHOULD BE STATED MORE FORCEFULLY.

ANOTHER SECTION THAT DISTURBS ME IS THE ADMISSION TO GUY OF THE EXTENT OF OUR PROBLEMS AT MANVILLE. I UNDERSTAND THE COMPARISON YOU ARE TRYING TO MAKE WITH STOCKTON, BUT, AS WRITTEN, I DO NOT FEEL THE REASONS FOR THE DIFFERENCES ARE CLEAR ENOUGH. THIS NEEDS ELABORATION. ALSO, THE STATEMENT ABOUT NO DISEASE AT STOCKTON MUST BE QUALIFIED: THERE IS NO EVIDENCE OF PULMONARY DISEASE. THERE ARE PLEURAL CHANGES, BUT AS I TOLD YOU AT OUR MEETING ABOUT STOCKTON, IT IS MY OPINION THAT THESE CHANGES REPRESENT THE STIGMATA OF EXPOSURE; EMPLOYEES WITH THESE CHANGES WILL NOT NECESSARILY DEVELOP ASBESTOS-RELATED DISEASE.

BECAUSE OF MY CONCERNS, I HAVE TAKEN THE LIBERTY OF RE-WRITING THE DRAFT. IF YOU WISH TO DISCUSS THIS WITH ME, I CAN BE REACHED AT THE HYATT REGENCY IN WASHINGTON TONIGHT AND TOMORROW NIGHT (202/737-1234).

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DEAR GUY:

THANK YOU VERY MUCH FOR YOUR THOUGHT-PROVOKING LETTER OF JUNE 13. I CAN APPRECIATE YOUR CONCERNS SINCE SCIENTISTS AS WELL AS LAYMEN DISAGREE AS TO THE RELATIVE HAZARD OF CROCIDOLITE VIS-a-VIS MESOTHELIOMA. HOWEVER, AS I UNDERSTAND IT, MESOTHELIOMA IS RELATIVELY QUITE RARE AND WE EXPECT ITS OCCURRENCE TO BE EVEN MORE RARE IN THE FUTURE. THE REAL LONG-TERM PROBLEM FACING THE ASBESTOS INDUSTRY IS ASBESTOSIS AND BRONCHOGENIC CANCER. THERE CAN BE NO DOUBT THAT OVEREXPOSURE TO CHRYSOTILE RESULTS IN ASBESTOSIS AND IN CIGARETTE SMOKERS RESULTS IN BRONCHOGENIC CANCER, THE ONE BEING THE MOST PREVALENT ASBESTOS-RELATED DISEASE AND THE OTHER THE MOST PREVALENT CAUSE OF PREMATURE DEATH AMONG ASBESTOS WORKERS.

WE BELIEVE THERE IS A SAFE LEVEL OF EXPOSURE, EVEN TO AMPHIBOLES; OTHERWISE WE WOULD NOT CONTINUE TO USE THEM. AT THE SAME TIME, TO MAKE CERTAIN THAT WE ACHIEVE THE BEST POSSIBLE WORKING PRACTICES, WE ARE CONDUCTING EPIDEMIOLOGICAL STUDIES OF THE TYPE TO WHICH YOU REFERRED USING OUR OWN DATA. WE HAVE VERY GOOD DATA FOR COMPARISON PURPOSES. OUR MANVILLE PIPE PLANT, ONE OF OUR OLDEST OPERATIONS, HAS HAD A LARGER INCIDENCE OF ASBESTOS-RELATED DISEASE THAN OUR OTHER PLANTS. IN COMPARISON, AT OUR STOCKTON, CALIFORNIA, PIPE PLANT, WHICH HAS NOW BEEN IN OPERATION 20 YEARS AND WHICH UTILIZED EFFECTIVE DUST

CONTROL TECHNOLOGY FROM THE BEGINNING, THERE IS NO EVIDENCE OF PULMONARY DISEASE WHICH COULD DEFINITELY BE ATTRIBUTED TO ASBESTOS. SINCE THE WORKER POPULATION AT STOCKTON IS LARGE ENOUGH THAT THERE WOULD CERTAINLY BE A NUMBER OF HIGHLY SUSCEPTIBLE PERSONS IN THE POPULATION, WE BELIEVE OUR FINDINGS ARE VERY SIGNIFICANT. BOTH CHRYSOTILE AND CROCIDOLITE ARE USED IN THE STOCKTON PLANT AND WE KNOW THE LEVELS OF EXPOSURE IN THE PAST HAVE EXCEEDED THE PRESENT STANDARD OF 2 FIBERS PER CC. THEREFORE, WE BELIEVE THE PRESENT STANDARD IS SAFE AND THAT WITH APPROPRIATE CONTROL TECHNOLOGY IT IS POSSIBLE TO MEET THE STANDARD AND MAKE A PROFIT, SINCE THAT PLANT HAS BEEN ONE OF OUR MORE PROFITABLE OPERATIONS.

WE PLAN, OF COURSE, TO CONTINUE OUR EPIDEMIOLOGICAL STUDIES AND TO CONTINUE MONITORING ALL EMPLOYEES WHO HAVE EVER WORKED AT THE STOCKTON PLANT. WE WILL NOT BE SURPRISED IF AT SOME TIME IN THE FUTURE SOME ASBESTOS-RELATED DISEASE DOES OCCUR AMONG THE STOCKTON WORKERS BECAUSE THE EXPOSURES DURING THE EARLY YEARS OF OPERATION WOULD BE CONSIDERED HIGH BY PRESENT-DAY STANDARDS. ON THE OTHER HAND, THE COMPARISON WITH THE EXPERIENCES AT THE MANVILLE PLANT, WHICH OPERATED FOR YEARS BEFORE TECHNOLOGY ADVANCED, WILL UNDOUBTEDLY LEAD TO THE CONCLUSION THAT THERE IS A SAFE LEVEL OF EXPOSURE WHICH IS PRACTICAL FOR USERS OF ASBESTOS TO ACHIEVE. PROVING THIS POINT WILL BE MORE BENEFICIAL TO THE INDUSTRY THAN

ATTEMPTING TO INDICT AMPHIBOLES ALONE.

BECAUSE THE SUBJECT IS SO COMPLEX AND IS OF SUCH IMPORTANCE, I SHOULD LIKE VERY MUCH ON ONE OF MY TRIPS TO THE EAST TO HAVE AN OPPORTUNITY TO DICUSS IT WITH YOU MORE FULLY. IN THE MEANTIME, I SHOULD VERY MUCH APPRECIATE HAVING YOUR FURTHER THOUGHTS.

KINDEST REGARDS.

SINCERELY,

J. A. MCKINNEY