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GUY G. GABRIELSON, JR.
Chairman of the Board

July 6, 1977

PERSONAL & CONFIDENTIAL

J. A. McKinney
President
Johns-Manville Corporation
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Dear John:

You suggest in your June 28th letter that we might get together, on one of your trips east, to discuss the asbestos/health problem. I would enjoy that. If you find that you can schedule an hour for lunch sometime soon, I easily could travel to New York.

I know that you have high hopes for the morbidity and mortality experience being tracked at your Stockton plant; and, of course, I and everyone else in the industry would be delighted if that experience were to persuade the scientific community that 2 fibers per cc TWA is a safe exposure level for all forms of asbestos. But, even if that finally were to be the case, I wonder if we can afford to await those results.

I am reasonable confident that any data from Stockton presented today would be challenged by the industrial health zealots on the ground that 20 years of experience is too short a period of time from which to draw valid conclusions concerning diseases with long latency periods. They would argue, and to receptive audiences, that we must wait another 20 years before we safely can conclude whether or not we have identified a safe exposure level. And the difficulty of contesting this position would be intensified by the inevitable appearance in the debate of those who believe that the latency period is also dose-related, that with lower levels of exposure we simply must wait longer for the inevitable disease to appear. Moreover, you yourself have stated that exposures in the early years of the Stockton operation undoubtedly were above 2 fibers per cc., so the appearance of a few cases of disease might compel Johns Manville to concede that the appropriate test period should begin, not 20 years ago, but 15 years ago or 10 years ago. It is my concern that drastic government regulation of asbestos exposures may severely cripple or destroy the domestic asbestos industry long before the Stockton experience can provide us with data which will help our cause.

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Of course, as I acknowledged in my last letter, there may be no difference in the health effects of the different forms of asbestos. But then, again, perhaps there is a difference. That there might be a difference is not illogical when one considers that the various asbestiform minerals have different chemical compositions, different fiber geometries, and different physical properties; and when one also concedes that one kind may be more efficient than another in penetrating the defenses of the body and migrating through the tissues. The discovery that chrysotile injected into the pleura of a rat causes mesothelioma may have little relevance to the protection of human health; if inhaled chrysotile, because of its fiber geometry, cannot readily pass through the tissues to the pleura.

I agree with you that, as health problems, asbestosis and bronchogenic cancer are much more important than mesothelioma. But mesothelioma may be our most critical political problem. And, if mesothelioma is caused primarily by exposure to crocidolite or amosite, then those fibers may be of paramount importance in a political sense.

I believe that we are on fairly strong grounds arguing that asbestosis is dose-related and that 2 fibers per cc. is a safe level of exposure for that disease. And the argument for dose-response in the case of bronchogenic cancer appears almost as strong, with a 2 fiber exposure again reasonable. But the case for dose-response insofar as mesothelioma is concerned, is much weaker, or else the dose required for pathogenisis in mesothelioma may be much lower. There, indeed, may be a safe level of exposure for each form of asbestos, but those exposure levels need not be the same. If there should be a difference in the health effects of the various asbestos minerals, and we fail to document that fact; we may have to accept for chrysotile an unnecessarily stringent exposure standard designed to eliminate the risk of a rare disease caused only, or primarily, by exposure to another fiber. It is for this reason that I fear that the least significant disease medically, and the less important fibers economically, may be of greatest importance politically.

Finally, we must recognize that NIOSH and OSHA are in a difficult position. If, for any reason, they were to believe that retention of the 2 fiber standard is appropriate in most situations; they still would need a rationale for their change of position. Evidence that chrysotile can safely be tolerated at higher levels of exposure would justify a two level regulation, applying the higher standard to chrysotile and the lower standard to cricidolite and/or amosite. Such a result admittedly would be costly to important segments of the industry but not as costly as a 0.5 or 0.1 fiber standard for all fibers, an eventuality which, at this time, I think difficult to avoid.

But most importantly, whether or not a demonstration that the different forms of asbestos produce different health effects yields any tactical advantage for the asbestos industry; I believe, as I said in my last letter, that we have an obligation to make whatever contributions we can to our understanding of asbestos disease. There are a substantial number of scientists who believe that crocidolite and amosite may be more dangerous than chrysotile. If existing data in the asbestos industry can be reviewed to prove or disprove that thesis, it seems to me that we seriously should consider sponsoring such a project.

These are conplex issues to be considered by correspondence, John; so, if we can meet, it might be useful.

Best regards,

Guy G. Gabrielson, Jr.

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