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Vice President
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May 13, 1980

Dr. Malcolm Ross
U.S. Geological Survey
National Center
Stop 959
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Dear Malcolm:

I recently had the opportunity to read the article on asbestos fiber in the Washington Report which is reportedly based up an interview with you. Naturally a media article of this type does not contain any bibliographical references so that one can verify statements which are made. There are also many cases where the words which appear in print bear no resemblance to the words which were originally uttered by the interviewee.

There are a few statements in the article which are attributed to you which I do not believe are adequately documented in the literature on asbestos fiber. I would appreciate it very much if you could comment on these and whether or not you were misquoted. If not, I would appreciate the references to the studies which you feel support these concepts.

1. The article states "Extensive studies of a Canadian town where white asbestos has been mined for 100 years show no measurable health effects among either miners or residents."

   The most significant data in this regard are those which have been generated by J. C. McDonald. He has found that among miners and millers, those who have received relatively high exposures to chrysotile asbestos have a higher than normal risk for asbestosis, bronchogenic cancer and mesothelioma. He also demonstrates that there is a very

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definite dose response relationship between the incidence of disease and the level of exposure. Those who have received very low exposure can very well have a relative risk so close to one that it can never be detected.

2. The article states "A recent U.S. study by the National Institute of Environmental Health Sciences confirmed the Canadian findings in a test of rats and hamsters."

   The only large scale NIEHS study that I am aware of is the asbestos feeding study which was started several years ago. This was designed to answer the question of asbestos toxicity via ingestion. In order to verify any epidemiological studies from occupational exposure, an inhalation study would be necessary. I am not aware that such an inhalation study has been carried out by NIEHS. I would certainly like to know more about such a test if it was carried out.

3. You are quoted as saying that blue asbestos is "the dangerous thing" and therefore it should be handled in a very special manner. This is a concept which is very popular in England where crocidolite has been effectively banned by an extremely low occupational standard. I would appreciate very much any documentation which you might have available which can substantiate this notion.

You and I have had discussions in the past regarding the toxicology of fibers in general. As you know, I firmly believe that the basic determinants for the biological activity of any fibrous material are the dose, the dimensions of the fiber, and finally the durability of the fibers in the biological system. Since all forms of asbestos fiber are chemically durable in the environment within the lung, it stands to reason that a sufficient dose of fibers of the proper dimensions is all that would be required to produce disease. If the dose is low, or if the dimensions are outside of the biologically active range, then the incidence of disease should be either very low or nonexistent.

In the face of the preponderance of epidemiological and experimental evidence, I believe that it is a great disservice to leave the impression that chrysotile asbestos fiber is safe under all conditions. We do appreciate the fact that someone in a responsible position is willing to speak out in favor of

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asbestos fiber. However, the interests of the industry can best be servcd using scientifically supportable arguments.

Sincerely,

JPL:jh

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