Kenneth W. Smith, M.D.

I am sure that most of you are aware of the very adverse news publicity which our asbestos industry had last fall in newspapers, magazines, on radio and television. This appeared on all syndicated news services from coast to coast in this country and Canada. It appeared in Australia and made the front page of the Times in London, England. All of these headlines were of the sensational type to gain reader attention. Every single announcement definitely linked incurable cancer to the asbestos industry.

You may be approached by labor groups, or in your public relations activities about this subject. I would like to give you the background of this erroneous publicity.

Periodically throughout the years we have had requests from various people to study our asbestos workers. Back in 1960 we received quite a few requests from university people and from state organizations to examine employees in various plants on the Atlantic seaboard and in the midwest. Obviously, if we had 15 different groups investigating the health of our people, we would have had 15 different types of reports and 15 divergent opinions. But we could not ignore these requests, so after discussing the whole thing with Chuck Hite, I prevailed upon the Asbestos Textile Institute to invite the federal government to make an industry-wide survey. We believed at that time, and still do believe, that no federal agency such as the U. S. Public Health Service is going to incriminate an entire industry. As a matter of fact, we have seen evidences of the work that they have done in the past. It has been of very good quality. For instance, they did a survey of the uranium mining industry in which there is a known recognized, world-wide, lung cancer problem. The U. S. Public Health Service did not incriminate that industry, even though there was a recognized problem, but they did help them. We believed that one federal agency would be the best group to give a factual and coherent report of the health of the asbestos worker.

I spent some time in Washington in 1961, and plans were drawn up for a very scientific survey. At that time, the investigation was planned to take 15 years and a sum of $7\frac{1}{2}$ million dollars was appropriated by the government for the survey. The U. S. Public Health Service team of men went to England, Wales, France, Italy, Germany, Scandanavia to see what health experience had been gathered on asbestos workers over the years in all of these countries. We had them through our mines in Quebec.

A survey program was developed for this country, and now is in full swing. Their industrial hygiene team has almost completed the area surveys of all textile plants on the east coast. This complete project will expand from the textile industry to the asbestos-cement industry and the insulation industry too. No doubt many of you will see some of these groups in your plants. But long before they ever visit you I will be there to brief you on the whole process and help introduce them. I mention this survey to indicate something is being done in the industry in a constructive

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way. It is Johns-Manville's corporate policy to aid and assist this United States Public Health Service team. And this should be pointed out whenever you are asked a question if the industry is doing anything about the health of asbestos workers. The industry is cooperating with an agency of the federal government to develop an impartial, factual report.

Now in the fall of 1961, the real crux of our asbestos and cancer publicity problem appeared on the scene. He was Dr. Irving J. Selikoff, who practices in Patterson, New Jersey and in the Mt. Sinai Hospital in New York. He has an extensive background of work in chest diseases. He has a brilliant brain, is extremely ambitious and is not adverse to promoting his own interests. Years ago, he was one of the first men to publish information concerning the drug treatment for tuberculosis. Later, he went into decline as far as acceptance in the medical profession is concerned. Now, after a period of quiescence, he is trying to reestablish his name in the eyes of the profession and he is doing it at the expense of the asbestos industry.

Irving Selikoff came to my office in 1961 as I have said, and asked if he could have employees from our Manville Plant visit his Patterson, N.J. clinic for special tests. He had heard that asbestos causes a problem when inhaled and never had seen any cases of asbestosis. We politely declined to have any of our people examined, but did invite him to spend some time with our doctors at Jeffrey Mine. Dr. Selikoff went up there and spent a week, looking over all of our x-rays. He saw our files of well over 100,000 films of men who have been working for many years in the asbestos exposures. This was the first time that he had ever seen an x-ray of an asbestos worker, and after four days of looking at films and looking at our operation, he told our Dr. Grainger that he didn't know what he was doing; that he, Selikoff, could easily identify much more asbestosis in our films than Grainger was reporting, even though Dr. Grainger had spent his whole life in chest diseases.

When Selikoff was rebuffed in his efforts to see some of our employees, he went to the Research Council of the City of New York. He obtained a grant of about $80,000 in the name of Mt. Sinai Hospital, and then went to the Asbestos Workers Union Local in N. Y. and their Local in Newark, and impressed on them their need for physical examinations. He spent some time examining all of these people. Then, it literally blew up as far as we were concerned.

He reported to the Annual Meeting of The Asbestos Workers Union in Atlantic City on the terrible hazards of the asbestos worker. Apparently he examined over 1500 people and reported an extremely high incidence of cancer, not only of the lung, but also of the abdomen, and the intestines. By inference he said that the same hazards would be found if the people were using glass fibers, mineral wool and almost any other substance.

Most of you know the results of this report. It appeared in the American Medical Association Journal, it appeared in newspapers and magazine articles, all over the country. It is extremely unfortunate that the subject was given such wide publicity for the information is absolutely erroneous and was picked up by the various news media only because other

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noteworthy news was lacking. The typical "scare technique" was used to gain reader attention.

Industry today uses three main types of asbestos fiber. These fibers are the green or white chrysotile from Canada, the brown amosite and the blue crocidolite from Africa. In our various manufacturing operations we in J-M use all three types of fiber, and have for many years; but naturally our greatest experience is with the Canadian chrysotile fiber. These fibers are different, physically and chemically. As they are used in industry today they produce different forms of disease, both clinically and on the x-ray. In his presentation Dr. Selikoff completely ignored the different types of fiber used by the insulation workers.

One other error that Dr. Selikoff committed and has not changed in subsequent writings is his generic use of the term "asbestos worker". The term "asbestos worker" as used by Dr. Selikoff and picked up by all types of news media, refers to people who are members of the Asbestos Workers Union. Simply by union affiliation the health or disease experience of hundreds of people is attributed to the asbestos fiber. Dr. Selikoff ignored this completely and included the health statistics of several hundred people who had no exposure whatsoever to any asbestos fiber in these two union locals.

As far as we are concerned scientifically, an asbestos worker is a man who is exposed only to one particular potentially toxic material, the asbestos fiber. If he is exposed to other materials which can cause lung trouble, then he cannot be called an "asbestos worker", for any disease that he might get in his lungs would not be caused by the asbestos fiber alone. We are doing our best to correct erroneous impressions but we are doing it slowly and carefully; for we do not want the asbestos industry to be placed in the unfortunate position in which the tobacco industry finds itself today. Even though cigarette sales have not decreased there is considerable adverse publicity relating the cause of lung cancer to tobacco. We do not want to have that happen to the asbestos industry.

Obviously, it would be foolish to deny that we had lung cancer in some of our J-M plants. We certainly do, and we have it among people who are exposed to the asbestos fiber, but I would like to point out one very interesting fact. At Jeffrey Mine where we have been mining asbestos for over 85 years and where we employed our first industrial physician in 1898, we have rather complete records on the health experience of the asbestos workers. Cases of asbestosis have occurred but we do not see an abnormal increase in lung cancer. Sixty-five miles away at Thetford Mine, Dr. Paul Cartier in his clinic, which serves 7 different mining companies, sees no abnormal incidence of lung cancer. There is an occasional case, certainly. That occurs in the normal population, but he has no abnormal incidence whatsoever of lung cancer and neither do we.

Now, on the other hand, in Manville Plant we have records of over 25 cases of lung cancer in people working with asbestos fiber. This is factual - we admit it, but I hasten to point out that not one of these lung cancer cases at Manville Plant has been exposed to chrysotile fiber alone. They have been exposed to mixtures of fiber, and they have been exposed to other toxic materials. We do not have any record in Manville Plant of

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lung cancer occurring in a man or woman who has been exposed only to one type of Canadian fiber such as would occur in textile operations. Scientifically I believe, that we can exonerate the Canadian chrysotile fiber as a causative agent of lung cancer.

There is no doubt whatsoever that high incidence of lung cancer has occurred in Africa with the use of amosite or crocidolite. They have far different working conditions over there. They have a generic race of people and have worked for years with no dust control and no regard for the health of human beings. As a matter of fact, I have seen pictures of women, hand cobbing fiber with babies slung papoose-like on their backs, with the baby's face resting on the mother's shoulder. I have seen autopsy material of children dying from asbestosis at the age of seven. Deplorable working conditions such as we never would experience in this country! I point this out so that if you are asked to comment on asbestos and a case of lung cancer, make certain that all facts concerning the type of fiber used are known, and any other potential toxic materials that the individual may have used in his work.

Now a further word about Dr. Selikoff. In order to establish himself as the worldwide expert on asbestosis, he persuaded the New York Academy of Science to hold an international symposium last October in New York City. There were 200 experts from all over the world in attendance. Fifty-two papers were presented on the use of asbestos fiber and the health experience among people exposed to asbestos fiber. All of us who presented papers had to forward abstracts from our papers one month ahead of the meeting. This is a standard practice of the Academy for they compile these abstracts and send all of them to each participant. I did not find out until the first morning of the conference that these abstracts were reviewed and with the help of some news and public relations people, news releases were prepared telling what each person was going to say. I can tell you that we were absolutely astounded to read what each of us was supposed to have said. There is nothing factual in the news releases except scare headlines. One of the headlines to be released completely exonerated the tobacco industry as a cause of lung cancer and placed it solely on the back of the asbestos industry. Another release indicated that the ordinary civilian population had a severe exposure to cancer, far worse than any radiation hazard, because people walking along the city street were exposed to asbestos fiber from the disintegration of automobile brake linings. Another report stated that the ordinary housewife had a severe exposure to asbestosis and subsequent lung cancer due to the disintegration of the asbestos insulation on the electric cord of her iron as she was ironing her clothes at home.

When the English delegation found this out they decided to abandon the conference and go home. I persuaded them not to do so because this would make no difference to the ultimate goal of the conference. They then made a public statement at the meeting deploring the unscientific aspects of the erroneous publicity and stated unless the news releases were destroyed and not submitted to the general press, the meeting would not continue. Fortunately, they were able to suppress all of these irresponsible and erroneous releases. You will hear more about this whole subject and I want you to be fully prepared with some factual information. The asbestos industry is cooperating with the U. S. Public Health Service to find the

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true facts of hazards not only in pure asbestos exposure but in the dusty trades in general. We, in Johns-Manville, definitely have not seen lung cancer associated with the use of chrysotile fiber alone. There is absolutely no scientific factual basis for most of the news publicity which you have seen in the past several months.

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