

Johns-Manville
Sales Corporation

Ken-Caryl Ranch
Denver, Colorado 80217
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February 27, 1978

Mr. R. H. Mereness
Asbestos Information Assoc.
1745 Jefferson Davis Hwy.
Crystal Square 4, Suite 509
Arlington, Va.

Dear Bob:

Dr. Paul Kotin recently sent a letter to one of our customers in Europe that states our position regarding the Asbestos and Health issue very well.

We have asked, and he has authorized us, to send this letter and its attachments to you for distribution to the members of the AIA if you so choose. He has asked, and we must request, that if the letter is reproduced, that it be reproduced in its entirety.

Yours very truly,

D. M. Kelleher
Merchandising Manager
Asbestos Fiber

DMK:mh

Attachment

cc:Dr. P. Kotin 1-06

JHM 12874

CRMC-Motley1000-Subj-002376

Johns-Manville Corporation

Greenwood Plaza
Denver, Colorado 80217

Paul Kotin, M. D.
Senior Vice President
Health Safety and Environment

December 29, 1977

Dear Mr.

Your letter of October 28 addressed to Mr. Dimitry Poutiatine was referred to me for reply. I have great sympathy concerning the situation you described in Italy. We have been subjected in the United States to a similar campaign and we are exerting every effort -- with some degree of success I am pleased to say -- to counteract the sensational and unsupported accusations against asbestos. There are, of course, some legitimate bases for concern, and to the extent that we are successful in solving some of the problems associated with asbestos use, we can be effective in neutralizing the "violent campaigns" you so aptly described.

I am enclosing a copy of four speeches I gave during 1977 and a copy of a presentation to the U.S. Consumer Product Safety Commission on the use of asbestos for decorative purposes and in patching compounds. Some of the material overlaps; however, I am sure you will find the answers to the five questions you asked. I will comment below on each of your questions:

1. The clinical diseases that we recognize as being asbestos-related in workers who are occupationally exposed are asbestosis, mesothelioma, and lung cancer. Unless asbestosis is also present in a worker, we do not accept lung cancer as having any occupational cause. It is important to emphasize that we do not believe that asbestos alone is capable of causing lung cancer; rather, the additional factor of cigarette smoking is required. While a rare case of lung cancer may occur in an asbestos worker who does not smoke, it is of a histological type that is different from that seen in over 99 percent of the cases of lung cancer. Our position is that "except for the factor of cigarette smoking" lung cancer would not be an occupational disease in asbestos workers. New data indicate that cigarette smoking also plays a role in the time of appearance of asbestosis and in workers with asbestosis who also smoke their disease is much more serious. The relationship of smoking to asbestosis, however,

JHM 12875

CRMC-Motley1000-Subj-002377

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is enormously less than the relationship of smoking to lung cancer. There is no evidence of any relationship of smoking and risk to mesothelioma.

Pleural changes (thickening and/or pleural plaques) are regarded by us as evidence of exposure to asbestos but not as evidence of anything else. There is no convincing evidence that people with pleural changes are indeed diseased and, more importantly, they are probably not at a greater risk to the ultimate development of mesothelioma.

A slight increase in gastrointestinal cancer has been reported in several epidemiological studies. Personally I do not find these data convincing and Johns-Manville's present position is that the relationship is still open to question.

Cancer of the larynx has been reported in asbestos workers, but, so far the only true cancers of the larynx that I am aware of have been in cigarette smokers. The issue is still open.

2. With respect to asbestosis we are firm in our conviction that a 2 f/cc standard is protective against the development of asbestosis even in the susceptible segment of any population. We really do not know how to identify the hypersusceptible workers, but still 2 f/cc offers protection. In consequence, a worker exposed to 2 f/cc or less should be able to work a full career without the development of asbestosis.

3. With respect to mesothelioma, despite the majority opinion around the world, it is my belief that chrysotile asbestos can cause mesothelioma. The difference between mesothelioma occurrence following exposure to crocidolite or chrysotile is due to the duration and intensity of exposure.

As I mentioned previously, tobacco has no influence on mesothelioma occurrence.

Quite realistically, we do not know how asbestos causes a tumor. Some working research hypotheses have been developed, and I would be very pleased to discuss these with you but the actual details are far too complex for a letter.

Insofar as prevention is concerned, I am satisfied that 2 f/cc protects against cancer induction as it does against the development of asbestosis. In all candor, I must emphasize that this is a minority opinion.

4. The treatment of asbestosis has progressed remarkably in the past decade. While it is true that we cannot do anything about fibrosis once it has occurred, the intercurrent infection and the cardiac complications of asbestosis seen in the past and responsible

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CRMC-Motley1000-Subj-002378

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for early mortality are much more effectively controlled today. I believe there is agreement in the medical community that a well-managed patient with asbestosis can live a full and productive life; although it is sometimes at a reduced level of performance.

5. Realistically one has to recognize that the philosophy of regulation in the United States is based on what I believe to be the unsupportable and erroneous concept that there is no threshold or no level for effect for carcinogens. Having devoted the past quarter century to the study of cancer causation I believe, responsibly, that there is a threshold for the action of carcinogens. However, because of the regulatory philosophy, a reduction is a possibility. If I had to make a guess, the standard might be lowered to 1 f/cc. Since this is technologically achievable in virtually all operations, I am convinced that responsible asbestos use has a definite future in commerce.

I hope that I have fully answered your questions. If there is anything else you would like to know after you have read the enclosed material, please do not hesitate to write to me.

Cordially,

Paul Kotin

PK/pb

cc: D. Poutiatine, 2-14

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