Johns-Manville

Interoffice Correspondence

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To: F. J. Solon, Jr.

Date: June 22, 1973

From: G. W. Wright, M.D.

Copies: File & C

Subject: MEMO



Even as far back as the preparation of the earliest criteria document for setting a standard of safe asbestos exposure, Dr. Selikoff has insisted that the standard should be much less than 2 F/cc time-weighted average. He bases this on his experience with insulation workers. He appears to believe that the exposures of insulation workers measured in the last two or three years is characteristic of their exposure over the past 40 years. Also, he uses a time-weighted average arrived it by dividing the calculated exposures by the total number of months worked in the year, paying no attention to the fact that there are long periods of time when his insulation workers have no exposure whatsoever to asbestos. He completely ignores the probable more adverse effects of the high intermittent exposure when he constructs his time-weighted average but on other occasions makes the point that persons exposed for only a few days may experience adverse health effects. It is not surprising, therefore, that he is now mounting a campaign to reopen the U.S. asbestos standard and do everything in his power to lower it below 2 fibers and, in my judgment, to abolish the use of asbestos fiber completely. I say this in spite of his repeated statements that asbestos can be used safely and he has no intention of banning its use.

With the above in mind, I believe the transcript of his statements at the American Industrial Hygiene Conference, both the formal paper and discussion, are of great interest. I urge that Drs. Holmes and Lewinsohn, as well as Mr. Lusson, be given copies of this transcript and asked for their comments with respect to accuracy of statements from the point of view of their own knowledge. I am certain there are grave inaccuracies but would prefer to have these pointed out by the men intimately involved and who would know first hand about these comments of Selikoff with regard to the British experience.

When it suits his purpose, as for example, in comparing Lewinsohn's X-ray data to that of John Knox, he praises the dust counts at Turner Brothers from 1950 on, but in my presence and at the hearings, he and his associates have declared this information to be of no use whatsoever. Furthermore, he completely ignores the large body of data available in the Quebec asbestos and mining industry.

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I believe there are serious faults in his utilization of Lewinsohn's information unless, in fact, Hilton has some new information that he has passed on to Dr. Selikoff, and which I have never seen. The following questions related to Hilton's paper, published in the Royal Society of Health Journal, Volume 92, No. 2, April 1972, will illustrate the areas in which Dr. Selikoff, in my judgment, has distorted or perverted Hilton's information. The questions are designed not only to point this out but also to assist me in a better understanding of Hilton's paper. The questions are as follows:

(1) In Table 2, were the criteria for a diagnosis of asbestosis the same in 1968 as they were in 1957 and 1930?

(2) Was the diagnosis of the single case in 1968 and also in 1957 in the group exposed 10 to 14 years based on definite X-ray abnormality or was it based predominantly on rales? (It would appear Dr. Selikoff doesn't consider the reduction from a 32% incidence to a 0.72% incidence in the 10 to 14 year exposed group as evidence of a good control of fiber.)

(3) Is it possible to learn whether or not the single case in the category of 10 to 14 year exposure and 15 to 19 year exposure, as shown in Table 2, were in fact never exposed to more than 2 F/cc throughout that period of time?

Steve, Hilton and Mr. Laxon should be shown the tricky graph prepared by Selikoff and shown at the Boston meeting, and from which he apparently derived support for his contention that asbestosis was developing in less than 100 fiber years of exposure. I have the following questions about this and they pertain to Figure 2 in Hilton's paper as well as some questions that would be useful to have an answer to for my own knowledge. These queries are as follows:

(1) What are the criteria for the categorization of fibrosis in Figure 2?

(2) Is fibrosis counted more than once in any one person, as was apparently done for changes in the pleura?

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(3) Were the criteria for X-ray fibrosis different in the series read by John Knox as contrasted to the recent series read by Hilton?

(4) What does Hilton mean by "abnormal X-rays"?

(5) Does Hilton have age matched controls from a non-exposed population for X-ray reading? In my experience, a small percentage of people will have 1/1 or even 2/1, especially in the older age group but who have never been exposed to asbestos fiber.

(6) Does Hilton have X-ray data for men only? I agree fully with him that the categorization of 1/1 or 2/1 is very difficult in the films of most women.

More specific questions with respect to Selikoff's chart are as follows:

(1) Does Hilton's "years of exposure" coincide with or express the same thing as cumulative fiber years? Selikoff leaves the impression at first glance that the Knox curve and Lewinsohn curve both relate to the abscissa. One must note that in fact, Knox's is based on fiber years whereas Lewinsohn's is based on years of exposure.

(2) The second question asks whether or not the X-ray criteria in the Knox data were the same as those in the Lewinsohn data.

I believe I know the answers to many of these but I would like to have it with assurance from those whom you are planning to visit. In addition, their considered comments with respect to Selikoff's presentation, particularly with reference to erroneous statements or inferences would be enormously helpful.

I might add that in the past few weeks I have been trying to educate myself by visiting insulation operations and discussing exposures as monitored visually with old timers in the trade in the hopes that they could tell me something about earlier days -- the days of exposure causing the disease now being observed. Without exception, thus far, the insulation operations look very clean, make little or no use of asbestos fiber (a great deal of fibrous glass) and it would appear to

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support the contention that the number of fibers to which the workers are exposed is low, at present. The exception, not observed by me as yet, is the unanimously repeated statement that there are occasions when insulation workers handle crude asbestos fiber intermittently in a manner that creates a great deal of dust in the immediate breathing zone. Naturally, if these high exposures are worked into a time-weighted average, including the many months of zero exposure to asbestos when fibrous glass is being used, the time-weighted average would be very low. Without exception all of the men who worked 25 years or more ago have told me that conditions are enormously less dirty now than in those early days. They spoke of working many hours each week in the early days when even in the application of new insulation (85% magnesia) the dust created by pummeling the material into place was so dense that they would be unable to recognize anybody four or five feet away. This, of course, was amosite exposure.

Thus far I have not been able to speak with anyone who has worked as far as 40 years ago. I hope to do so. I have learned that from time to time foreign vessels in the shipbuilding yards, more so on the West Coast than on the East Coast, were often repaired and members of the Heat and Frost Workers Union had exposure to blue asbestos. In some instances this apparently was quite high but it would appear that many insulation workers in the U.S.A. have probably never been exposed to blue.

It is most unfortunate that Dr. Selikoff, in many of his publications, has never attempted to reconstruct the exposure histories in detail, comparing the exposure of those with mesothelioma, etc to those without. In spite of the failure to do this or to look at total dust exposures based on concentration of dust as well as time, Selikoff continues to assert that the mild or moderate exposures of the last few years have caused the severe experience of the insulation worker.

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