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UNION CARBIDE INTERNAL CORRESPONDENCE

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Date January 11, 1979
Originating Dept. "Calidria" Asbestos
Answering letter date
Subject VIth International Conference on Pneumoconiosis

Copy to Dr. K. S. Lane
Mr. W. C. Thurber
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File

PLAINTIFF'S EXHIBIT
UC-2554

The attached summary of a recent conference in Caracas that touched substantially on asbestos is provided for your information. The Asbestos International Association is making a coordinated effort to attend and participate in such conferences in an attempt to attain an objective and scientifically sound presentation of medical information. Note also that zeolite continues to receive at least passing mention.

H. B. Rhodes
Harrison B. Rhodes

/rmm
Attachment

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VIth International Conference on Pneumoconiosis
Caracas - Venezuela 28th October - 30th November 1978

Report to Asbestos International Association from
Alex A. Cross

1. Participation

This conference, organised by the International Labour Office (ILO) and the National Pneumoconiosis Committee of Venezuela (CNN) was attended by approximately 250 representatives from 39 countries, including 95 from the host country, Venezuela. Full list of participants is attached as Appendix A. Delegates were from government agencies, academia, industrial organisations (both national and private enterprise - mainly professional advisors) and trade unions. There was no apparent participation by representatives of media, or legal/political activists.

2. Asbestos Industry Representation

The asbestos industry was well represented by eleven persons, seven of whom presented papers during the conference. In addition, Drs. McCullagh, Newhouse, Lepoutre, Pelnar, Davies, Lewinsohn and myself were members of the "round table", a panel on "Asbestos : Prevention Measures" and I was chairman of the preceding working session on "Asbestos : Prevention Measures".

3. Programme (Timetable Appendix B)

The conference was organised into twelve sessions of varying length and sub-division, of which two were specifically devoted to asbestos, amounting to one sixth of the 45 hours of programme time. There was some reference to asbestos in some general sessions and working groups, but in a balanced and technical manner. A large proportion of the delegates, especially from trade unions, were primarily concerned with coal miners silicosis and other forms of pneumoconiosis. All the trade union members I talked with had a very relaxed attitude to asbestos and appeared to be little concerned about it. One T.U. delegate from U.K. (Bartle - Boiler Makers) told me that his union had only recently rejoined the I.M.F., having been very dissatisfied with the way it had been run in the past.

4. Session VI

The first session concerned with asbestos was on the subject of "The Epidemiology and Pathology of Asbestos". The outstanding presentation was that from Dr. John Davies (of the IOEH, Edinburgh - ARC Foundation) whose clear account of his findings from animal exposure to different types of asbestos dust did much to reinforce the perceptibly increasing caution of many serious investigators in relating health records to specific type of asbestos on the basis of limited epidemiology.

The paper presented by Dr. Lepoutre was well received, including complimentary comment from Dr. Selikoff with the hope expressed that these studies should be pursued. Several other contributors and commentators drew attention to the uncertainties of diagnosis, the increasing awareness of mesothelioma and other symptoms of occupational exposure, previously only associated with asbestos, occurring with other exposure - glas fibres and zeolite (Hosada - Japan), cork dust and quartz (Mouw - Norway).

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Session VI (continued)

There was a reassuring awareness of the lack of adequate data on exposure levels related to most epidemological surveys. The high past exposure related to present day observations of disease was stressed. (McCullagh, Cross, Greenberg).

5. Session IX

The main concern of the conference with asbestos took place in Session IX, Asbestos: Prevention Measures. The first part of this was the presentation of a number of papers at a Working Group under my chairmanship. These included presentations by Dr. Robock covering techniques, strategies and results of asbestos dust measurements, Dr. Lewinsohn's account of achievement in control in an asbestos textile plant, and a paper by Dr. Gibbs (Canada) dealing with aspects of classification identification and correlation of asbestos dust concentration. My own paper, in view of the shortage of time for the session, I felt expedient to curtail to a display of three slides demonstrating the progress achieved over a period of years as indicated by systematic monitoring programmes. As chairman, however, I was able to ensure sufficient time for full presentations of the papers by Robock and Lewinsohn, both of which were well received. (see Para 9)

6. The Round Table

The following "Round Table" provided Dr. Selikoff with the opportunity, as chairman, to control the proceeding as he wished. In fact he did so in an objective manner, and in the composition of the two panels, (para 2) gave very ample recognition to the direct and indirect industry spokesmen. He provoked lively and constructive discussion which revealed an encouraging objectivity towards asbestos among many "non-aligned" professional contributors, including some who on other occasions have appeared suspicious of the industry. These included such people as Drs. Greenberg (U.K), Morton Corn (U.S), Mouw (Norway), Schutz (FDR), Rossiter (U.K), Mattsson (Finland).

Dr. Selikoff contrived to direct operations so that each member of his round table had at least one opportunity to speak, but in the main the discussion was drawn from the floor in response to the issues put to the meeting. These were as follows:

7. First Round Table (Panel Drs. Davies, Lewisohn, Newhouse, McCullagh)

(i) Referring to the situation in the U.S. and recent action by HEW concerning shipyard workers, what should be done about the 8 million men at risk? There was much criticism of the basis of the "Califano" figures and of the action taken. Lewinsohn warned of "compensation neurosis"; Greenberg of "misuse of resources"; Robock of the adverse effect of the inadequate U.S system of compensation; Rossiter (UK) and Cross of selectivity of data (extra-polations of past heavily exposed groups to an entirely different work population). Selikoff accepted the criticsms but questioned how to alert potentially exposed groups to their special need to stop smoking.

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First Round Table (continued)

(ii) How can we use the period of grace between exposure and the development of disease?

The discussion was inconclusive, but the point was made that this was a question related to the whole field of cancer, that asbestos-related cancer was a small sector but no different basically from other forms of cancer, research into which would no doubt reveal answers equally applicable to asbestos induced cancers. Co-carcinogenicity was also well ventilated, and particular reference made to beneficial effect of stopping smoking among asbestos exposed groups.

(iii) Acknowledging the problems of relating presently observed health conditions to past exposure, the discussion was addressed to problems arising from the long latency period associated with asbestos related disease. Again there was discussion on the significance of smoking as the positive carcinogenic factor, Selikoff pointing out that, even with previously heavy smoking history, abstinence from smoking for a sufficient period appeared to result in the elimination of excess lung cancer among heavily exposed groups (i.e. pipe coverers). Lilis (US) reminded the meeting that mesothelioma was not associated with smoking, but there seemed to be no dispute that a dose response relationship existed and that even in heavily exposed groups, there were always large groups apparently immune. Davies suggested that there might be a critical period during exposure within the latency period when normal immunity temporarily broke down in certain persons. Contributions from Gibbs (Canada), Newhouse (UK), Mattsson (Finland), Rathus (S, Africa), Rossiter (UK) argued for restraint from emotional expressions and for concentration on dust reduction measures as well as strenuous efforts to eliminate smoking as a means of cancer prevention.

8. Second Round Table (Panel Drs. Schutz (FDR), Lecoutre, Pelnar and Cross)

(i) First question posed by Dr. Selikoff related to the possibility of risk from substitution, bearing in mind the reports from Dr. Mouw (Norway) of mesolthelioma from cork and quartz exposure and from zeolite in Turkey. Drs. Rossiter and Corn reported on current studies in Europe (Eurema) and U.S. Dr. Greenberg (U.K) and others emphasised the need for caution in attributing all mesolthelioma cases to asbestos exposure, and the need for application of practical dust control for all materials rather than indiscrimate substitution.

(ii) Second question put to the meeting was "Should the example of Sweden be followed. i.e. banning the use of asbestos cement, one of the products least likely to contain an element of risk?" Pelnar and others suggested that society has to choose between the extent of the risk and the benefits derived from the use of any material. In all groups, even heavily exposed, a considerable proportion of those exposed apparently suffered no adverse effect. Some animal experiments (Wagner and others) seemed to indicate the possibility of a safe level. Corn (US) spoke of "accepted risk", quoting Lawrence, "There is no such thingas absolute safety. That is safe which is judged to be safe".

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Second Round Table (continued)

(iii) Selikoff's final question was "Have we done everything we can to reduce the risk - is what is left acceptable?". His own answer, which reflected the general view, was that this was not a matter for scientists alone to decide. Engineers should be included on the social decisions - the decision as to what is acceptable should not be left to scientists and legislators.

9. Conclusions

The tone of the whole conference with regard to asbestos was unusually objective and constructive. The standard of participation was professional; there was little "special pleading" by trade union representatives, and in particular Dr. Selikoff went out of his way to create a co-operative impression. He repeated the conclusion drawn by Cuyler Hammond in New York in June that, in the light of their investigations in the neighbourhood of the Patterson, New Jersey, asbestos insulation plant, there was no risk of asbestos related cancers to the general public. He very deliberately complimented, both publicly and privately, individual contributions from our spokesman, and particularly applauded and welcomed the initiative taken by the Asbestos International Association in its efforts to establish an international reference method for dust measurement, as described by Dr. Robock in his paper.

Dr. Selikoff was not present at the final summing up session, and the responsibility for presenting a brief summary of the discussion on Session IX was given to Dr. Pelner, who privately expressed his opinion of the conference very aptly as "benign" rather than "malignant".

The industry can be satisfied with its participation, contribution and reputation among the conference delegates. Useful contacts were made, and it is hoped that the constructive attitude expressed by many non-industry experts can be developed. My past acquaintance with Drs. Heller and Gravilescu of ILO and with the chairman of the conference, Dr. Adrianza, and with many others was useful and I had the opportunity of effecting useful introductions with other industry representatives. In particular, the introduction of Dr. Robock to Dr. Heller may, it is hoped, lead to an important co-operation between AIA, ILO and WHO on the establishment of international standards for dust measurement techniques etc.

During the conference, I was introduced by the chairman, Dr . Adrianza, to a number of representatives of developing countries who were anxious to receive advice on appropriate dust control methods. It became very apparent that there is much scope for the AIA to carry the message of strict dust control and controlled work practices, not only to countries which are not, and unlikely to be, in membership with AIA, but in other countries ostensibly aware of the standards internationally recognised and observed by the more enlightened firms, but where there are many instances of failure to adopt recommended measures.

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Alex A. Cross.

November 1978

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