PLAINTIFF'S EXHIBIT

UC-3319

To: Scientific Advisers
Medical Advisory Panel
Executive Committee

AIA/1/5/2/POL
10 April 1984

ASBESTOS INTERNATIONAL ASSOCIATION

68 GLOUCESTER PLACE,
LONDON, W1H 3HL
TEL: 01-486 3528/9

With Compliments

Herewith copy of a report by Dr. R. Murray on a visit to U.S.S.R.

RECEIVED
APR 17 1984
H. C. LEWINSOHN, M.D.

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ASBESTOS IN THE U.S.S.R.

I visited the Soviet Union from 11-18 March 1984 with the primary object of attending a meeting on Whole Body Vibration organised by Prof. Izmerov, under the auspices of the Scientific Committee on Physical Environmental Factors of the Permanent Commission. In the course of the visit Prof. Izmerov took me to visit Dr. Burgasov, the Deputy Minister of Health of the Soviet Union and I raised with him (as I had raised several times in correspondence with Prof. Izmerov) the possibility of going to Sverdlovsk.

Unfortunately, said the Minister, it would be necessary to have some five months notice of such a visit as there was an atomic power station in the area. I forbore to point out that I had already written to Izmerov on the subject when the vibration meeting was first mooted in October last year.

However, in view of my interest, he was prepared to invite a number of scientists from Sverdlovsk to meet me. Accordingly on 15th March I met Dr. B. Gurvich, Community Physician of the Sverdlovsk Region, Dr. Yelovskaya, Dr. N.A. Senkievitch, Dr. A. Rashevskaya, Professor in Advanced Medical Studies, Dr. Malenenkova, Dr. G. Dimova, Dr. Gledkhova, Epidemiologist, Dr. N. Pylov, Oncologist, Dr. Grigorian, Radiologist, Dr. V. Ostopkovich, ENT specialist, Dr. F.M. Kogan, Asbestos expert.

Allowing for the vagaries of translation and the problem of several people talking at the same time, the following is an account of our meeting.

I thanked them for coming (and have since written to the Minister thanking him for making it possible and reiterating

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my wish to visit Sverdlovsk) and gave them a brief rundown on the situation regarding asbestos in Western countries, in particular the high emotional temperature amounting to panic, but referring also to the increasing incidence of mesothelioma as evidenced by the Annual Reports of the DHSS.

Dr. Gurvich said that there was no panic in the Soviet Union. Asbestosis had considerably diminished. Some cases were still noted at the annual medical check-up, but these were among workers who had been employed for more than 20 years when conditions did not comply with the standard of 2mgm/m^3 total dust as they do (for the most part) now. (Incidentally dust bronchitis is also recognised as an occupational disease). The majority have retired before evidence of asbestosis appears. No cases of cancer had been recognised at annual examination though the incidence is greater than in the general population. There has not been the same drop in cases of cancer as compared with asbestosis. The duration of exposure of lung cancer cases was longer. There was no epidemiological evidence of a multiplicative effect of asbestos exposure and smoking, though he thought that this might possibly exist.

Regulations governing the use of asbestos exist for all branches of industry using the material. The improvement of working conditions took place between 1958 and 1965 and 80% of workers now in favourable conditions started off in unfavourable conditions.

Professor Kogan addressed himself to the problem of mesothelioma. He said that the production was mainly chrysotile; there were only tiny deposits of amphiboles; mesothelioma was very rare, the same as that in the general population, but in the light of the evidence from MacDonald about the incidence of

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mesothelioma in a population exclusively exposed to chrysotile, he had started an investigation. He thinks that MacDonald is wrong, but it could be that mesothelioma is higher than in the general population in some branches of the industry. He will inform me of the results.

He stressed that there is no fear among the general population and the average man in the street does not know the meaning of asbestos. Professor Rashevskaya agreed and said that the average doctor did not know either. There was no publicity on television or in the press.

It could be argued that the Soviet press is just as skilful at suppressing information as ours is to fan the flames of fear and that the absence of exposure to amphiboles reduces the risk of mesothelioma, but the difference is nonetheless striking.

Russian scientists are associated with and familiar with the work of the IARC. They recognise the fact that asbestos is not acceptable in the West and they accept the evidence produced by the IARC about MMMF which they regard as valid. They are puzzled, however, about neighbourhood cases. With the Western evidence they would have expected the prevalence of lung cancer in towns around the asbestos mines to be higher, but in fact it is lower than in other cities.

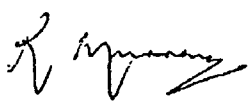
Dr. Senkievitch and Prof. Rashevskaya had worked as clinicians in the asbestos area for 30 years. They had seen cases of asbestosis but very few. It was difficult to get radiographs of asbestosis to show to students. The relationship of smoking and lung cancer is well recognised and almost all workers smoke. Cases of cancer associated only with asbestos exposure are very

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rare.

Compensation for asbestos related disease is not a problem. There are no possibilities for Soviet workers to make a claim against their employers (i.e. the State) for negligence. They were very interested in my description of a recent case in which a man is suing an electricity board for mesothelioma contracted, he said, as a result of exposure to asbestos for one week in 1947. They were particularly interested in peritoneal mesothelioma and the possible routes whereby asbestos fibres could affect the peritoneum. I will try to find some literature for them which might help their understanding, though I think this is very difficult.

Prof. Kogan gave me a paper published in the Achivum Immunologiae et Therapiae Experimentalis 1982, 30, 277. This is a journal published in Poland by the Ludwig Hirszfeld Institute of Immunology and Experimental Therapy. The Royal Society of Medicine gets this journal but had not yet received the particular number in which this paper appears. I attach a copy which I think it would be worthwhile circulating to the MAP and SCAP.



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