PLAINTIFF'S EXHIBIT

UC-3669

AIA

9/16/83

Bill —

at John Myers request, I am sending along the attached materials. The thought occurs that Hilton Jaimeson might also could usefully to the extent of risk & morbidity

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L-2

February 9, 1983

Mr. Roone Arledge
President
ABC News and Sports
1330 Avenue of the Americas
New York, NY 10019

Dear Mr. Arledge:

This letter is on behalf of the Asbestos Information Association/North America (AIA/NA), a non-profit organization whose member companies are involved in the mining, milling, marketing and manufacturing of asbestos and asbestos-containing products. We desire to comment on the ABC television news documentary, "Asbestos: The Way to Dusty Death," which aired on December 27, 1982.

While the program was, no doubt, intended to serve the public interest, it missed the opportunity to do so. The complex, frustrating and, for some, tragic aspects of the asbestos issue were presented with a complete lack of objectivity. Products which have substantially contributed to the safety and convenience of generations of consumers, and which have never been associated with ill effects in the general population, were implicated by the program as being the agencies of universal and imminent harm. With its inconsistencies, and its presentation of the extreme and anomalous as commonplace and the conjectural as fact, the program served up a distorted and unbalanced image to the public it must have intended to inform.

As an example, one need only refer to the manner in which the subject of the number of asbestos-associated deaths was presented. Early on in the program, the audience is told in an authoritative tone that "9000 people die each year, needlessly, because of asbestos." (What is the point being attempted with the use of the word "needlessly"?). Soon thereafter, the statement is made that "Two hundred and fifty thousand Americans will die from asbestos disease by the end of the century." It is doubtful that this numerical inconsistency was noted by any viewers, just as it appears to have escaped the scrutiny of those responsible for this program and its headlong and unexamined embrace of the sensational.

The question of the number of asbestos-associated deaths is an open one, based on estimates which derive from a number of varying assumptions. While it was almost refreshing that the figure of 67,000 annual deaths postulated by the widely-quoted, though now discredited, "Estimates Paper" produced by the U.S. Department of Health & Human Services in 1978, was not used, the aura of authoritativeness given to the number quoted on the program was unwarranted. Selikoff, also in 1978, suggested a figure of "some 40,000 deaths a year" (Testimony of Irving Selikoff,

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ACL Doc 18393 · Page 2 of 5 asbestosclaims.law/library/18393/2

M.D., Presented Before U.S. Occupational Safety and Health Administration Hearing on Identification, Classification, and Regulation of Toxic Materials Posing a Potential Occupational Cancer Risk to Workers, June 1, 1978, Transcript p. 1703). Hogan and Hoel cite an estimate which peaks at 12,000 in the latter part of this decade (Hogan, Michael D., and David G. Hoel, "Estimated Cancer Risk Associated with Occupational Asbestos Exposure," 1 Risk Analysis 67, (1981)); Nicholson figures about 8-10 thousand (Nicholson, William J., et al., "Cancer from Occupational Asbestos Exposure, Projections 1980-2000," in Banbury Report No. 9; Quantification of Occupational Cancer, ed. R. Peto & M. Schneiderman, Cold Spring Harbor Laboratory, 87 (1981)); Enterline predicts about 4,000 (Enterline, Philip E., "Proportion of Cancer Due to Exposure to Asbestos," in Banbury Report No. 9; Quantification of Occupational Cancer, ed. R. Peto & M. Schneiderman, Cold Spring Harbor Laboratory, 19, (1981)); while Walker, whose estimates served as the basis for the Manville bankruptcy petition, arrives at an average annual figure of about 6000 (Walker, Alexander, M., "Projections of Asbestos-Related Disease 1980-2009, Final Report, August 2, 1982," Epidemiology Resources, Inc.). All of the figures tend to taper off towards the end of the century, an indication that the increased number of deaths is a "bubble" primarily related to the heavy exposures of the wartime shipbuilding effort undertaken by the government.

In relation to these estimates, it is interesting to note that Ross, basing his estimates on the number of asbestos-associated deaths actually reported, arrives at a figure of fewer than 600 annually, which should peak between 1980 and 1985, "35 to 40 years after the large World War II shipyard employment." (Ross, Malcolm, "A Survey of Asbestos-related Disease in Trades and Mining Occupations and in Factory and Mining Communities as a Means of Predicting Health Risks of Non-Occupational Exposures to Fibrous Minerals," Review Prepared for the World Symposium on Asbestos, Montreal, Quebec, May 24-27, 1982).

The above discussion is not intended as, nor should it be taken as, quibbling over numbers, as every digit represents a personal tragedy touching many lives. It is a model of a balanced, reasonable, and more accurate view of the subject -- one which you could have easily presented.

The circumstances of present-day asbestos use are much different from those of the past which have been associated with a high incidence of disease. Mr. Bergman must be aware of this, for in the program he admits, "We are paying the price today for the practices of the past. In most cases the seeds of today's asbestos disease were planted 20 and more years ago, when few precautions were taken. Now most people are aware of the danger, and safeguards have been put in place." Industry continues in its efforts to minimize exposures. Friable, or easily pulverized and dust-producing, products have been all but eliminated from use in favor of products in which the fibers are locked-in or encapsulated in a binding material, such as cement or asphalt.

It is unfortunate that such short shrift was given to these present-day improvements in circumstances. Perhaps such material is not considered as "newsworthy" as the sensational aspects upon which the program dwelt. Public reaction to such a presentation can only be negative.

There are some very basic aspects of the asbestos issue which are not widely realized and which the program made no effort to address. For instance, Mr. Bergman begins the program with, "Asbestos is a common mineral."

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ACL Doc 18393 · Page 3 of 5 asbestosclaims.law/library/18393/3

"Asbestos", in fact, is not any specific mineral, but a generic term currently applied to six distinct fibrous minerals on the basis of customary commercial usage and more recent regulatory actions. It is not known whether these "asbestos" fibers produce their harmful effects because of their chemical properties or because of their physical properties, that is, the length and diameter of the fibers. Researchers working with animals have demonstrated that long, thin fibers of a variety of types proved carcinogenic, inducing mesotheliomas, when introduced into the plural space (Stanton, M. F., and Maxwell Layard, "The Carcinogenicity of Fibrous Minerals," in National Bureau of Standards Publication 506. Proceedings of the Workshop on Asbestos: Definitions and Measurements Methods, 143 (1978)). The mineral erionite, a fibrous zeolite, has recently been associated with a high incidence of plural fibrosis and mesothelioma in a rural area of Turkey (Artvinli, M., and Y. J. Baris, "Malignant Mesotheliomas in a Small Village in the Anatolian Region of Turkey: An Epidemiologic Study," 63 J. Natl. Cancer Inst. 17 (1979)).

The implications of the above-cited findings are significant, particularly when one considers that substitutes for "asbestos" are often only other fibrous materials, either natural or man-made. There is, apparently, a necessary slot in our industrial and technological society for fibrous materials, and we must come to terms with living with them all as safely as possible, whether or not we refer to them as "asbestos" (see e.g., Wagner, J. C., & P.C. Elmes, "The Mineral Fibre Problem", in Recent Advances in Occupational Health, ed. J.C. McDonald, 1 (1981)).

As to the asbestos relationship to mesothelioma, which is undeniable, surveys of the disease report asbestos exposures in 20-80% of the cases of this rare tumor. Other agents linked to this neoplasm, in addition to those cited earlier, include talc, mica, familial Mediterranean fever, (Chihinian, A. P., et al., Diffuse Malignant Mesothelioma, Prospective Evaluation of 69 Patients," 96 Annuals of Internal Medicine 746 (1982)), prior irradiation or previous lung disease, such as tuberculosis and chemical pneumonia, (Brenner, J., et al., "Malignant Mesothelioma of the Pleura", 49 Cancer 2431 (1982)), and, curiously, sugarcane farming (Das, P. B., et al., "Mesothelioma in an Agricultural Community of India: A Clinicopathological Study," 46 Aust. N.Z. J. Surg. 218 (1976); Rothchild H., & J. J. Mulvey, "An Increased Risk for Lung Cancer Mortality Associated With Sugarcane Farming," 68 J. Natl. Cancer Inst. 755 (1982)).

This discussion leads us to the most sensational, painful, and shamelessly exploitative portion of the program, that dealing with childhood mesothelioma. It is apparent that this segment of the ABC-TV program was lifted out of a broadcast which aired last year in Great Britian. The extreme rarity of this tumor in children is demonstrated by the fact that the British producers needed to travel to America to film this segment, as no similar case could be located in the British Isles. On this point, without any intention of adding to the terrible misfortune which the family involved has suffered, the following conclusion from a recent study is enlightening: "None of our patients had parents who worked with asbestos. Since the latent period for development of mesothelioma after asbestos exposure is 12-38 years, patients who develop mesothelioma in early childhood or adolescence would be less likely to have tumors that have been caused by asbestos." (Brenner, J., et al., "Malignant Mesothelioma in Children: Report of Seven Cases and Review of the Literature,"

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ACL Doc 18393 · Page 4 of 5 asbestosclaims.law/library/18393/4

9 Medical and Pediatric Oncology 367 (1981)). An objective and balanced viewpoint would have required you to so report.

As a final point, it is necessary to address Mr. Bergman's exasperating parting conclusion regarding the unfortunate circumstances of those suffering from disease: "If they are denied their day in court, it would only be compounding their personal tragedy." It would be difficult to come by a better example of a misguided attempt at problem-solving through sloganeering.

The "day in court" is not some magical panacea for all of society's ills. It is the very obstacle against which the disease victims and their survivors testified so bitterly against during the program. It is surprising that this point appears to have been lost on Mr. Bergman. The "day in court" is an adversary proceeding which, while appropriate under many circumstances, makes the effort to obtain compensation a drawn-out and uncertain affair which embitters victims and their survivors, saps corporate and societal energies and resources, and transfers great sums of money into the hands of a small army of attorneys. To propose the "day in court" as a solution to this complex problem is to unreflectingly accept the present unsatisfactory state of affairs.

In closing, it must be said that the very effort made to present to the public a difficult and media-sensitive issue is not unappreciated. The public needs to know. It must be borne in mind, however, that the quality of the decisions we make as a society are directly affected by the quality of the information with which we are presented, and that misinformation leads to poor decisions. If we at AIA/NA may be of any assistance to you in the future in furthering the goal of improving the quality of information presented to the public, please feel free to call upon us.

Sincerely,

B. J. Pigg
Executive Director

BJP/ds

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ACL Doc 18393 · Page 5 of 5 **asbestosclaims.law/library/18393/5**