ASBESTOS INFORMATION ASSOCIATION

PLAINTIFF'S EXHIBIT
UC-5216

28 January 1974

The Editor
"Consumers Research"
Bowerstown Road
Washington, New Jersey 07882

Dear Sir:

The article on asbestos by Beatrice Trum Hunter in the January issue of Consumers Research contains some statements and suggestions which should be clarified in the interests of reader information.

While it is recognized that the inhalation of excessive quantities of asbestos dust can be a serious occupational health hazard, both the National Academy of Sciences — in a report prepared for the Federal Environmental Protection Agency -- and the International Agency for Research on Cancer, a division of the World Health Organization, have concluded that the general public is not at risk from inhaling the minuscule amounts of asbestos that have been demonstrated to exist in the ambient air. WHO further concluded that the available evidence does not indicate a hazard from ingesting the infinitesimal quantities of asbestos which have been found in water, food, or drugs. A conference of more than 125 scientists from 13 nations meeting in Durham, North Carolina this past November to discuss possible risk to the general public from ingestion of asbestos reported no specific relatable conclusions.

With regard to so-called neighborhood and household cases of mesothelioma, it may be pointed out that in the huge chrysotile asbestos-producing region of Quebec, not a single case of mesothelioma has ever been discovered, despite intensive investigations, in the household of an asbestos miner or in the neighborhood of an asbestos mine or mill. In the United States, only four "household" mesotheliomas have been discovered. Literature is inconclusive as to the cause or causes of mesotheliomas.

Because of the long latency period of the disease, the exposures which led to the cases reported occurred decades

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ago at a time when neither the industry nor the medical profession knew very much about asbestos-related disease or the means for its control. Today, sophisticated dust control equipment and handling techniques virtually eliminate excessive dust exposure attributed to asbestos-related disease.

It is not surprising nor should it be alarming that very small quantities of asbestos are to be found in ambient air and water. Asbestos is ubiquitous in our environment. It exists naturally in small, though detectable, amounts in serpentine rock formations throughout the world and is constantly being released into the atmosphere through erosion by wind and water. Asbestos is natural to our environment and -- as analysis of dated ice from the polar caps has revealed -- has been for thousands or even millions of years. Man evolved into his present form in an atmosphere containing a natural background of asbestos, both in the air he breathed and in the water he drank. Today's atmospheric levels of asbestos are considered by the scientific community to be only marginally higher than in the distant past, a fact not to cause fear.

In the case of asbestos-containing filters, research conducted by independent investigators and by the Food and Drug Administration has shown no correlation between the use of asbestos filters and the presence of asbestos fibers in the finished product. In fact, the FDA found that an asbestos filter is an excellent medium for removing asbestos fibers that may have been present in the pre-filtered solution!

On the talc question, the theories of Merliss have been criticized. Animal injection experiments conducted by Dr. William Smith of Fairleigh-Dickinson University using asbestos-containing talc have produced no gastrointestinal tumors in the test animals.

While Ms. Hunter placed considerable emphasis on the asbestos migration study of Cunningham and Pontefract, it is misleading, at the least, that no mention was made of the studies of Swinburn, Smith, Davis, or Bonser and Clayton, all of whom directly fed asbestos in large quantities to test animals without being able to produce a single tumor of any type.

While we can sympathize with Ms. Hunter's concern over asbestos because of its problems in the occupational setting, we do not feel that it is in the best interest of the public to raise fears and speculation unjustified by known facts and contradicted by major national and international health bodies.

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The asbestos industry is well aware of the risk to health of excessive dust and has made available to employees effective dust-eliminating or protective equipment, and it continues intensive research into the asbestos-health relationship.

Sincerely,

E. H. Mereness
Executive Director

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