CORRESPONDENCE

Scientific objectivity and the chrysotile controversy

The British Journal of Industrial Medicine has been used to promote the interests of the Asbestos Institute, of which the longtime Director for Health and Environment, James Dunnigan, has authored a letter on chrysotile asbestos (1993;50:862-3). This letter includes the author’s summary of a paper presented at a symposium but not yet published, which Dunnigan said found no chrysotile was the main cause in miners exposed to 45 f/ml for 20 years. (The paper was published at the end of 1993.) Dunnigan, whose only association listed was University of Sherbrooke, concluded by urging a major international review and evaluation of the case of chrysotile asbestos.

Canada’s Asbestos Institute has been jointly supported by asbestos mining companies and government since its formation in the mid-1980s. Its stated purpose is to “maximise the use of existing resources in a concerted effort to defend and promote the safe use of asbestos on a global scale.” The Asbestos Institute’s claim was to be dedicated to “promoting the proper use of asbestos.”

The President of the Asbestos Institute told readers of The Economist that: “In Selikoff’s study of American insulation workers, asbestos victims did not only inhale white asbestos but were exposed mostly to amosite asbestos.” In fact, amosite only began to be used in United States insulation in significant quantities in the 1940s, and it does not seem that the amount of amosite ever exceeded the amount of chrysotile used in insulation in the United States until the 1950s. Given the latency for amosite induced disease, it is clear that Dunnigan’s claim is not supported by Selikoff and coworkers from 1964 could not be mainly accounted for by the workers’ history of exposure to amosite. Nicholson and Landrigan have recently shown that, of the 500 mesothelioma deaths in the Canadian Selikoff cohort through 1992, there is the sudden steeply rising incidence of mesothelioma starting in the 1960s that would be expected if amosite (and not chrysotile) was the major cause.

The Asbestos Institute’s The Real Facts on Asbestos (1990) said that: “(Third World) construction sites, however, tend not to be a major problem as hand operated tools, which in general generate large particulate dust and not respirable dust, are widely used.” In fact, industry studies long ago showed that hand sawing asbestos containing panels generates fibre counts of 30-60 f/ml. The Asbestos Institute in 1994 successfully opposed calls for a phase out of asbestos in the Agenda 21 document prepared in connection with the Earth Summit in Rio in 1992. Dunnigan’s work for the Asbestos Institute has included the blanket criticism of Mt Sinai asbestos experts at scientific conferences.

Although asbestos use worldwide declined one third from previous levels in 1990-3, the power of asbestos interests past and present can hardly be ignored. Property owners and insurers would still prefer to avoid spending billions to comply with strict rules for asbestos abatement: former manufacturers would benefit financially from an official report that said that chrysotile does not cause mesothelioma among workers who used their chrysotile products; and asbestos mining and manufacturing interests would very much like to prevent their remaining market countries from adopting policies that phase out the use of chrysotile.

The international re-evaluation of the case against chrysotile that Dunnigan called for is now underway. The International Programme on Chemical Safety (IPCS), an agency of the World Health Organisation, has selected a group to prepare a report on chrysotile that is so loaded in favour of asbestos interests that it has been denounced by the National Institute for Occupational Safety and Health, Collegium Ramazzini, and Dr Philip Landrigan at the Mt Sinai School of Medicine in New York. The National Institute for Occupational Safety and Health took the occasion to cite corporate influence on IPCS reports on other substances in the past and announce its withdrawal from participation in IPCS activities. The Collegium refused to be involved in the preparation of the IPCS report on chrysotile, and urged that IPCS defer development of this report “prepared by scientists with close ties to the asbestos industry.”

It is remarkable that debate over the carcinogenicity of chrysotile could be prolonged anymore. But it is a hopeful sign that independent scientists and participating United States institutions are taking unprecedented public health concerns about the scientific objectivity of the IPCS criteria document on asbestos.

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Dust exposure and mortality in chrysotile mining, 1910-76

Editor,—The final issue of the BJIM included a thoughtful essay by David Muir on the Canadian chrysotile miners’ experiences (1993;50:1122-1123). It properly concluded the Editor’s Choice series with the 1980 paper by Corbett McDonald et al on the Canadian chrysotile miners’ experiences (1993;50:1058-1072). The introduction made the unqualified observation that, “He and his colleagues were subjected to a campaign of vituperation that was designed, to achieve political rather than scientific ends.” There is the danger that the general reader will believe that there was only one victim in the police martial games that were played in the asbestos field. A statement out of context such as this is an example of a form of bias that Dunnigan and Selikoff were accused of at his collection. Mud was slung generously from both “sides” in the battles of asbestos, which were not invariably fought according to Marquis of Queensberry rules. As a consequence scientists deemed to be on opposing sides, were both demonised or besmirched as it served the polemicists. In 1974 it was apparent that for a more confident understanding of the dose responses of asbestos exposure, data collected by Corbett McDonald and by Irving Selikoff required to be reviewed. I discussed this in 1974 with Margaret Becke, who was McDonald’s colleague at McGill, and we agreed on the desirability of such a rapprochement. So long as the experts were seen to be at loggerheads and trivialised, there could be inertia in developing better worker protection. Some correspondence survives between the two principal researchers, John Gilson, who offered his services to help set up the scientific review and overcome the division. At one stage a meeting was to take place between McDonald and Selikoff at a neutral site in Albany to initiate collaboration. Alas! It never came off. Publication of the McDonald/Selikoff/Gilson correspondence would be of considerable interest but also would be insufficient to set up the understanding of a complex situation. It would require to be read in the context of a study of the battles that successfully preserved the asbestos industry. Various exposes have been published, but not enough remains to be written of the conduct of these battles as does the extent to which the scientists’ differences were exploited.

The introduction also stated that “McDonald’s work over the years . . . laid low the fallacy of the notion that a single fibre could cause cancer.” Hardly a claim that an epidemiologist would make, but its appearance in a prestigious journal will give it a life of its own and it will be cited henceforth as a fact.

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NOTICES

The 14th Asian Conference on Occupational Health; 15-17 October 1994, Beijing, China

The main theme of the 14th Asian Conference on Occupational Health is
Dust exposure and mortality in chrysotile mining, 1910-76.

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