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 long-time Director for Health and Environment, James D. Dunnigan, was latter authored a letter on chrysotile asbestosis (1993;30:862-3). 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 major cause.1 Dunnigan, whose only association listed was University of Sherbrooke, concluded by using "a major international scientific evaluation of the case of chrysotile asbestosis."

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 claims that its aim is to "promote the proper use of asbestos."2

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."3 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.4 Given the latency for amosite induced disease, it is clear that the amosite in the cohort described by Selikoff and coworkers since 1964 could not be mainly accounted for by the workers' history of exposure to amosite. Nicholson and Landrigan have recently shown that, of the 59 mesothelioma victims in the cohort described by Selikoff and coworkers since 1964, there is not the sudden steeply rising incidence of mesothelioma started in the 1960s that would be expected if amosite (and not chrysotile) was the major cause.5

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 1992 success fully opposed calls for a phase out of asbestos in the agenda 21 document prepared in connection with the Earth Summit in Rio de Janeiro. Dunnigan's work for the Asbestos Institute has included the blanket criticism of Mt Sinai asbestos experts at scientific conferences.6

Although asbestos use worldwide declined one third from its peak in the 1970s, 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 manufacturer 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 under way. The International Programme on Chemical Safety (IPCS), an agency of the World Health Organization, 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 IPCS has been denounced by the National Institute for Occupational Safety and Health, which 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.7 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 Nations institutions are taking unprecedented steps to bring consensus about the scientific objectivity of the IPCS criteria document on asbestos.8

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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

Editor.—The final issue of the BJHM included a thoughtful essay by David Muir and his colleagues on the Canadian chrysotile miners' experience.9 They concluded the Editor's Choice series with the 1980 paper by Corbett McDonald et al on the Canadian chrysotile miners' experience.10 There is no danger that the general reader will believe that there was only one victim in the poblemic 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 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 could be insufficient to establish the existence of a scientific infrastructure in Donaldson's and Selikoff's work. The context of a complex situation it would require to be read to the context of a study of the battles that successfully preserved the asbestos industry. Exposing various expositions have the book published but the manuscript remains to be written of the conduct of these battles as does the extent to which the scientists' differences were exploited.

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3 Puller B. The Economist p 8 (December 12 1987.)