



Letters to the Editor

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Asbestos and Other Toxins

Concern about the effects of asbestos and other toxins raises the question of the notification of the estimated 20 million workers exposed in the past or present to workplace toxins.¹⁻³ Objections to this comprehensive notification are that it would create panic, inappropriate litigation, and excessive medical costs. A National Institute of Mental Health-sponsored study at the Western Institute for Occupational and Environmental Sciences (WIOES) in Berkeley, California studied these issues.

A total of 2,270 former World War II San Francisco Bay Area shipyard and longshore workers volunteered for screening by WIOES for asbestosis in 1978 by chest x-rays and interviews. Three months afterwards, 45 percent of these workers were sent letters saying that they had a potentially serious pulmonary asbestosis abnormality; 30 percent were informed of a questionable abnormality; 24 percent were told they had no significant abnormality. A follow-up meeting provided information about community resources.

In 1983, WIOES did a five-year psychosocial follow-up of a 10 percent random sample of these 2,270 workers. This 230-worker sample at follow-up was mostly 60 to 80 years of age and was 80 percent White male, 10 percent female, and 10 percent Black male. Two-thirds were still working while one-third were retired.

A structured interview was conducted with the worker and also with a

family member in half the cases. The interviews focused on behavior, attitudes, and coping since the 1978 notification letter about asbestos risk status.

This blue collar population showed no increase in acute or chronic emotional turmoil, alcohol use, family or marital instability, depression, or inappropriate use of medical or legal resources after learning of their risk status. There was appropriate anger and worry. The most significant factors in determining behavioral stability and coping methods were the workers' family, community, and value system. Family usually meant a spouse, adult children, and grandchildren. The community included friends, neighbors, the union, clubs, and church. Their value systems often included religious belief and a belief in an afterlife and the workings of fate.

To the extent we can generalize, it appears that when you tell workers exposed to asbestos or other toxins the truth about their current physical health, their usual patterns of behavior are reinforced rather than creating new or non-adaptive reactions.

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Passive Smoking Results: New Risk for Active Smokers

In a remarkable research study published in *Science* in 1980 concerning the unrecognized ubiquity of lead pollution, Settle and Patterson¹ provided one of the most convincing demonstrations of the critical importance of un-

contaminated controls in generating scientifically valid experimental results, especially with regard to major issues of public health.

Recent research concerning the health effects of passive smoking reported in this Journal by Humble, *et al*,² as well as similar work elsewhere,³⁻⁵ may represent another example where contaminated controls lead to an underestimation of relative risks—for active smoking. While the risks of active smoking have been well documented in the scientific literature, these estimates may be too low because of the possible utilization of passive smokers as controls. The correction of this potential bias might require the exclusion of a significant number of individuals from the control groups used in these past experiments. Most noteworthy among these would be spouses of smokers, although those individuals consistently exposed to sidestream smoke in other environments, such as the workplace, may have to be considered for exclusion as well.

In sum, as bad as the latest news is for passive smokers, it's probably worse for active smokers.

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