Brush Wellman Response to Chicago Tribune Articles of March 3 and March 19, 2002

CLEVELAND – March 20, 2002 – The following is a statement issued by Brush Wellman in response to articles published by the Chicago Tribune on March 3 and March 19, 2002:

“No matter how extensively or frequently Brush Wellman Inc. has worked to seek fair, balanced and complete coverage from journalist Sam Roe, this Chicago Tribune staff reporter continues to misrepresent and sensationalize the complicated health issues associated with beryllium. In the process, he gravely maligns the beryllium industry and recklessly overstates the potential risk of exposure to beryllium.

Mr. Roe’s recent articles, “Military Exposed to Toxic Metal,” and “Beryllium Tests Urged for Military Workers,” published March 3 and 19, 2002, respectively, are seriously flawed by their half-truths and numerous factual omissions.

What makes these reporting tactics inexcusable and particularly egregious is that Mr. Roe knows better. He has long had the benefit of abundant, credible and highly relevant information that, if properly considered, would completely change the direction and accuracy of his articles.

Since he first began focusing on beryllium in 1998 while reporting for the Toledo Blade, Brush Wellman has worked to build Mr. Roe’s understanding of the complex facts surrounding the potential health impacts of beryllium. Our efforts at transparency and cooperation have ranged from granting him more than 50 hours of fact-finding interviews with key officials several years ago, to our detailed responses to the 51 written, multi-part questions submitted by the Chicago Tribune in July 2001. On repeated occasions we have provided him extensive documentation, including numerous scientific publications, in an effort to ensure accuracy, balance and fairness.

Yet, Mr. Roe still persists in blurring the most basic concepts, with the effect of significantly overstating risk. Indeed, he creates the impression that exposure equates to disease. He cites thousands of military personnel being exposed to beryllium, implying that they are ill, or will become so.

Mr. Roe continues to ignore the distinctions between blood sensitization to beryllium, sub-clinical chronic beryllium disease (CBD) and clinical CBD (with physical symptoms), potentially creating further unnecessary concern. In fact, sensitization isn’t even described until more than half way through the March 3 article. Even then, he does not clearly explain that much of what he has already reported is dependent on these very important differences.

He does not report that some individuals who test positive for sensitization never exhibit symptoms and never develop clinical CBD. As early as the second and third paragraphs of his March 3 story, Mr. Roe equates positive test results with “harm,” although many of those testing positive will never develop sub-clinical CBD or even outward signs of exposure. Further, he doesn’t report that workers with sub-clinical CBD may never develop clinical CBD or may develop clinical CBD only over time.

He misrepresents the purpose of the blood test, implying that a positive test indicates eventual disease with physical impairment. He does not explain that the test only indicates sensitization, and then fails to explain what that means.

Mr. Roe claims incorrectly that use of the blood test for “screening” is highly recommended by federal health agencies, and implies there are federal guidelines for use of the test. Today, only the U.S. Department of Energy has chosen to use the blood test as a non-mandatory workplace surveillance tool.

In addition, he confuses screening, which is oriented to early detection and an ability to provide beneficial treatment on an intervention basis, with medical surveillance, which is how the beryllium blood test is used today. Surveillance is used to improve health and safety measures with the beneficiaries being tomorrow’s workers, not those already exposed. His March 19 statement that early detection “allows treatments that can attempt to limit lung damage” is blatantly false and cruelly misleading. The fact is that no one recommends medical treatment of persons who test sensitized or those who are diagnosed with sub-clinical CBD.

Despite Mr. Roe’s claim, the blood test is anything but “simple” in its use, interpretation or cost.

Like his July 29 Tribune article on beryllium, he overlooks the well-documented reliability problems associated with the blood tests. He fails to mention that over time persons who test positive today can test negative in the future and vice-versa. Nor does
he provide readers with information on the other significant problems with the test such as an absence of a medical standard consistently used by labs conducting the tests, the lack of studies confirming a predictive value for the test based on an unexposed control population, and high intra-lab and inter-lab variability. Documentation, including peer-reviewed medical/scientific papers that clearly spell out these shortcomings, was provided to this reporter months ago.

Mr. Roe doesn’t disclose the potential health consequences of having individuals undergo invasive surgical procedures based on widely varying blood test results. The surgical procedure to detect sub-clinical CBD, involving lung bronchoscopy and biopsy at a cost of more than $5000, has its own associated health risks such as a collapsed lung, bleeding or infection and the possibility of death.

He neglects to report that current measures of worker exposure (concentrations in air) are being questioned as to their relevancy to sensitization and CBD. He implies that everyone exposed to certain concentrations "can be at risk," ignoring the fact that most people do not contract CBD regardless of their exposure. Moreover, individuals can be exposed to beryllium - even at levels above the occupational standards - without ever developing any related illness.

Nor does Mr. Roe mention that beryllium is a naturally occurring material, and that at least one percent of the unexposed population (equivalent to 11,100 of the Sunday Tribune’s readers) will test positive for blood sensitivity to beryllium. Does he advocate blood tests for these individuals as well?

He insists on mischaracterizing beryllium-related conditions as “often fatal” despite being presented with published statements attributed to Lee Newman, M.D., a medical source in nearly all his articles, that CBD is not often fatal or is no longer fatal.

Mr. Roe continues to purport that, “Beryllium disease has been found in virtually every industry in which workers have been screened,” but provides no relevant examples. Brush Wellman and others have provided this reporter information that establishes this statement as unfounded and misleading.

He states that cases of the disease are “mounting.” This is highly misleading without appropriate qualification. The criteria by which CBD is diagnosed was changed in the late 1980’s and early 1990’s with the application of more specific medical tests for sensitization to beryllium, and the general introduction of the fiberoptic bronchoscopy for examination of the lungs. With these tools, it became possible to detect early effects of beryllium exposure prior to the development of symptoms or other signs of the illness. Individuals can now be diagnosed as having CBD (sub-clinical) without having signs or symptoms of illness, x-ray changes or functional evidence of the disease. It is a demonstrated fact that the large proportion of individuals currently diagnosed with CBD exhibit no physical symptoms.”