Appendix

NBC's MEET THE PRESS, Sunday, June 25, 1978

THE ENVIRONMENT: HOW CANCEROUS?

Produced by
BETTY COLE DUKERT

Guests:
Dr. IRVING J. SELIKOFF, Director, Environmental Sciences Laboratory, Mount Sinai School of Medicine
Dr. ARTHUR C. UPTON, Director, National Cancer Institute
Dr. PAUL KOTIN, Senior Vice President, Johns-Manville Corporation
Dr. SIDNEY M. WOLFE, Director, Health Research Group
Dr. DONALD KENNEDY, Commissioner, Food and Drug Administration
Mr. ANTHONY MAZZOCCHI, Vice President, Oil, Chemical & Atomic Workers' International Union

Moderator and Executive Producer:
BILL MONROE—NBC News

Panel:
LAWRENCE E. SPIVAK—NBC News
DANIEL GREENBERG—National Columnist
BARBARA YUNCKER—New York Post
ROBERT BAZELL—NBC News

MR. MONROE: MEET THE PRESS originates today from New York City, where the New York Academy of Sciences has just begun a week-long conference on environmental health hazards.

Each year, more Americans die of cancer than the year before. The expected death toll this year, almost 400,000. We have had warnings about cigarettes, saccharin, asbestos, about nitrites in bacon, even about hamburgers when they are fried, concern about cancer-causing agents in the air we breathe and the water we drink.

Our guests today are experts on various phases of the threat we face from environmental cancer.

MR. SPIVAK: Dr. Selikoff, according to reports, cancer has become the primary health concern of the American people, and the fear of cancer has taken on epidemic proportions. How justified do you consider this fear? Is there an epidemic?

DR. SELIKOFF: Well, if you consider that twenty percent of all Americans now living are going to die of cancer unless we can do something about it, I think that is a fairly justified fear.

MR. SPIVAK: Dr. Upton, do you consider that an epidemic?

DR. UPTON: I don't think that the incidence is epidemic in the usual sense, although it is common. There have been remarkable increases in certain forms of cancer, especially cancer of the lung and those forms of cancer associated with cigarette smoking. Ironically, the incidence of stomach cancer has come down remarkably in recent years. If we look at the overall incidence, there is some drift upward which cannot be attributed entirely to cigarettes, but I wouldn't say it has become epidemic.

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MR. SPIVAK: Dr. Kotin, the charge is being made as you know that the cancer epidemic is largely related to chemicals in the industrial environment. Do you think that the cancer epidemic is related to chemicals in the industrial environment?

DR. KOTIN: I do not. There is an unquestioned contribution of the chemical components of our environment to, as Dr. Upton stated, cancers of certain specific sites, but to specifically relate it to major alterations in the environment, I think, is unjust and unsupportable at this time.

MR. SPIVAK: Dr. Wolfe, the American Cancer Society, in a booklet, states, "Cancer is one of the most curable of the major diseases in this country." If that is true, should cancer be considered a major epidemic?

DR. WOLFE: I think when all is said and done, the answer to the cancer epidemic we are now facing is not going to be curing it. If it is ever going to go away, it is going to be by preventing it. The major known causes of cancer, emanating from corporations in the form of cigarettes, asbestos, estrogens in the form of drugs, are preventable. Until we change our priorities and prevent them, we are never going to be able to eliminate or even reduce significantly the cancer problem.

MR. SPIVAK: You haven't quite answered my question, though. Do you consider this an epidemic?

DR. WOLFE: I do consider it an epidemic which needs to be prevented, not cured.

MR. SPIVAK: Dr. Kennedy, in a speech you agreed that Americans in general fear the possibility of cancer more than they fear the possibility of war, and I believe you said it has become the most dreaded disease in the United States. In your judgment, is that fear justified?

DR. KENNEDY: Yes, I think it is if you look at the probabilities that individuals in our society will contract that disease at some point during their lives. I think it justifies that kind of concern, especially because, as we are finding out, the causes of cancer are multiple and many of them are from sources that, by working at the problem, we can prevent.

MR. SPIVAK: But didn't you also say that it is neither the "commonest or the most burdensome" disease we know? Doesn't that sound contradictory?

DR. KENNEDY: I don't think so. It is not at the moment the most burdensome disease, but, as you know, we are just experiencing the first frontal edge of human experience with the new chemical environment. What we have to worry about is what is going to happen to the people who are now 25 or 30, who have lived in this environment, when they reach the age at which they become most vulnerable to cancer. I think you have to project into the future and worry about what the incidence is going to be.

MR. SPIVAK: Mr. Mazzocchi, will you answer the question that I put directly to Dr. Kotin? Do you think that cancer is epidemic, largely related to chemicals in the industrial environment?

MR. MAZZOCCHI: I do, and industry's claim there is no evidence to the fact is based on the fact that industry doesn't tell what it knows. We maintain an appreciable portion of cancer is inflicted. We could make an appreciable improvement in the cancer rate if we controlled the inflictors. We maintain we know how to do that.

(Announcements)

MR. GREENBERG: Dr. Selikoff, you pioneered in research that has identified asbestos as a potent cause of lung cancer. The health hazard of this substance has been known for at least fifty years. Now, with this new research, it is quite apparent it is even more dangerous than we thought before. Why then does this substance remain in large use in the American economy?

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DR. SELIKOFF: In considerable part because we haven't used the information that we have. That is a problem all through science nowadays, and I suspect all through the cancer problem.

Getting the information is one thing, putting it to use is another, and we haven't, as we should have, with asbestos so far.

DR. GREENBERG: Is industry dragging its feet; is the government doing its job?

DR. SELIKOFF: No. The government has not been doing its job, until quite recently perhaps. Industry didn't do its job until, again, recently. I do know, however, in the last few years there has been a big change. I hope it is in time.

MISS YUNCKER: Dr. Upton, I assume when we are talking about environmental cancer, we are talking about cancers that result from things we eat, things we breathe, things we touch or things that zap us, like radiation.

There is a figure that I believe comes from the National Cancer Institute that 60 to 90 percent of all cancer is environmental. Is that a sound figure?

DR. UPTON: That is a figure that appears quite frequently and is based on the comparison of populations residing in different parts of the world. It turns out that the incidence of cancers of particular types may vary by as much as 2,000 percent from one part of the world to another. If one were able to reduce the incidence in all countries to the lowest level characteristic for low incidence regions, then one might reduce the overall incidence by as much as ninety percent.

MISS YUNCKER: If the incidence of cancer—if more than half the incidence of cancer is environmentally related in this country, how do you justify the fact that a very small portion of your three-quarters of a billion dollar budget this year goes into nutrition, other than environmental causes?

DR. UPTON: Actually the fraction of the budget that has been devoted to environmental causes has been rising over recent years, and we think it will continue to rise. The other evening Dr. Frederickson, on nationwide television—Dr. Frederickson, the Director of the National Institutes of Health—said that he thought that over half our budget was actually devoted to the study of cause and in turn prevention, and I think that is a reasonable estimate. The amount that we spend on clinical research is relatively small, about fifteen percent of our overall budget, not many people appreciate this. But we are indeed increasing the emphasis on environmental factors.

MISS YUNCKER: That isn't reflected in the figures I have seen that clinical and pre-clinical treatment research takes between 35 and 40 percent of your budget.

DR. UPTON: The pre-clinical treatment does indeed add to that 30, 35 or 40 percent, but the clinical treatment, per se, amounts to about 15 percent of the budget.

MISS YUNCKER: But it is not prevention?

DR. UPTON: That is not prevention, no.

MR. BAZELL: Dr. Kotin, you used to work for the government, but now you work for one of the largest, if not the largest, manufacturers of asbestos. A moment ago Dr. Selikoff said that industry hadn't used the information that science developed for it, and indeed your company just lost a multimillion dollar judgment in which it was accused of supplying asbestos without informing the customers of the health dangers and people got cancer. Tell us how that happened.

DR. KOTIN: I wasn't there, so I can't say, but what I can tell you is this, that the motivation for an ex-college professor and an ex-government public health person really is related to what Dr. Selikoff said, that indeed there has been, for too long a period, some form of denegration of any professional in the health sciences who would dare to go and work for a corporation.

I think there is a laudable change in the very restricted area of this attitude. One of the sponsors of this program, Exxon, has just recruited Dr. Newell, who is responsible for the health program of EPA; the former scientific director of the FDA, now works

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for another chemical company, so things are getting better. That they were not good in the past, I don't think there is any quarrel with.

MR. BAZELL: Doctor, you say things are getting better. Yet industry is very strongly opposed to a program that the Occupational Safety and Health Administration is proposing, whereby cancer in the work place will be restricted as soon as animal evidence shows there is a possible danger. If things are changing, why is industry so strongly opposed to that program?

DR. KOTIN: First, the idea of a generic standard, the attempt to approach the control of cancers in the environment on a principle basis really has no industry opposition. I think I can articulate the industry position by saying that as laudable as the goal is for a generic standard, that is a really inept and unsupportable major scientific base for this approach, and it is important to separate them.

We are for a generic standard. We recognize there is no way you can individually control cancer-producing chemicals, one by one, but what we insist, is that the quality of science be such that one can be universally acceptable in a community of scholars, scientists or professionals.

MR. GREENBERG: Dr. Wolfe, how do you respond to the argument that the public interest movement is losing credibility with the general public as the result of various commonplace substances in the environment being identified as carcinogenic, that people are simply turning a deaf ear to these warnings and that there is a kind of an overkill going on, particularly in regard to cancer warnings?

DR. WOLFE: It was not the public interest movement's decision that these chemicals turned out to be carcinogins.

I think what has happened is that compressed into the last few years are the results of tests on chemicals that have been around for fifty or a hundred years, that were not tested for cancer, due more to negligence on the part of the industry than the state of the art in testing. But I believe in transmitting information to the public, which we see as one of our functions. We are also at the same time attempting to get government agencies, sometimes with success and sometimes not, to regulate these substances.

The public is understandably bewildered because they have been subject to such a barrage over such a short period of time, but I think we have to remember that the chemicals that yesterday were thought to only cause cancer in large doses and which people scoffed at are now turning out today to cause cancer in small doses: asbestos, radiation, estrogens, and so forth.

DR. KOTIN: I think that the problems of industry's positions in the decades past have been well stated by Dr. Selikoff, but really it would be unfair not to mention that a significant portion of the chemicals in the workplace that have been identified were identified by industry-supported research in advance of the pressures that OSHA or the requirements of regulatory agencies demand, and this dates back a half century, sir.

MR. GREENBERG: Just to go back to Dr. Wolfe for a moment, do you have much confidence in this industry-supported research?

Just recently the Food and Drug Administration, for example, has been expressing concern that a lot of this research has been faulty and some of it apparently deliberately so.

DR. WOLFE: I think there have been a lot of problems with the conduct of the experiments on drugs and other food additives and even more so in the interpretation of them, not only by industry, but sometimes by the Food and Drug Administration.

I believe, and we have stated a number of times, that the whole process of testing drugs, food additives and other chemicals, needs to be taken away from industry, except to burden industry as they should be paying the cost. It should be done by third parties, appointed on their merits by the government.

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MR. MAZZOCCHI: Dr. Kotin's statement about what industry has done is pure nonsense. American industry has not divulged one single item about a cancer-causing substance to workers. Our union, for less than ten thousand dollars, produced the only documentation on the cause of cancer from asbestos and how to remedy it, and that is ten thousand bucks less—that is less than what the federal government, billions of dollars, and industry have spent, and industry refuses to let us divulge that information to people in the work place.

MR. SPIVAK: Dr. Kennedy, I believe you said that saccharin almost certainly causes cancer, and yet Congress has postponed, I believe, for some 18 months, banning the use of saccharin. Is the evidence on saccharin, in your judgement, so conclusive that the action of Congress sets a dangerous precedent?

DR. KENNEDY: I am troubled by the action of Congress. I think the scientific evidence was as clear it can possibly be. We know that animal testing provides—because we have got a number of cases in the past, and I am sure all of the panelists agree that animal testing provides—adequate evidence for establishing the strong presumption that a substance will be a cancer risk in humans. So I am troubled by the precedent, and I certainly hope it won't recur.

MR. SPIVAK: You say the results came from animal study, but isn't it true that it was based on a single animal study and also that it aggravates the medical problem of millions of Americans, particularly diabetics, who must control their sugar intake? Do you think such a ban is justified on the basis of one test of one group of animals?

DR. KENNEDY: In the first place, it wasn't one test; it was three.

In the second place, the problems of balancing health risks against health benefits is one that Congress may eventually adjudicate differently, but on the grounds of the law we have to work with, that kind of balance isn't put in the hands of the Commissioners of the Food and Drug Administration, and I think that probably that decision by the Congress in the long run has proven wise.

MR. BAZELL: Mr. Mazzocchi, Dr. Kotin said just a few moments ago that he didn't agree there was a scientific basis—that the government could establish a procedure for banning carcinogens in the workplace. If I misquoted you—

DR. KOTIN: What I meant was that the scientific basis that they advance and the interpretations they feel they can make on the basis of what they advance, I think, are unsupportable.

MR. BAZELL: What do you say to that, Mr. Mazzocchi?

MR. MAZZOCCHI: I think the industry has the best of all worlds. Work is with guinea pigs. All we know about cancer is based upon what happens to workers. We don't use animal studies; the industry opposes that particular approach; and certainly the work they have done they refuse to divulge. Remember, industry refuses to this date to tell us what we work with, is it cancerous, how much of it may be present in a particular workplace. You absolutely walk into the most cancerous workplaces in America blindfolded, as workers.

So we can't give any serious consideration to industry's claims that they are doing something about this epidemic.

MR. BAZELL: Do you think the standards that the government is proposing now are the answer?

MR. MAZZOCCHI: It is a giant step forward.

MISS YUNCKER: Dr. Selikoff, I would like to get back to the asbestos problem again, if we could. You have been working with shipyard workers who were exposed to asbestos thirty years ago. You are also working with city transportation workers who are exposed to asbestos being ground off brake linings in the subways.

You have found, I believe, that not only the workers but their wives and their

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You have found, I believe, that not only the workers but their wives and their

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represent people at the point of risk. Dr. Upton has said, "Well, we know a great deal about asbestos." That is true, but the question is what are we doing about asbestos and other carcinogens, and the answer is nothing. Less than one percent of the employers in our industry are in compliance with the asbestos standard. That means 99 percent of them are still inflicting cancer upon their workers. That is a fact we can document.

DR. UPTON: When I became aware last December of the magnitude of the risk, the cancer risk associated with heavy asbestos exposure, through the work of Dr. Selikoff, I went directly to the Secretary of the Department of Health, Education and Welfare, Mr. Califano, and recommended that the department take a strong position in this matter, develop a departmental strategy, and that, in fact, has ensued. So I reject the contention that our department has been standing pat on this issue.

MR. GREENBERG: Dr. Kotin, given what we know about the extremely dangerous aspects of asbestos, wouldn't it be prudent simply to phase the material out of the American economy?

DR. KOTIN: It would be if it didn't serve some very useful and important social needs. I notice that every time I cross Fifth Avenue, the cars were able to stop and not hit me, and I could go on and be trivial, but I won't.

MR. GREENBERG: You are talking about asbestos in brake linings?

DR. KOTIN: Exactly. Asbestos has gotten where it has in the environment by virtue of the fact that it has met certain needs.

There are responsible uses and trivial uses of asbestos. I would defer to nobody in my attacking trivial uses of asbestos. I would be equally energetic in maintaining my position that responsible uses of asbestos can be measured in terms of lives saved, in terms of trauma averted, of significant contributions to the economy, not at the cost of lives and limbs, as has been said.

DR. SELIKOFF: I agree with Dr. Kotin about the essential uses. Until we get a replacement for asbestos in brake linings, I see no alternative to its use, but is that any reason not to protect the one million Americans who are working in brake repair and break maintenance work?

DR. KOTIN: I would agree with Dr. Selikoff.

May I make one quick comment? I would be outraged if I weren't amused by Mr. Mazzocchi. Having sent millions of mice to their makers in the 20-year career of using animals for testing carcinogens, to suddenly be accused of having no faith in animal testing is something that I just can't let go by. It is the bum science related to the use of animal tests in the generic standard. It isn't the use of animal tests in the generic standard—

MR. GREENBERG: Dr. Kotin, are you suggesting that if nature hadn't put asbestos on earth, we wouldn't know how to stop cars?

DR. KOTIN: I wouldn't know how to answer that, but I do know that and am reiterating, if it didn't meet certain needs and meet them in a way that warrants at least the examination in relation to the perpetuation in commerce or not, I would be singling that out from all other agents in our environment where—and now you come to it again, the old cliche of risk/benefit, cost/benefit, with all the hyperbole that goes with that.

MR. MAZZOCCHI: I will agree with Dr. Kotin, for a change. We cannot ban asbestos overnight. There is sufficient in place to kill millions and millions of Americans. We are saying control it, and we are asking industry to support this contention.

I was at an international conference with Dr. Selikoff, and I believe Dr. Kotin might have been there, a World Health Organization conference, where I suggested one very simple fact, that we label a bag of asbestos dangerous to your health, it causes cancer, and what to do about it when you are using it.

Uniformly, industry at that conference resisted that very fundamental suggestion.

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(Announcements)

MR. MONROE: Let me ask each of you gentlemen this, starting with Mr. Mazzocchi. This may be oversimplifying a bit, but if so, you can point that out in your answer: What do you consider the single-most important, most serious problem facing us in this area of environmental cancer?

MR. MAZZOCCHI: The fact that what is known is not told. The fact that industry is aware of cancer-causing substances and refused to divulge how much might be present. For instance, we have a case now before the Occupational Safety an Health Commission where the industry is refusing to divulge the amount of benzene in the air in a particular plant, and, as you know, benzene is a very potent leukemia inducer, by virtue of claiming that it is a trade secret, the amount of this particular substance in the air.

DR. KENNEDY: I think it is persuading the American people to believe that this is a complex disease with a complex causation, and it is one that they share the responsibility for preventing. I think that returns us to the question of the war on cancer and whether it is the Vietnam War analogy. I think that metaphor was intended to suggest that this is one of those problems that gets more complicated the more resources you throw at it, and that we are not going to get a technological fix that allows us to forget about cancer. It is a complex disease. It has multiple origins. A lot of them are environmental. That means that everybody, regulatory agencies, citizens, everybody, is going to have to work at it on a number of fronts at once, and I think gaining some public understanding of that complexity is the most important part of the problem.

DR. WOLFE: I think the single most important problem is that there has been very little focus on the cost of not regulating chemicals in the environment. We hear repeatedly bloated examples from industry as to what it will cost to regulate carcinogens and other chemicals, but what we have not focused on is what it will cost not to regulate. Up until now that cost has not been borne largely by the industry. It has been borne by taxpayers through Social Security disability payments, to a small extent through workers comp payments, and I think that if one looks at what the real cost of not regulating have been, just for carcinogens, one gets into the tens of billions of dollars a year.

Until the corporations, which are making profits off these chemicals and cigarettes and so forth, are made to pay the costs for doing business, which is what our business system is supposed to be like, I don't think we are going to get anywhere as far as the war on cancer is concerned.

DR. KOTIN: Responsible regulations. This would include, first of all, I think the utilization of information from all sources—and I would agree with Mr. Mazzocchi, from all sources—in a way that would prevent statements [such as] at the time of the initial vinyl chloride angio-sarcoma situation, where hundreds and thousands of deaths were predicted by two regulatory agencies. There are some 63 cases—63 too many; I defer to nobody in that position. That would be the first element in responsible regulation.

Secondly, some way to bridge the unbridgeable, as one can learn from this panel, gap between the total rejection of any industry or management-supported or generated data as being *a priori*, either self-seeking, deceptive or untrue. The ratio of rogues to saints in the three constituencies in which I have been, academia, government and management, is a constant. People are people. That would be the second element in responsible regulation.

Then the third element in responsible regulation, which is the most important and would inevitably follow regulations predicated not on marshmallow, but on concrete,

would be really doing something about it, and here I agree with all my panelists. There are a lot of things that government could do that they are not doing, and I say that as an ex-government bureaucrat myself.

DR. UPTON: I think other panelists have already brought out some of the points I would make. I think one of the most difficult aspects of the problem is trying to find what would be a socially acceptable and prudent course to take, given the scientific uncertainty that must persist for many years. We are confronted with a formidably complicated problem, environmental factors acting in combinations. We do not want to wait until human evidence identifies the victims for us. We want to act if possible to take preventive measures before we have the human victims. This would require that we rely on experimental tests of various kinds, and these will involve uncertainties and assumptions.

DR. SELIKOFF: We have been given an unusual opportunity in these last fifteen years. We have learned that most of the things that cause cancer are outside of us, in our environment, as you put it. We ought now to take advantage of this basic information and learn the rest of the causes of cancer.

The second thing that would immediately follow is to use that information. We have not always been successful. Some of my fellow panelists have shown that the government, industry, and so forth, have been neglectful in this regard, but so have we as individuals.

For example, take a look at the lack of progress with regard to cigarette smoking. Despite the magnificent work of the American Cancer Society, gosh, seventy percent of the smokers are still smoking.

(Announcements)

MISS YUNCKER: Dr. Wolfe, when the new, tougher asbestos standards were put forth by the government, you immediately said they were far too lax, they were inadequate to the problem. Would you tell us in what way they are inadequate, and how you would remedy it, specifically as to asbestos, first?

DR. WOLFE: Asbestos is a good example of a chemical where what seemed to be a safe, according to industry at least, one year, turns out to be dangerous the other. The asbestos example shows a gradual reduction over a period of ten, fifteen years of the amount that is allowable in the work place. I think that most scientists would agree that there is really no safe level of any carcinogen, and whereas the standard was once at twelve, then to five, now it is about to go down to one or lower, I think that it is a chemical that has only survived because the industry has avoided paying the cost. So my statement that it was too lax meant that substantial numbers of workers could be exposed to the existing standards, but more than that, as Mr. Mazzocchi has pointed out, there are thousands of workers in this country who are being exposed to ten or fifty times more than the existing standards. So it is the level of the standard and the way in which it is being enforced, both.

MR. MAZZOCCHI: Our concern is, we objected to the standard as not being stringent enough, but we would settle for living with that standard if it were enforced. It is not enforced.

And I make one point in conjunction with your question. It is that American industry has certain information that we need; morbidity, the number of people getting ill; mortality; a number of people have died. We have asked American industry for this information, total information, so we could turn it over to its scientific investigators like Dr. Selikoff, who could come back and tell us, "Yes, there is an untoward number of workers who die as a result of their exposure to a particular substance from cancer."

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But we can't take this scientific track because industry has refused to give us the very information Dr. Kotin keeps referring to.

MISS YUNCKER: Asbestos is only one of the many cancer-causing perils. Could you suggest some guidelines, Dr. Wolfe, as to how standards could be set? Is there any base line of how the government could set standards that would give us a reasonable expectation of safety with all the new chemicals we are facing?

DR. WOLFE: I think one, and the first and most important way, is to start regulating some chemicals that have been known for ten, twenty or thirty years to cause cancer, not only in animals, which would be bad enough, but in humans. For example, in the work place, chromates and nickel are two known human carcinogens to which over 200,000 workers are exposed and which have not yet been regulated by the Occupational Safety and Health Administration as carcinogens.

Dr. Bingham, the current Director of OSHA, has done more in the last year than her predecessors did in the last six, to regulate carcinogens, but still these two with major human exposure go unregulated.

The second way would be to enforce the regulation over things such as asbestos or radiation, which is again one of the more well-known causes of cancer in this country. Two workers in a nuclear power plant a month or two ago were exposed to 17 and 23 rems of radiation, the largest human dose ever in a nuclear power plant, and upon asking the government, the Nuclear Regulatory Commission, whether this was an oddity or whether it occurred more often, we learned that over 13,000 workers in nuclear power or atomic power plants alone in 1976 had been exposed to a level of radiation, more than half a rem, which many scientists believe is the upper limit of what anyone should be exposed to, so enforcement of many things such as asbestos and radiation standards is not very good.

DR. KOTIN: I find myself in the uncomfortable position of having to defend accidents. I am not. Again accidents shouldn't happen, but I am unclear as to how you can predicate a regulation on the assumption that nothing, or no accident is going to occur in the work place any more than it is going to happen in the totality of our environment.

DR. WOLFE: The episode I referred to was not an accident. It was part of a plant-wide breakdown in communications, so the two workers who shouldn't have been in a given place were there because the industry did not have a coordinated plan to keep them out of there, and it was not the first, but it was one of a pattern of ten or fifteen incidents not quite as serious as that, that happened over a several year period, so it was almost programmed rather than being an accident.

MR. MAZZOCCHI: We are saying that the predictable cancer-causing substances are—and prevention—are the two instances that we want to institute. We are not talking about accidents. We know what causes cancer. We know how to contain these cancer-causing substances.

MR. BAZELL: Dr. Kennedy, I would like to go from the work place to food additives and return to the subject of saccharin, though perhaps you would like to forget it, because you took a terrible beating before Congress.

You wanted to ban saccharin and the Congress said no. There are enough people in this country who want to keep it on the market, and Congress decided just to put a label on it warning people of the danger.

With food additives, isn't that the answer? Shouldn't you just tell people there is a danger and let people make their own decisions?

DR. KENNEDY: A long time ago Congress considered that possibility and decided against it, I think wisely. Congress looked at the universe of food additives, of which there are literally thousands, looked at the complexity of processed food in America. Over fifty percent of the food Americans eat now, way over fifty percent, is processed,

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and decided no reasonable person could be expected to hold that much information in a single head at one time. We can't go around the world with a road map of which food additives are hazardous and which ones aren't, so in 1958, twenty years ago, Congress decided that there ought to be a rule that if something is hazardous to your health, the folks who make food shouldn't be allowed to put it in there on purpose. That is the rule on which we proposed to ban saccharin, and that is the rule which Congress may, if the studies it has ordered during the saccharin moratorium inform it of the necessity to do so—the Congress may decide to revise that rule, but I think it has been a very sound rule.

MR. BAZELL: Dr. Kennedy, I assume from what you just said that this law, which is the Delaney Amendment—you support that law, and you think it should stand as it is?

DR. KENNEDY: The law I was referring to was not the Delaney Amendment. Saccharin would have had to be banned under the general provisions of the food safety laws quite irrespective of the so-called Delaney clause.

MR. BAZELL: Do you favor any change in the laws as they now are?

DR. KENNEDY: I think eventually we may need to contemplate some adjustments in those laws, as our analytical sensitivity improves to the point where we find ourselves banning substances, packaging materials, say, on the grounds that a very, very few molecules find their way into the food supply, but I would emphasize that I think that is a very difficult thing to do. It is a procedure that I would undertake only with the greatest reluctance and conservatism, because I think the Delaney Amendment has been a valuable consumer protection statute.

DR. SELIKOFF: There are two things about saccharin which have become an issue here now. First, if diabetics in the opinion of their treating physicians, need saccharin, fine, that could be given to them by prescription. Is that any reason for ten-year-old kids to be drinking half a dozen bottles a day of soft drinks with saccharin in them and perhaps 30 or 40 years later be at risk of developing bladder or other cancers? That is the first thing.

Secondly, all of the discussions here this afternoon have been concerned with single agents, one thing: asbestos or saccharin or diethylstilbestrol, or what-have-you. But that is not the way the environment is. That is not life. We are exposed to a whole variety of things, and many of the things that cause cancer are likely in combinations, two, three or more. They are multiple factor interactions, and we ought to control all that we can. God knows, we don't know enough, but at least what we do know we ought to control.

MR. MONROE: In the interests of time and in the hope of getting back to each of our guests at least once during the course of the rest of the program, I am going to ask the panel if they would ask each guest one question at a time, unless you are absolutely desperate to get in a second question.

MR. GREENBERG: Mr. Mazzocchi, we have heard a good deal about the failings of industry in protecting the environment and workers and the public, but organized labor, it seems to me, has not always made as strong a showing for protecting the environment as it might have. For example, recently in New Jersey, organized labor joined with industry in opposing stiffer pollution standards. What is the responsibility of organized labor to the workers and to the public at large in this regard?

MR. MAZZOCCHI: Well, we didn't say all the knaves were on industry's side. We have a few of our own, and you have uneven development of consciousness taking place, but something is being done to us, and we attempt to respond. Our responsibility is to develop an aggressive, positive posture on the causes of cancer and how to control them. That effort is being resisted in a monolithic fashion by American industry. Our right to know and our right to act is impeded. We have asked very simple questions:

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What do we work with? What does it do to us? And they are driving us into the courts to get answers to these very simple questions. Not one single industry has agreed to give us the answers to the questions I have posed, including Johns-Manville.

DR. WOLFE: I think one explanation for the lack of consciousness or reduced consciousness among some workers is that they have been blackmailed by industry. If you are a worker and you are given a choice of no job or cancer, that is not any kind of choice at all, and the worker may opt for having a job even though it exposes him to a carcinogen. Many industries have claimed, and it usually turns out to be an empty claim, that if they have to regulate, they will have to shut down. The more that is exposed, the better.

DR. KOTIN: Just a quick comment. First of all, I hope Mr. Mazzocchi will recall that Johns-Manville was delighted to participate in the preparation of the Oil, Chemical and Atomic Workers film.

But the thing—a classical example of something brief but really incendiary: benzene is a "potent carcinogen." It is not a potent carcinogen. It is a "leucomigen." I believe it can cause leukemia. But to classify that as a potent carcinogen almost denotes an approach to the problem that puts scientific dimensions well below those of proprietary or constituency dimensions.

MR. SPIVAK: Dr. Selikoff, cancer experts tell us that among heavy smokers, those who smoke one or more packs a day, one person out of twenty gets lung cancer.

DR. SELIKOFF: That is true.

MR. SPIVAK: If it is true heavy smoking causes cancer, what is the explanation for the fact that the other nineteen heavy smokers do not get cancer?

DR. SELIKOFF: I don't know. In fact, even among asbestos workers, one out of five dies of lung cancer, and four out of five don't, and I wish we knew why. Nature is trying to tell us something, and we certainly have not learned the answer.

MR. SPIVAK: Would you be in favor of banning cigarettes by law as saccharin is banned?

DR. SELIKOFF: In general, as you know, cigarettes are a voluntary act. Nobody puts a cigarette in your mouth. You can elect to do it or not, and my own inclination is that Americans should be allowed in such cases to do as they wish with individual freedom. Food additives are another problem. We generally don't know what is in our food.

MR. BAZELL: Dr. Upton, you said a while ago that anybody who had thought at the beginning of the war on cancer that there was a search for a magic bullet would have been foolish, and nobody has said that. But, in fact, as part of the enacting legislation, there was even a resolution in Congress that cancer should be cured by 1976 to go along with the Bicentennial, and, in fact, at the time that that legislation was passed, there was very much that mood, and it is still reflected in your budget, isn't it, Doctor, that a massive amount is a search for a cure, and even in your proposed budget for next year only a tiny amount deals with environmental cancer. When is that going to change in a significant way?

DR. UPTON: Two points: I am not aware that any responsible spokesman for the Cancer Institute ever predicted a cure by the time of the Bicentennial. I am aware that there were statements in the press, by others, but I am not aware that any responsible spokesman for the Institute or for the cancer research community made those kinds of promises.

As for budget, we do, in fact, devote substantial sums of money to the development of more effective treatment, and earlier in the program I stressed that I thought that these investments had paid off handsomely.

If you compare the amount we spend for the development of new drugs, on the

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order of $50 million a year, and the amount we spend on environmental causes, more like $180 million a year, you can see that we spend a far larger amount of money on the search for causes than on the search for cures.

DR. SELIKOFF: I don't think we ought to get caught in the trap of either/or. We shouldn't look just for prevention, finding out what is causing cancer, and ignoring cure.

Remember that there are many Americans now alive who in the last 35 years were, unfortunately, exposed to things that we now know cause cancer, and they will need treatment, and I think there is great urgency for the development of even better treatment and better cures for cancer. We have to do both.

MR. MONROE: We have about a minute and half.

MISS YUNCKER: Dr. Kotin, the National Cancer Institute has been looking at chemicals. They have looked, with an animal screen, at 47, according to the last count I have seen.

Of that 47, 27 proved to cause cancer in animals. Even assuming they picked the most wicked-looking molecules they could find out of thousands of chemicals available to look at, that is a pretty scary statistic.

They are a three-quarters of a billion dollars agency. You are a hundred billion dollars industry. What is industry doing to prevent these chemicals from coming forth without our knowing whether they are cancer-causing or not?

DR. KOTIN: I am sure there is a wide spectrum of industry postures. I can tell you what one company is doing, and that is, addressing potentially hazardous agents with the same scrupulousness, the same scientific rigidity as the federal government is, and where an agent is likely to be a potential carcinogen, it is an agent that is abandoned. One can clearly identify among the giants in the chemical industry specific materials that I know have had millions of dollars put into them in development which never saw the light of commercial day.

I don't know that I have the authority to name a company and the compounds or I would have gotten a release, but these are not figments of the imagination. When we are off the air, I will be glad to tell you the names of the companies.

MR. MONROE: Thank you, gentlemen, for being with us today on MEET THE PRESS.

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