JMEA 2705

MEMORANDUM TO: F. J. Solon
Johns-Manville Corporation

May 6, 1970

SUBJECT: Selikoff's Appearance Before Senate Subcommittee

This is a brief recap of the information from Cliff Guest of our Washington office which I passed along to you by phone Tuesday.

1. Selikoff was accompanied to the Senate labor subcommittee hearing on Occupational Safety and Health legislation by Hutchinson and Hawes of the Insulation Workers Union. Sabourin was invited to sit at the witness table also.

2. Selikoff made his standard presentation with less than the usual mention of the history of asbestos and health and more attention of the formation of IEHR? and J-M's helpful role in working on the health problem. He remarked that it was inspiring to see a large company like J-M do something like this and praised Mr. Burnett for his part in the program. He also stressed that industry is not to blame for the problem.

3. Selikoff made no mention of threshold levels and mentioned spraying only in a list of ways in which asbestos is used in insulating work.

4. Hutchinson spoke briefly about the air conditioning duct issue.

5. At the end of Selikoff's statement, Senator Eagleton of Missouri who presided at the session, praised J-M and asked Sabourin if he had any remarks. Sabourin endorsed the need for stringent controls and mentioned that two years ago he prepared a memo for a House committee that set forth the industry's position. Eagleton asked if Sabourin and Selikoff would update the memo and submit it to the Senate committee.

6. It should be kept in mind that the function of the Senate subcommittee is to draft a law which establishes the means to set threshold limits and insure their enforcement. The law will not mention any specific substances such as asbestos nor will it set any threshold levels. This will be the task of other agencies of government such as HEW and the Labor Department.

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James D. Callaghan

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Our next witness is Dr. Irving J. Selikoff, Director, Environmental Sciences Laboratory, Mount Sinai Hospital, New York, New York.

STATEMENT OF DR. IRVING J. SELIKOFF, PROFESSOR OF MEDICINE AND PROFESSOR OF ENVIRONMENTAL MEDICINE, MOUNT SINAI SCHOOL OF MEDICINE, CITY UNIVERSITY, NEW YORK, NEW YORK, AND DIRECTOR, ENVIRONMENTAL SCIENCES LABORATORY (ACCOMPANIED BY: ALBERT HUTCHINSON, INTERNATIONAL PRESIDENT, ASBESTOS WORKERS UNION; ANDREW HAAS, SECRETARY-TREASURER, ASBESTOS WORKERS UNION; EVAN SABOURIN, COUNSEL, JOHNS MANVILLE CORPORATION)

Senator Eagleton. Doctor, would you identify the gentlemen accompanying you?

Dr. Selikoff. Thank you very much, sir.

I am accompanied here at this table, as I hope my testimony will make clear, by people who are actually colleagues with me in the approaches to some of the problems I will discuss.

On my left is Mr. Albert Hutchinson, who is International President of the Asbestos Workers Union, and on his left is Mr. Andrew Haas, Secretary-Treasurer of the Asbestos Workers Union.

On my right is Mr. Evan Sabourin, who is Counsel for the Johns Manville Corporation.

This indicates, I think, as I hope to make clear, that all of us must participate in the solution of some of the problems I will discuss.

professional and scientific interest, I am Professor of Medicine and Professor of Environmental Medicine at the Mount Sinai School of Medicine of the City University of New York.

I am editor-in-chief of "Environmental Research". I am a recipient of the Lasker Award in Medicine of the American Public Health Association, and past President of the New York Academy of Sciences. I am currently a member of its board of governors.

I detail these responsibilities as an index of my interest in the problems with which your committee is concerned. In these activities, a major concern has been occupational health.

I propose to describe to you my research experiences with one group of workmen in this country so that you might use it as an example or as a yardstick against which to evaluate the bill you are considering, to determine whether it goes too far or not far enough, and whether it is needed or superfluous.

As Mr. Grospiron has just said, if this bill is not the answer, another answer surely must be found.

For the past eight years, I have been investigating the occupational health hazards among insulation workers in our construction industry. The trade is an important one and it is not too much to say that modern construction and modern industry would halt without their work.

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Springfield, St. Louis and Kansas City, with approximately 600 members.

There are, in addition, a larger number of insulation workers who are not members of this union, either because they are members of other unions or do special kinds of insulation work, or because they are part of other occupations.

During the course of their work, these men use many materials, one of which has been under suspicion for some time. I refer to asbestos. This mineral fiber, with unique characteristics and of great value in our industry, is found in a number of the products which these men use and have used for more than 70 years.

As recently as 10 years ago, Mr. Hutchinson and Mr. Hazu have also been exposed to these materials.

In 1924, almost 50 years ago, a doctor by the name of Cooke, in England, described a case of severe lung scarring in a woman who had spent 20 years weaving asbestos into cloth. He termed this new type of lung scarring which had not been previously described as asbestosis.

Our own Public Health Service in 1934 investigated the asbestos textile industry in this country and found many such cases of severe lung scarring. They urged in their report, which was published in 1938, that appropriate precautions be taken and that urgent measures were necessary to eliminate

these hazardous exposures.

I will repeat that in the 1930's, 40 years ago, we understood well, we had definitive information, we had documented well the severe risks of asbestosis.

It is depressing to report, then, in 1970, that the disease that we well knew 40 years ago is still with us just as if nothing was ever known.

It is an unhapy reflection on all of us, on government, public health authorities, the U. S. Congress, the medical profession, on labor, on industry. that at this time in the United States, in the 1960's and 1970's, eight percent of all deaths among insulation workers in this country are due to a completely preventable cause.

It may be of interest to outline the studies which have demonstrated this continuing problem.

On January 1, 1943, these Locals, Local 12 in New York and Local 32 in Newark, New Jersey, of the International Association of Heat and Frost Insulators and Asbestos Workers, these Locals had 632 members. We have followed each one of these men from that day to the present. During these years, 32 men have died of asbestosis, of a total of 405 deaths.

Since there is no other cause for pulmonary asbestosis but the inhalation of asbestos fibers, these deaths have been unwarranted and unnecessary.

Moreover, many of the men who have not been do badly

to a greater or lesser extent.

Thus, of almost 400 insulation workers examined by me when more than 20 years from the onset of their work, more than half have the abnormal X-rays of asbestosis and almost one-third have shortness of breath of some degree.

People who begin smoking at the age of 16 do not die from that cause until they are 56 or 57 or 58. The time to prevent lung cancer and emphysema is early in the game, not when much of the damage has been done.

I might say we have collected our data through 1967. Among the 632 men who were members of the union in 1942, there should have been 231 deaths, had their experience been the same as all other U. S. males. Instead, 349 men died.

When we looked into the cause for the extra 98 deaths, we found several very disturbing facts. First of all, 32 men died of asbestosis, scarred lungs. Since there is no other cause for asbestosis than the inhalation of asbestos, these were absolutely unnecessary deaths.

I have treated these men. In addition to my research, I have also seen them clinically. I can tell you, it is a terrible way to die.

Senator Eagleton. Is your specialty internal medicine?

Dr. Selikoff. Chest diseases.

Senator Eagleton. Does asbestosis lend itself at what

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stage to detection by radiological [illegible]

Dr. Selikoff. It is not detectable early because the scarring that is made is very small and does not show early. We have X-rays of 720 men with over 20 years of exposure and only a minority of them show the scars. They don't show it well on X-rays until after 20 years.

Senator Eagleton. Are there other devices other than X-ray for earlier detection, breathing tests, and so forth?

Dr. Selikoff. No, none of them detect it early, unfortunately. Medical science has paid little attention to this problem until recently, and we have not worked out methods of early diagnosis.

In my clinical contact with these people, I have been most unhappy. As we were talking this morning, one of the men in this union, before he died, used to walk backwards. I had never seen this before until I began to see asbestos workers.

You wonder why asbestos workers walk backwards. They don't always walk backwards. It is only going up stairs. They are so short of breath that after two steps they have to sit down. It is easier to go up a flight of stairs backwards than walking up. It is a terrible way to die.

In addition to the 32 men who died of asbestosis, completely unnecessary deaths, there were also 66 deaths of lung cancer. Anybody can die of lung cancer. We all have a risk, either because of smoking, air pollution, or causes the

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we have not yet identified. But these

ages in 1942, approximately nine of them should have died of lung cancer, given their ages. Instead, 66 died. One out of every five men in this union in those years, and still today, dies of lung cancer. It is a disaster.

Incidentally, this, too, we knew, we knew to anticipate. In 1935 -- and we were awfully smart in those years, too -- Dr. Kenneth Lynch, who is now Chancellor of the Medical College of South Carolina, at that time Professor of Pathology there, described a man who died with two very unusual diseases, asbestosis -- rare in 1935 -- and lung cancer. That was also rare in 1935.

The reason they were both rare in 1935 was that there weren't many kids smoking in 1910, and there weren't many men working with asbestos in 1910. So by 1935, there were not many people who had yet entered the period of serious risk.

When he saw a man at the post-mortem table who had both diseases he reported this and said, "Look here, this is an unusual thing, perhaps they are causally related."

In the next decades, the 1930's and 1940's, other people reported similar cases. So by the 1950's, we knew to expect this, and our data, unfortunately, has confirmed it.

In the last several years, if you think these data are bad enough, I must tell you that the situation has become even worse. For example, there is a disease called mesothelioma.

This is a cancer which affects the lining of the abdomen. It has been very rare in the past. Somewhere around one out of 10,000 cases will die of mesothelioma. It is very rare. It is so rare that it has not even been separately classified in the International Classification of Causes of Death.

In 1954, a mesothelioma was reported that occurred in an asbestos worker, and in 1955, another one. And then the torrent began.

In the last 10 years, we have found many men among the asbestos workers who have died of mesothelioma.

Of the 632 men that we followed from 1943 to 1967, 20 deaths were due to mesothelioma, roughly around one out of seven or one out of eight compared to one out of 10,000 in the general population.

Senator Eagleton. Is this out of the same control group?

Dr. Selikoff. Yes. I have since been observing the deaths of insulation workers in general, and the unhappy experiences are now being repeated throughout the country.

At this time, in the early 1970's, one out of every five deaths of an asbestos worker is due to lung cancer, one out of every 10 is due to asbestosis, one out of every 10 to mesothelioma, one out of every 10 is due to cancer of the colon and stomach.

Senator Eagleton. I don't want to use the word "symptoms

but what are the telltale signs that distinguish this disease that I have never heard of, mesothelioma, from asbestosis from an acute, garden variety lung cancer?

Dr. Selikoff. Lung cancer can occur in any part of the lung. Generally, it occurs in the large tubes, the bronchi of the lungs, or in the body of the lung, itself. Sometimes, therefore, we can cure it if it is found early enough.

Mr. Hutchinson's union is now having its men X-rayed regularly, hoping to pick it up early enough to cure some. I am not very sanguine about the prospects.

Senator Eagleton. My brother is a radiologist, so tread lightly in that area.

Dr. Selikoff. We have survived only about one out of 20 lung cancers. Mesothelioma, since it is a cancer of the lining of the chest, is diffuse and covers the lung so it cannot be removed. We have not yet anywhere in the world seen a single cure of mesothelioma.

Senator Eagleton. Does it infest the entire lining and it is not localized?

Dr. Selikoff. The entire lining. Its technical name is diffuse malignant mesothelioma.

Senator Eagleton. Just to wrap it up, how does asbestosis zero in on the lung?

Dr. Selikoff. It affects the lung diffusely, all parts of the lung, the upper parts, lower parts, lateral parts, central

parts. It is a diffuse [illegible]

removed. It is irreversible.

We are talking of a very serious set of conditions.

Senator Eagleton. In terms of detection, eliminating lung cancer for a moment and just talk about asbestosis and mesothelioma, in terms of detection I understand it is very difficult and nigh on impossible to detect early, but when detected, what success do we have in arresting or prolongation of life, even though ultimate death may be caused by the disease?

What therapeutic remedies are available, and medicine, to abate it, arrest it, postpone death?

Dr. Selikoff. We can do something for people with scarred lungs. In the previous period, 30 years ago, for example, people with asbestosis would frequently die not of the asbestos but of a simple cold or bronchitis or pneumonia.

The reason for this was that they lived on the edge of a precipice. They lived at the limit of their pulmonary capacity. It took very little, a minor bronchitis, to knock them over this unhappy precipice.

At the present time, as physicians learn to recognize this condition, at least we can use the antibiotics available to us to prevent the immediate death, to postpone it.

Unfortunately, once the fibers are inhaled they never leave the lung, so this condition is irremovable and progressive.

Senator Hagleton. Cobalt, of course, if it is diffused throughout the lung is of no value?

Dr. Selikoff. It is useless. We have tried radiotherapy and it has been unsuccessful.

I believe enough has been said to indicate that an important occupational health problem exists in this trade, one that requires urgent and energetic corrective measures.

I would urge you to consider the bill before you in the light of what I have presented. I have looked at this bill, and, if you will permit, I would like to give you some thoughts on this matter.

First of all, I am convinced that the problems I have detailed can be solved and the health hazards can be prevented. As evidence for this, the gentleman on my right, I am sure, will agree with me.

We have some evidence in Great Britain and in this country, in Germany, that both asbestosis and lung cancer can be very sharply reduced as the levels of asbestos exposure are drastically reduced.

The asbestos industry in general, the construction industry in particular, are much too important and much too valuable to be limited or to be lost by default. So, industrial hygiene programs and occupational health programs are essential not only for the working man, which is the most important reason, but also because of the industry and because of our

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country.

Workmen in this trade expect and await the necessary measures. I have received over 13,000 letters from members of Mr. Hutchinson's union, giving me suggestions of what can be done, and these are the men on the job.

Very often these suggestions are valuable and practical and useful.

I think it is idle and probably incorrect to blame the industry. Here I sit very much concerned with the health of the working men in this problem, and I am convinced that it is inaccurate to blame the industry for the present situation.

It is sometimes not appreciated that industry is not an all powerful monolithic whole, and certainly it isn't in the insulation trade.

Most employers in this trade are small businessmen. When I looked into this matter in 1965, I found that there were over 900 employers in this country in this industry employing an average of around 17 men each. Such employers don't have the expertise, don't have the funds, don't have the knowledge to have detected these health hazards.

Senator Eagleton. Also, the problem with asbestosis is not only in its fabrication and manufacture, but it is in its installation, isn't it?

Dr. Selikoff. Correct.

Senator Eagleton. So you are not only talking about

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workers who work in plants that make it but workers who use it in the field, in the construction industry?

Dr. Selikoff. Right.

Even among the larger companies, and here in a different situation, some of these companies do have the financial resources to do it, but there is often no unanimity for the necessity for health hazard research.

I would like to read a paragraph from a letter that I received from the president of one of the largest asbestos companies in the world:

"Based on progress made to date, I share with you the thought that our mutual interest in this problem will contribute to its solution, but I am concerned that many who should be aware of this problem either do not realize its importance or tend to ignore it."

The problems, therefore, that we have discussed are excellent illustrations of the urgent need for extensive strengthening of the Bureau of Occupational Safety and Health of the Public Health Service.

Their task has been tremendously extended and complicated in the last 20 years by the widespread introduction of new materials.

Mr. Grospiron mentioned this to you extensively, and the biological actions of most of these materials are largely untested.

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I wonder how many other asbestoses and [illegible]

for us with the materials recently introduced.

I would emphasize that in my opinion industry is simply unable to police itself, and that only bodies such as the Public Health Service will be able to provide help to the industry that it badly needs.

I would suggest that it is very much in the interest of industry in general, and the insulation industry in particular, to set those standards necessary to reduce or eliminate occupational health hazards.

I don't refer simply to the fact that if they do get safe working conditions their workman's compensation costs will be lessened. I don't believe they will be lessened, necessarily.

In many instances, where there is competition between industries and also within each industry, it is often the most conscientious employer who is at a competitive disadvantage. This is certainly true in those industries with pneumoconiosis; there, there is a long latent period, usually 20 years or more, between the dust exposure and the disease resulting from such exposure.

Therefore, precautions which are taken today will protect some other employer 20 years from now, and at that time, the employee who is now being protected will be working for somebody else.

The employer, in investing in current occupational health precautions sees no immediate benefit, not even in the reduction of workmen's compensation costs, because if he has to pay workmen's compensation costs to current employees who are ill, he is usually paying for the neglect of another employer 20 or 30 years before.

I would like to relate this analysis to the insulation trade. The insulation contractors have told me that if they had to make substantial investments or significant changes in working practices and working conditions to make the trade safe for the men who have to work in it, such investments should be industry-wide and should not penalize those who undertake them in favor of those who do not.

The facts of life are such as to mitigate against the broad application of any program by voluntary persuasion alone.

May I suggest that those who advocate weak occupational health legislation do industry no service at all and certainly do labor a great deal of harm.

If there is any effective legislation, the conscientious industry groups will be at a competitive disadvantage because like other environments, a safe work environment costs money, a good deal of money, generally.

If one employer, one company, attempts to safeguard its workmen and its competitor does not, the former has little option: It will curtail or discontinue its expenditures.

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In the insulation industry we [illegible]

A year and a half ago, prodded by the situation that I have described to you, all the interested parties in the insulation-construction industry were called together. Each had a stake in the solution of this situation. This included the International Association of Heat and Frost Insulators and Asbestos Workers, the Johns Manville Corporation, the Bureau of Occupational Safety and Health of the Public Health Service, and our laboratory.

At that time, an insulation industry hygiene research program was initiated. There was, in other words, cooperation rather than confrontation. This was rather unique.

May I mention that every single insulation worker in this country, all 18,000 members of Mr. Hutchinson's union, gave $10 each of their own pocket -- it was necessary -- to get the program underway, and a like sum was contributed by the Johns Manville Corporation. Engineers, industrial hygienists, scientists were recruited.

We obtained equipment and research facilities. In a short 18 months, useful advances have been made and we have reason to believe that effective control of many of the hazards of the trade will be achieved.

On a personal note, may I add that it has been inspiring to me as a medical scientists to see the responsibility with which at least one large company, Johns Manville, has approach

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this problem. They have had the advantage of
of a rather remarkable man, Mr. Clinton Burnett. They have
cooperated fully. They have held nothing back because they
are determined to make asbestos safe to use and to work wit

A cynic might say, and they have, "Well, it is to their economic advantage to clean the situation up," and that is true, of course. But my experience indicates that it has been this and more in reflection of a broader social commitment and acceptance of responsibility.

It is my hope that this will be an example to all U. S. industry, especially since these problems will not be solved without them.

In concluding, may I add some words of personal opinion and comment. Workmen assume that governmental agencies are looking to their protection..

They have heard of such things as "occupational health," "hygienists," "factory supervision," "safety inspection." They don't quite know who is doing it but they are confident that in America, it surely is being done.

They presume it is the "Public Health Service" or the "State Health Department" or other responsible agencies. They go to their jobs secure that, at the least, laws have been provided by their elected representatives to insure that the materials they work with are not harmful, that the work place is safe and that the work environment will not endanger their

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health not result in these [illegible]

trust us.

May I ask a simple question. Have we justified that trust?

The question is simple; the answer is complex. Many of us, as individuals, have earned that trust. I know of union leaders who have, often with scant thanks, -- because the members of their union are often more interested in what the day's pay will be rather than the working conditions -- argued desperately for the safety of their comrades; of employers who would willingly do what was needed to provide that safety; of public health workers whose dedication explained their perseverance in the face of great odds; legislators, physicians engineers, scientists and others who have tried to help solve these problems.

But taken together, we have failed. The hundreds of thousands -- literally, hundreds of thousands -- of miners who lungs have been destroyed and who have gasped their dying days the chemical workers who have suffered liver disease, blood disorders and bladder cancer; the almost half million men who have lost their lives in industrial accidents since the war an even more whose lives have been shattered by near-fatal accidents; uranium miners, beryllium workers, cotton workers, sandhogs, men hurt by lead, ozone, carbon disulfide, mercury, cadmium, laser beams, pesticides, radiation, toluene, noise s

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dozens of other handles of the [illegible]

merely tell us we have failed.

If I might paraphrase Emerson, I would say that what has happened speaks so loudly that we cannot hear what should have happened.

Who killed Cock Robin? Not I, says the employer. Tell me what to do and I will do it.

Not, I, says the industrial hygienist -- I have tried my best.

Not I, says the physician -- I have hardly been told the problem exists.

And not I, repeats the legislator -- we pass laws when we are told of the need.

All these people are right. No one killed Cock Robin. His has been an impersonal, technological death, of research not done, of funds not granted, of training omitted, of hearings not held. We have all failed -- taken together. As the youngsters would perhaps now put it -- the system has failed.

In the United States of 1970, this must end. Either we prepare to earn and justify the trust the working people of our country give us -- or we should frankly tell them that they must not have a false sense of security, that we cannot protect them, that we have not the personnel, equipment, funds, laws, to meet our responsibility.

As Mr. Crospiron said, if this law cannot be a good one,

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a strong law, he would rather not [illegible]

would not feel falsely secure.

I know there are people here from the Public Health Service. I must apologize for the next statement, but it is true. It might be better to disband the occupational health and safety programs of the Public Health Service than for them to continue as they are -- understaffed, underfinanced, hamstrung and ill-supported.

It might be better to dissolve the meager industrial hygiene divisions in most States than to have them continue as ineffectual shells.

At least, then, industry and labor would know they must look to themselves for protection.

Mind you, it would be a tragedy for this to happen, but perhaps less a tragedy than what has happened and what can happen.

It may be instructive to consider two recent examples. We have all been dismayed by the tragedy of the coal miners in our country, by the black lung disease which has affected perhaps 500,000 Americans in the past 40 years.

What happened? How did this occur?

There are a number of reasons, but no small one has been the absence of responsible supervision and study of the problem by our medical and public health authorities.

It is almost impossible to believe, but true, that the fi[illegible]

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$100,000 grants [illegible]

workers pneumoconiosis research was made available in 1963!

Thus went the 1930's, the 1940's, the 1950's, decades of our neglect.

Or byssinosis -- lung disease of some cotton workers. Again through the 1930's, 1940's, 1950's, no research, despite repeated reports from other countries that their cotton workers were ill.

The sole Public Health Service contribution during these decades was a review of the literature in 1947 which repeated the comfortable reassurance that byssinosis was not known to occur in the U. S. Not that it did not occur -- this had not been studied -- merely that it was not known to occur.

May I return to my asbestos workers for a final example? As I mentioned, in 1935, Kenneth Lynch reported the association of asbestos work and lung cancer and warned that they were causally related.

After his report, not one piece of research of any kind on this subject was done by the Public Health Service in the 1930's, or 1940's, or 1950's! No funds were provided, no personnel was available, no grants were made to other scientists.

Tens of thousands of insulation workers continued to work with this material daily, unaware that there might be special hazards.

In just one asbestos trade -- insulation [illegible]
50,000 American men began work after Dr. Lynch's warning. They were not told of this warning, not one employer was cautioned of precautions he should take. Both groups assumed someone was looking after any health hazards there might be. There was no someone.

And now, 20,000 of these men are perhaps doomed to die unnecessarily of lung cancer, mesothelioma, asbestosis.

Who kills asbestos workers? Inattention, omission, inadequacy. Not very spectacular murderers, but deadly killers nonetheless.

Thank you very much.

(The tables referred to follow:)

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Senator Eagleton. [illegible]

presentation. You have painted a very detailed, scientific and accurate picture.

If I may ask the indulgence of our panel, I wonder if it would be possible for us to to recess until about 1:15, at which time I can return. I know we have Dr. Connely who said he could appear a little later this afternoon.

What is the individual situation with you gentlemen?

Mr. Sabourin. I have no presentation to make, Mr. Chairman.

Senator Eagleton. Some very nice things have been said about Johns Manville, and I join in that tribute.

What percentage of all asbestos made in the country is fabricated by your company?

Mr. Sabourin. Well, we are the world's greatest producer of chrysotile asbestos fiber, USSR being excepted. We have the largest deposits and mines in Canada. I did have the honor, Mr. Chairman, about two years ago, about this time of the year when Mr. O'Hara of the House of Representatives was presiding to put into the record, with his permission, on behalf of the Quebec Asbestos Mining Association, which group produces all the asbestos in Canada, a memorandum of some seven or eight pages which sums up my argument that would lead to the conclusion that we felt we could not foresee the unforeseeable, but that Johns Manville today, conscious of its responsibilit

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under the direction of Mr. Burnett,
is pursuing with all its resources and possibilities the
objective which is to insure the safe use of asbestos for the
worker and for anyone concerned.

In this we have joined Dr. Selikoff, an eminent scientists who has been doing a lot of research work in the field of pneumoconiosis in the last few years particularly, and we are proud to be associated in that joint venture with Mr. Hutchinson of the Heat, Frost and Insulation Association.

The asbestos work is divided in two categories, let us say the pyronone and the inflammable, which concern the production that comes to the fore mainly in other nations, such as South Africa and elsewhere in the world.

We represent, therefore, the chrysotile producers and miners and the problem, I think, and I submit this respectfully, Mr. Chairman, is one that comes into the use, the processing, the marketing of the products.

I submit that very respectfully.

Senator Eagleton. As a processor, how large are you on the American market?

Mr. Sabourin. We are the largest.

Senator Eagleton. Would you comprise half of the market?

Mr. Sabourin. I would not say.

Senator Eagleton. We would like to have that seven or eight-page memorandum if you want to bring it up to date and

add any new figures or thoughts that you

make it part of the record.

Mr. Sabourin. That is very kind of you, sir.

Senator Eagleton. Let me ask one final question. Without trying to pin you down on specific statutory language, specific phraseology, do I take your presence here today at this table as being evidence, insofar as your one company is concerned, that you feel there is a need for severely strengthened occupational safety standards and implementation?

Mr. Sabourin. Indeed. We are convinced of that. With stringent regulations entrusted to public bodies able to enforce the legislation, we can tackle the problem and vanquish it.

As Dr. Selikoff has said, and Mr. Groupiron said, if that job is not undertaken and solved by the House of Representatives and the Senate assembled so that the tools be given so that vigorously can be enforced a stringent enough regulation, then it would be better to leave the problem in the hands of those such as you see before you today.

They are doing their very best in the private enterprise field to do what is incumbent upon them, which is to pursue the health and welfare of their worker 24 hours a day.

Senator Eagleton. And my final-final question.

Do I take it, based on your answer to the previous question, that in order for such standards to be meaningfully

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and fairly enforced,

so as not to permit any seeming competitive advantage by non-compliance in one Local vis-a-vis another?

Mr. Sabourin. Indeed, Mr. Chairman. I can surmise that the objection will come in many a legislature, of course. But health, labor and the welfare of the citizen of this great Nation are interwoven to a point that I think it is feasible, I submit very respectfully, for the legislators to find a way to make it obligatory to one super body, such as the Federal authority, to endorse.

Senator Eagleton. Would you care to add something, Mr. Hutchinson?

Mr. Hutchinson. Mr. Chairman, I have no lengthy presentation, but I would like to have just a couple of minutes.

It has been pointed out here by Dr. Selikoff that the asbestos workers are applying these insulating materials in the field.

We, of course, are subject to the hazards of the trade. Well, I would like to equate what we are doing with what you are doing. Your occupation requires that you, your staff and many thousands of others occupy this building.

We feel that there are some real hazards in what you are doing, also. If you will just glance up and look at the registers of the air conditioning that you are receiving here, you will see that you are getting anything but good, clean,

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pure air from them.

I have been pointing out for the last 15 years, ever since it became the vogue to start applying insulation on the inside of ducts rather than on the outside, that this was a great error.

I have had very little success until recently when we did have a bill in the State of Kansas that got nowhere, and we now have a bill in the State of California that is making a little bit more progress.

But also, the City of New York and other areas are now becoming aware of this problem to the point that they are doing something about it.

What really should be done is a Federal law outlawing all insulation materials next to the airstream, because what we get when we apply the materials is the dust, and what you are getting when you breathe this air is the same dust.

The levels of danger no one really knows. As the Doctor has pointed out here, the time factor, you subject yourself to this, or you can acquire the disease and it is 20 years before you really know it.

So I am awfully afraid that unless something is done now, we are going to have a disaster in this country that will make the black lung in the coal miners look like a picnic, because the general public from the use of these buildings will come down with the same problems that the Doctor has so clearly

related to us.

I am glad to be able to put that on the record. It is a real concern to us. Our entire membership recognizes this. We hope that others will investigate it and become as familiar with it as we are. Then we know that you will feel the same way as we do.

Thank you, sir.

Senator Eagleton. Thank you.

Well, gentlemen, our minority counsel has one question.

Mr. Benedict. I would like to ask Dr. Selikoff one question.

As you know, last year this committee developed legislation which the Congress eventually enacted in the area of coal mine health safety.

One of the provisions included was the requirement of annual chest X-rays. On this particular bill we visitied textile mills, steel plants, chemical plants, and I have talked to medical doctors who treat the people in these plants.

Although they do agree with the annual chest X-ray for coal mine employees because of the extra hazards there, on the other hand, they feel in some of these other areas the dangers of radiation from annual chest X-rays exceeds what could be gained and that if we wrote in minimum requirements they should be two, three, four years apart, as a preventive measure.

In view of your background with asbestos and generally,

I would like to ask you your opinion on that.

Dr. Selikoff. I would tend to agree with them. Abnormal chest X-rays are unusual among cotton textile workers.

Similarly, among steel mill workers, I don't think that there is any data which would suggest that annual chest X-rays would serve any useful purpose.

So the advice you have been given I think is quite in conformity with medical observations. I think this is entirely logical.

Mr. Benedict. How about with respect to asbestos, the people who work with asbestos?

Dr. Selikoff. I am not very enthusiastic about the preventive capacity of chest X-rays. They are a post hoc affair. By the time anything appears on X-ray, it is much too far gone to help the man.

Much more important is to correct the conditions in the workplace, to have adequate regulatory mechanisms so that a chest X-ray is unnecessary for him in his lifetime.

It is this approach that the union and the Johns Manville segment of the industry has adopted. Let us make it so that we don't need chest X-rays and men can live their normal lives as they should.

Mr. Benedict. Could I add one thing, Mr. Hutchinson?

You had me worried for the last year. You gave the same testimony on the air conditioning when we held the hearings on

the Construction Safety Bill.

Mr. Hutchinson. I have been talking everywhere I could on the same subject, with very little progress.

Mr. Mittleman. One of the problems which Senator Javits has expressed an interest in and I have done a lot of work on personally is in the workman's compensation area.

We have heard testimony from representatives of various groups about the problems they had getting some of these esoteric occupational diseases even recognized for workmen's compensation purposes.

I was wondering, Doctor, in the light of your vast experience, not only with asbestosis, but all other types of occupational lung diseases, whether you would care to comment on the problems that these workers have in that regard.

Dr. Selikoff. I have found this to be absolutely true. There are many parts of our country and many States in which the regulatory and legislative process have not caught up with the medical facts.

In these States, unfortunately, workmen with asbestosis do not receive workmen's compensation. This is true of other occupational lung diseases as well.

Moreover, it is only recently, the last several years, that the more esoteric diseases have been shown to be associat with such exposure like lung cancer, and here, too, the unfortunate victims who are among the first to have exhibited

these diseases face a workmen's compensation procedure which has not yet encompassed this new information.

On the other hand, there are States which are very alert to these new changes, such as the State of Washington, the State of New Jersey, New York, and so forth.

It is our hope that the legal profession will take this new information and as rapidly as possible put it into regulatory form so that these unfortunate people have at least a little something to live on as they approach their deaths in too many cases.

Even New York State, incidentally, and I heard the gentleman from the union testify before, has an archaic law with regard to industrial lung disease, in which it is stated that unless a man is totally disabled he gets no compensation whatsoever. This is not true for a fracture of a finger or a broken leg, but it is true with disease of the lung.

This is archaic and it is an unhappy thing for many of the workmen in talc mills and mines, asbestos work, silica exposed people, and so forth, who, unfortunately, have nothing to fall back on when they are unable to work.

Mr. Kittleman. Senator Javits has sponsored a bill to establish a national commission to study the adequacy of the workmen compensation laws. Included among the particular topics that the commission would be charged with investigating is the adequacy of occupational diseases.

Do you have any comment you might want to make?

Dr. Selikoff. I think it would be a very useful approach. It would be a means of gathering together the pieces of knowledge which are at the present time separate and not known to many people.

The Department of Labor, three years ago, did have one investigation. They employed Woodward & Fondiller, an actuarial firm in New York, to do a survey for them of a very minor nature compared to what you referred to.

It was found that the various workmen's compensation laws throughout the country were irregular and in most instances very inadequate.

Mr. Kittleman. Finally, Doctor, with particular reference to the inadequate funding of the Public Health Service over the years and the relegation of the Bureau of Occupational Health to practically obscurity, Senator Javits also proposes, though it is not embodied in particular legislation, or he suggested the idea of a foundation, perhaps patterned after the National Institutes of Health, with possibly some attributes of the National Science Foundation, as a governmental body charged with responsibility in this field, with the kind of status that would give the attention to this problem that it really deserves.

Dr. Selikoff. That would be one of the best things that could happen for the working population in this country.

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The people in the Bureau of Occupational Safety and Health have my utmost admiration. I don't know how they continue to work under the conditions under which they do work. They have such important responsibilities and they understand these responsibilities. But they have such limited means of discharging these responsibilities that this contradiction must make them all schizophrenic. It is a terrible situation. I think the Senator's suggestion would be of very great merit.

Mr. Hittleman. Thank you very much.

Senator Eagleton. Thank you very much, gentlemen.

Dr. Selikoff. We appreciated the opportunity of being here with you.

Senator Eagleton. We will now recess until 1:30 this afternoon.

(Whereupon, at 12:30 p.m. the subcommittee recessed, to reconvene at 1:30 p.m. the same day.)

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