research project does tend to show a correlation between employment and disease, the authors find it is almost impossible to get their work published or distributed.

The result is a deplorable lack of information about occupational disease. We are years behind other countries in this respect. One expert in this field said that research in pneumoconiosis in this country is 25 years behind that of Great Britain.

SECRETS PREVAIL IN INDUSTRY

Industry actively opposes objective research and free interchange of information on occupational diseases because it is more afraid of the possibility of paying compensation benefits than it is that workers will die from lack of proper information and adequate precaution.

Here are specific examples that will illustrate this point. There is some medical evidence that the chemicals used in the dye industry and in the manufacture of synthetic rubber cause or contribute to cancer of the bladder. In fact, one of these—amine—is so dangerous that it has been outlawed for all industrial uses in Britain since 1951. But efforts to prove, publicize and restrict the dangers of this deadly acid have hit stubborn resistance in this country. The large chemical companies have refused to find out if amine does contribute to cancer of the bladder and have strongly resisted independent research into this problem.

Much the same situation holds true in the asbestos industry. There appears to be decided after-effects on workers who produce asbestos in that there is a marked correlation between asbestos employment and lung cancer. Here again, the industry has been traditionally reluctant to cooperate in a full scale scientific study of this curious correlation. This reluctance to do research in health hazards recurs in industry after industry.

DOCTORS OFTEN BIASED

But even worse when workers do succumb to cancer of the bladder or the lung, or to some other equally horrible diseases, we are treated to the spectacle of company doctors who testify that the disease couldn't possibly have been caused by their employment. Doctors are supposed to be above reproach in our society. But as a labor official I have known of too many cases in which company doctors have testified against workers and for management in occupational disease cases even though they knew their testimony was biased.

It should not surprise us that doctors can be unobjective in these cases where their testimony is bought and paid for. We have only to look at the wide-spread difference of opinion among doctors as to the effect of cigarette smoking to see that their testimony can sometimes be something less than truthful. Most doctors who are not in the pay of cigarette companies are convinced by all the scientific evidence on record that cigarettes undoubtedly contribute to lung cancer. But the doctors on the payrolls of the tobacco companies either deny that cigarettes contribute to lung cancer, or at best maintain that there is not yet enough proof.

As we contemplate these conflicting views among professional men—and as we thoughtfully study the reluctance of industry to be honest about this matter of occupational disease—we cannot help but wonder whether the lust for profits has made many men forget the real purpose of life. What is the real purpose of life? Is it production and profit—or the well-being of the individual? If there is conflict between the two, do we sacrifice production and profit or the well-being of the individual?

The ethical answer is obvious. But the practical methods of reaching the logical ethical conclusion are more difficult.

FEDERAL ACTS NEEDED

We could make a start by enacting comprehensive federal workmen's compensation and occupational disease legislation to take the place of the chaos that results from having 48 different state systems. But I have no hopes for such a constructive approach in the foreseeable future. I am afraid the insurance lobby, and the employer groups that profit from weak administration are too strong for us at this time. So we'll just have to make that one of our long range objectives.

But there are some things we can do right now. We can try to have programs set up in the National Institute of Health and in the Public Health Service which would recognize the importance of occupational disease—and which would put the research effort in this nation on a par with that of other civilized industrial nations.

If we cannot get decent factory inspection from the state goverment, then we in the labor movement must resort to self-help. Many unions are thinking in terms of collective bargaining clauses which would require the employer to adopt the safety standards set by the American Standards Association as the minimum acceptable in the shop.

LABOR FIGHTS FOR SELF

We are also prepared to bargain for more supplemental injury benefits when the compensation provided by state laws is not adequate to sustain a worker and his family. Although our efforts will directly benefit only the 17 million organized workers, perhaps they will release new pressures that will eventually result in improved legislation benefiting all workers.

The American labor movement has but one purpose—one reason for existence in American life—to serve and protect American workers. There are times when we make ourselves pretty unpopular because we keep looking for the things that are wrong with American industry and American society.

I may have offended industry men with this indictment of the ethics and morals of our business community. But I would be derelict in my duty and false to my trust as an elected officer of one of America's greatest unions if I did not say frankly and candidly that we in the labor movement are not satisfied with present legislation relating to industrial health and safety, workmen's compensation and occupational diseases.

In a sense this is a great challenge to the National Safety Council—a challenge that can be met only if all facts are squarely faced. If we in the labor movement could count on your assistance in the fight for better legislation and more research on both the state and federal levels we might, together, make this a far happier, healthier and safer nation in which to live and work. ▲

GOOD COMMUNICATIONS HELP SAFETY

by GEORGE SCRIVEN

public relations director, United Rubber, Cork, Linoleum & Plastic Workers of America, AFL-CIO, Akron, Ohio

Our organization has been safety minded for many years. The record on that score speaks for itself in a loud and clear manner. The results of our efforts, in cooperation with enlightened managements, tell the story of how we have seen the number of accidents reduced in the plants in which our members work. I shall not go into specific figures on frequency rates and such.

I don't suppose any of you would dispute the flat statement that good communications help safety. But I'd like to try and give you some of the techniques, the how and the why of that statement.

First, let's do a little word analyzing. I certainly don't want to sound like the pontifical professor lecturing his class on sematics. But when we say *good* in our topic, "Good Communications Help Safety," we immediately infer that there is another kind besides good. And there certainly is. I think there is a lot of bad and fuzzy communications going on in all fields.

Within the subject matter at hand, I would say the word *good* means that type which gets some concrete reaction and results. In the United Rubber Workers, we think our communications have been *good* because we have the results to show for it.

MUST HAVE RECEIVER

Now for the word *communications* in the phrase. You can't have communications—the *good* type that is—unless someone is sending the message and someone is receiving it. I was in the Air Force in World War II, and I served as a radio operator in the Pacific aboard a B-29 Superfortress. When I sent a message and no one received it, I didn't have communications. I was