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PROCEEDINGS

OF THE

Twenty-Third General Convention

OF THE

International Brotherhood of

Painters and Allied Trades

September, 1974

Los Angeles, California

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PROCEEDINGS

of the

Twenty-third General Convention

of the

International Brotherhood of Painters & Allied Trades

Los Angeles, California — September 9-13, 1974



THIRD DAY
Wednesday, September 11, 1974

GENERAL PRESIDENT RAFTERY: Will the Convention please be in order.

Before I ask for the invocation, one of the Brothers in the hall has lost his identification card. It is Franklin P. Abling, Local 1514.

I have got it up here on the dais if somebody wants to come up and get it for him.

Let's have a little order, Brothers.

The Chair now recognizes for the invocation Father Lewis P. Bohler, Jr., of the Advent Episcopal Church.

Father Bohler.

FATHER BOHLER: Almighty God, amidst the splendor of this grand ballroom we are reminded that it was not always this way; that we, now the laborers, were once the servers and the host obviously was not us, but we are grateful for the long journey that we have made rather successfully from the early dreams of organized labor, through the craft unions, through men like Samuel Gompers and John L. Lewis, looking to budding giants like the American Federation of Labor and then finally the merger of AFL and CIO.

This meeting, this great meeting, illustrates that we indeed have come a long, long way, and some day the collective strength of organized unions, organized labor will more than rival that of management and the executive branches of our government, and we will then be able to negotiate and to engage in dialogue as equals, complete equals, rather than as persons asking for favors.

Remembering this past when we, a group of little people, came together and formed a giant, we hope that we never forget that we are no larger than the smallest individual.

Recent events on our national scale have suggested that perhaps giants get out of touch with little people from time to time and fail to represent them adequately.

When we some day become not only bastions of strength but also of leadership may we never forget from whence we came, and may we never lose contact with the smallest man on the scale.

May all of our endeavors be to this end, and may we ask your guidance in carrying this out.

Amen.

GENERAL PRESIDENT RAFTERY: Will the Delegates take their seats?

Will the Sergeants-at-Arms clear the aisle.

The Convention will please be in order.

This is one of the highlights of this Convention as I indicated to you that it would be, and I am happy and proud, and it is indeed a privilege this morning, to present to you not only the Vice President in this District, who will Chair this part of our program, but who is also the Chairman of our National Safety Committee, Vice President Cox.

Jack Cox.

(Applause.)

COMMITTEE CHAIRMAN COX: Thank you, Mr. Chairman.

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Jack Cox.

(Applause.)

COMMITTEE CHAIRMAN COX: Thank you, Mr. Chairman.

We have been in progress for a considerable period of time in putting together a program that we feel is of vital interest to you as individual representatives of your Local Unions and District Councils for and on behalf of the membership of your Local Unions.

I would like to have your full attention this morning. This program will take approximately one hour and 50 minutes.

I know many of you sitting in the hall this morning have already taken your medical exams. I think you will agree that they are extremely thorough in what they are doing. I know you realize that there is a purpose behind this. The exams that you have taken and the information of such is strictly between you and the doctors, not to us. But we have a purpose because we wish to find out what is occurring with our members in the health and safety area within their jobs, the materials they are using.

Now, we have the privilege to work with a man that has unbelievable energy, Dr. Selikoff, from the Mount Sinai Hospital in New York. The man continues to amaze me, how fast he can accumulate what I would call evidence within our health field and feed it back to us so that the General President and the members of the General Executive Board are up to date at all times as to what is occurring with new materials on the market, what may be destructive to a glazier or a floor layer in his everyday work, and which we have found have occurred; what is occurring to the taper and the painter, which we find is occurring, and which you are going to see this morning in this program, something that quite

frankly, I am sure, you will find shocking.

It is not the intent and purpose to lay before you a program to shock you into wondering what you should do in your work day, but to lay before you a program of facts of what is occurring in our industry so that you as representatives will return to your home areas and put forth your efforts to protect your members in the health and safety field.

Without asking, I know you will agree with me after you have seen this program and heard the program, the necessity of fulfilling your duties and of your cooperation we need of working with us so that we can extend our investigation in order to protect these members.

Now, for many months we have had a joint committee working in the field of health and safety, and on that committee I would like to read to you the names, and I am sure will know most of them.

We were honored to have our General President Emeritus Larry Raftery serving on the Committee as Co-Chairman with me; General Vice President James Wolford; General Vice President William Duval, Bill Duval; Director of Legislation, John Pecoraro; and Business Representative, John Alfarone of the Tapers Local 1974 in New York City.

On Management's side we had Glen Craven, the Executive Director of the PDCA, Avery Boyd, Chairman of PDCA's Safety Committee out of Alabama, Earl Dixon of the Carpet Linoleum Layers Association in Denver, Colorado, and Chuck Haynes of PPG.

It did not take me very long to realize how little I knew what was occurring in the field with our membership and, quite frankly, I was shocked with what I found.

I could not believe that these things are happening, and when it is presented to you you probably will not either. But, gentlemen, the facts laid before you are correct and the truth.

At this time I would like to call upon the General President Emeritus for a report. Now, I did a little background on this gentleman and I find that this is his 12th Convention. He attended his first one in 1921. 53 years ago, and this man has never stopped beating the drums and, particularly, in the field of health and safety. It is a pleasure to introduce him at this time, Larry Raftery.

(Standing applause.)

PRESIDENT EMERITUS RAFTERY: From its very inception, our Brotherhood has had a deep sense of concern about the health and safety conditions prevailing on the job sites where our members work, as well as a more general interest in improving working conditions throughout our industry as a whole.

Our Brotherhood is determined and fully committed to correcting the hazardous conditions of the working environment to prevent sickness, disease, injuries and deaths among our membership in the United States and Canada.

Many employers have a deep and sincere concern for their workers' health and safety. However, unfortunately, a view prevails in some portions of our industry that a job means the lives of workers or parts of their bodies, lungs, livers, kidneys, legs, arms, eyes, are expendable for profit in the work place and in exchange for a job.

In contrast, our position is that the employer must provide a safe place to work and local unions and international unions have the right to insist on the most effective ways to protect the safety and health of its members.

We believe that the man on the job is entitled to know the complete facts about the safety and health problems to which he is exposed and the most effective way to prevent and control them.

Dr. Irving J. Selikoff of the Mt. Sinai Hospital School of Medicine in New York whom, as you well know, our Brotherhood has been cooperating with, stated that of the approximately 500,000 workers now or previously employed with asbestos, 100,000 will die of lung cancer, 3,500 of abdominal or chest cancers (mesotheliomas), and about 35,000 of asbestosis (scarring of the lungs).

All of this makes a frightening account. The point, however, is not to be frightened, but to do something about it.

None of it is inevitable; none of it is necessary. The time has come to see to it that workers in our country live healthy lives. To say this plainly, to see to it that workers live long enough to collect their pensions.

It's like a major war going on all the time. The casualties aren't fighting, however, just trying to make a living.

Every citizen of the United States is guaranteed the rights to life, liberty and the pursuit of happiness. Working under dirty, dangerous

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It's like a major war going on all the time. The casualties aren't fighting, however, just trying to make a living.

Every citizen of the United States is guaranteed the rights to life, liberty and the pursuit of happiness. Working under dirty, dangerous and unhealthy conditions is an infringement of these basic rights. Through long years of struggle and effort, workers have established the right to organize themselves for collective bargaining with their employers over wages, benefits, and conditions of employment.

Although the Occupational Safety and Health Act of 1970 guarantees that every worker, in a union or not, has the right to file a complaint without being discriminated against by the employer, in reality, it is the rare individual standing alone, unsupported by an organization of his fellow workers, who will use this right.

Despite the guarantee against discrimination, the fear of reprisal will keep individual workers from using OSHA. In addition, when dealing with a huge government structure, the most effective way to cut through red tape and utilize the benefits of the law is through another structure, a union.

Our experience has shown that when a local union, attempting to enforce safety and health laws, channels their complaint through our International, they have the assurance that our International will follow through every step of the way prepared to fight for enforcement. This is the way the law can be used most effectively.

When the Occupational Safety and Health Act was first proposed, our Brotherhood was among the other Internationals spearheading the movement for enactment of the proposal. It wasn't easy. Each standard that became part of the law had to be fought over; each rule was contested. Most importantly, sufficient funds had to be appropriated for inspectors, testing

facilities, research, and so on, so that enforcement of the Act would be possible.

If the government is swayed by the influence of the business community, then we must see that through our International, we exert a counter-influence.

We must see to it that no one has to pay any price in health, safety, or dignity, for trying to earn a decent living.

When OSHA went into effect on April 28, 1971, our General President, "Bud" Raftery, said, "Organized labor must shoulder much of the responsibility for realizing the full potential of this Act. Our efforts must include the work site, the State Legislature, the Congress, and the Executive Departments responsible for its conduct. We must equip ourselves to understand and use intelligently and with discernment the important protections and rights which are provided for workers by the Act."

Besides the legislative, our Brotherhood has also been involved on other fronts:

1. Through collective bargaining, many locals have been able to pursue better on-the-job conditions, thanks primarily to enlightened cooperation from management in the painting and coating industry.

2. Through union education, we have sought to close the gap between safety in theory and safety in practice, making sure that as many members as possible not only know, but use, the latest safety techniques.

3. Now, through medical science, our Brotherhood hopes to unravel some of the mysteries of the harm to humans from chemicals via the work of Dr. Irving J. Selikoff of the Mount Sinai School of Medicine in New York.

4. Our Brotherhood's work in safety glazing was started late in 1969, and it is one of the most unique legislative experiences undertaken by any union group. Our Brotherhood assumed a leadership role in the National Safety Glazing Committee. This Committee includes members of the glass industry, government safety groups and other related organizations.

Our Safety Glass Bill is now law in 33 states covering 92 percent of the population of the United States.

Our Brotherhood's work in safety was recognized in a national award presented to General President Raftery by the National Council on Safety at their annual convention held in Chicago in 1972.

Shortly after the enactment of OSHA, an eight-man National Joint Safety and Health Committee was established with General Vice President Cox as Chairman, myself as Honorary Chairman, General Vice President Duval, General Vice President Wolford, Director of Legislation Pecoraro, and including others that have been mentioned by Vice President Cox.

One of our first acts upon meeting was to revise and update our Brotherhood's Play It Safe manual. This manual is designed to insure that workers employed in construction jobs and plants receive the benefits of the latest advances in safety equipment and have job standards that meet the requirements of OSHA.

Play It Safe is a most popular safety manual. Our manual is being used by the staffs of 35 labor education programs in universities throughout the United States.

Going further, General President Raftery recognized that it would be to the mutual benefit of the major producers of paint products and our Brotherhood if some additional areas could be explored.

The National Paint Coating Association, representing manufacturers who produce 95 percent of all paint products, endorsed President Raftery's concept. A committee was formed, pledging cooperation in efforts to minimize health and safety hazards.

Some of the areas the Joint Committee is working on are:

1. Reformulations.

2. Development of OSHA and safety programs.

3. Development of continuing programs regarding federal legislation on coatings and resins.

4. Participation in lead poisoning detection programs.

5. And any other related areas.

One of our outstanding programs is the work being done with Dr. Selikoff. We are providing staff assistance, record management, computer department cooperation, field staff and local union participation. Ongoing research is now being conducted in the analysis of mortality experiences and in assessing long-term effects of hazardous exposures. Particular reference is being given to the detection of possible toxic effects from recently-introduced materials such as exotic paints, special

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Why do we do these surveys? One reason is the danger of the workplace. Only accidents, extreme exposures to toxic substances and physical hazards result in acute, easily identifiable illnesses. But, most workers are exposed to low levels of these agents which may be just as deadly in the long run, though less apparent in the short run.

Exposure to low-level agents can cause chronic illnesses. The onset of these illnesses is often not noticed. Therefore, they go unrecognized, uncounted, and uncompensated.

We want to put a stop to all this nonsense. We want to search out those dangerous areas and remove them.

The focus and main thrust of our health and safety demonstration today is on chemicals used in our industry and the exposure of workers to toxic dusts, fumes, mists and gases.

For years, attention has been on accidents, on what you can see happen, the loss of an arm, a leg, an eye, and the loss of life.

The accidents are sudden, the effects are immediate and you can see and recognize the physical cause that was responsible.

What we are concentrating on today is what you cannot see, materials that the microscope measures and the laboratory analyzes.

The harmful effects of these chemicals can be just as disastrous, just as disabling, just as permanent, and death, just as certain.

The serious findings of cancer and cirrhosis of the liver among workers in vinyl chloride operations, a comparatively new process, illustrates the need for continuous studies.

These findings now pose a question that affects all workers. How many other health hazards exist or have gone unrecognized during the past 30 to 40 years?

The point is, if industry does not know, if government does not know, if we, as labor leaders, do not know, how is the average worker going to know?

Worse yet, how will these harmful effects be recognized and identified? How will industry, labor, and the government ever know unless these industries are investigated and studied?

The fact is, man has created a new environment, but he has not created a new man. We still have the same physical characteristics that our ancestors had, we still need clean air to breathe, and clean water to drink. We have developed no second sight that tells us when a seemingly harmless vapor is doing insidious damage to our health.

There are many things that can be done to make your workplace safe, and based on our survey, we will present suggestions on how to achieve this.

When I was installed as General President Emeritus, I took a vow that I would dedicate the remainder of my life on behalf of safety, and I ask all of you to join with us in our battle for safety and health.

If you study and put to use our recommendations, then we are confident that with your help, America will be the safest and healthiest place to work.

Thank you.

(Applause.)

COMMITTEE CHAIRMAN COX: Thank you, President Emeritus Raftery, for your remarks and your continued dedication on behalf of our Brotherhood members.

Now, Brothers, we would like to move the program right along. If time permits after Dr. Selikoff's presentation we are going to open the floor for questions as you may have some on your mind after hearing and seeing what Dr. Selikoff will present to you.

If time does not permit because of our schedule, then we will not open it up, and we hope it will so we can move along.

Now, as you know there is always a work horse that we use and we turn to in order to provide for us information that we need daily, and our work horse is in the person of one man.

At this time I would like to introduce to you for him to introduce Dr. Selikoff, our Director of Legislation John Pecoraro.

DIRECTOR PECORARO: It is an honor and a privilege for me to introduce to you today a man whom we greatly admire, not only as a guide but as a loyal friend and teacher, a man who gets emotional about unnecessary avoidable disease, diseases suffered by workers, workers who are simply trying to do their job.

He actually gets angry that workers should die of cancer because they must handle chemicals in factories, or die of silicosis because of dust nobody bothered to collect and control, or die of a fatal disease or accident because long-awaited inspections are made only after the body is carried away.

The statistics of his research are not just numbers. They represent human beings, working people doing their job, sometimes at the cost of their lives.

He has transformed computer tapes and research plans into flesh and blood through hope and kindness.

His works include the discovery of the link between toxic materials in the workplace and disease. His success has been in the treatment of those diseases and his hope in the elimination of them.

In every important development in the field of occupational safety and health in the last decade he has been vitally involved, in black lung among the miners, and similar diseases among other workers.

More recently he has been in the forefront of the all-important revelations about vinyl chloride and has battled valiantly for the cause of worker safety in the highest offices of our nation.

We are extremely proud and pleased to have his guidance in our Brotherhood's program of job safety.

President Raftery has declared that this is going to be the decade of job safety in our Brotherhood and our determination, combined with the expertise of our next guest, will make it so.

It is my extreme pleasure to present to this Convention the holder of the Lasker Award of the American Public Health Association, the highest award, the highest award

will be the safest and healthiest place to work.

Thank you.

(Applause.)

COMMITTEE CHAIRMAN COX: Thank you, President Emeritus Raftery, for your remarks and your continued dedication on behalf of our Brotherhood members.

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(Applause.)

DR. SELIKOFF: I will shortly review with you some of the problems in the painting trades that we have been reviewing with your people in this past year.

Before I do, however, I would like to precede what I am going to say with a preview.

We have with us this morning Dr. Justin Stein, President of the American Cancer Society.

Dr. Stein is a remarkable man in many ways. First, he is a native son of Los Angeles, having been here at the University of California for the last 41 years, and been involved in cancer control and cancer research for this time. He himself suffered from a virulent, almost invariably fatal kind of cancer that goes by the name of reticulum cell sarcoma 29 years ago, and he was successfully treated. In other words, he is a cured cancer patient.

With this background, he joined the American Cancer Society as a volunteer 24 years ago because he, as so many others, felt that we have to conquer cancer in our lifetimes.

As we sit in places like this with friends and with happiness and ideas and comfort, we sometimes don't realize, because it is out of sight, the tragic toll that cancer is taking in our country.

Many of us don't realize, for example, that this year, 1974, we are

losing 200 deaths a day of lung cancer.

In 1974 we now have 250 new cases a day of cancer of the colon. This is simply a disaster, what is happening in our country.

Well, it is the remarkable efforts of this society and my experience with them, it's a society with guts. You have to have guts, I think, to take on a problem such as cancer, but they have always let the chips fall where they may.

They had no hesitation, for example, in taking on the giant tobacco industry, as you know, and they have no hesitation in reaching out to solve the problems of cancer in the work place.

Dr. Stein has other firsts to his credit, not only the first Cancer Society's President who himself had what is usually an incurable form of cancer; he is also the first President of the Society who served when in a year which for the first time the Cancer Society has raised $100 million to be used now for cancer control.

And finally, he is the first President of the American Cancer Society who has addressed a great and major labor union in the United States.

So with all these firsts, I introduce to you a remarkable man, Dr. Justin Stein of Los Angeles.

(Applause.)

DR. STEIN: President Emeritus Raftery, President Raftery, Vice President Cox, Dr. Selikoff, Officers and Delegates to this 23rd Convention of the International Brotherhood of Painters and Allied Trades, Ladies and Gentlemen.

Sometimes when somebody tells me that I have been practicing for over 41 years, and realizing I am getting a little older, I think of a statement made by Jimmy Durante on reaching an advanced age.

He said, "If I would have known I was going to live so long, I would have took better care of myself."

(Laughter.)

It is a great pleasure for me as President and on behalf of the Board of Directors of the American Cancer Society, to bring to you the greetings of this Society which is the largest volunteer health agency in the world, which is non-political, with over 2,250,000 volunteers, of whom 50,000 are physicians.

It is the policy of this Society to award research project grants, institutional research grants, grants in support of research personnel and to conduct research on epidemiology of cancer.

The overall goals for research for cancer control includes prevention, cure and other means for control.

Now, this Society has had a great record in the field of epidemiological research.

In 1952 a study was made on 188,000 men between the ages of 50 and 59, 22,000 volunteers from our society participated in this study. The study was made to evaluate the effects of cigarette smoking.

Four years later over 99 percent of the living individuals were still under study and, as a result of this, the results of cigarette smoking in relation to lung cancer were very definitely shown.

In 1959 this Society enrolled over 1,000,000 individuals and made a study using 68,000 volunteers from this Society.

The habits and life styles of these more than 1,000,000 individuals has been tabulated, including the history of industrial exposures and the replies to many other questions.

We have maintained a study of 95 percent of this over 1,000,000 enrollees, those who are now living, and tremendous points are being found which are going to be of great help to all of you.

In 1971 the Board of Directors of the American Cancer Society established an Environmental Cancer Research Project to study the environmental causes of cancer. Your union has been most helpful in participating in this project.

Our Society is happy to make available its statistical services and the services of its volunteers to your union. The estimated value of this contribution is $250,000.

Drs. Hammond and Selikoff have met often with President Raftery of your union. It is important to know now which chemicals and potential carcinogens to which individuals are exposed in the course of their daily occupations. Sometimes it takes from 10 to 15 or 30 or more years after exposure to certain agents before the hazards and the harmful effects are known.

Dr. Hammond and Dr. Selikoff are actively engaged in the environmental study of vinyl chloride, asbestos, and of the many chemicals and carcinogens to which workers are constantly being exposed.

You will hear more later from Dr. Selikoff who has been very active in epidemiological cancer research.

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He said, "If I would have known I was going to live so long, I would have took better care of myself."

(Laughter)

It is a great pleasure for me as President and on behalf of the Board of Directors of the American Cancer Society, to bring to you the greetings of this Society which is the largest volunteer health agency in the world, which is non-political, with over 2,250,000 volunteers, of whom 50,000 are physicians.

It is the policy of this Society to award research project grants, institutional research grants, grants in support of research personnel and to conduct research on epidemiology of cancer.

The overall goals for research for cancer control includes prevention, cure and other means for control.

Now, this Society has had a great record in the field of epidemoliogical research.

In 1952 a study was made on 188,000 men between the ages of 50 and 59. 22,000 volunteers from our society participated in this study. The study was made to evaluate the effects of cigarette smoking.

Four years later over 99 percent of the living individuals were still under study and, as a result of this, the results of cigarette smoking in relation to lung cancer were very definitely shown.

In 1959 this Society enrolled over 1,000,000 individuals and made a study using 68,000 volunteers from this Society.

The habits and life styles of these more than 1,000,000 individuals has been tabulated, including the history of industrial exposures and the replies to many other questions.

We have maintained a study of 95 percent of this over 1,000,000 enrollees, those who are now living, and tremendous points are being found which are going to be of great help to all of you.

In 1971 the Board of Directors of the American Cancer Society established an Environmental Cancer Research Project to study the environmental causes of cancer. Your union has been most helpful in participating in this project.

Our Society is happy to make available its statistical services and the services of its volunteers to your union. The estimated value of this contribution is $250,000.

Drs. Hammond and Selikoff have met often with President Raftery of your union. It is important to know now which chemicals and potential carcinogens to which individuals are exposed in the course of their daily occupations. Sometimes it takes from 10 to 15 or 30 or more years after exposure to certain agents before the hazards and the harmful effects are known.

Dr. Hammond and Dr. Selikoff are actively engaged in the environmental study of vinyl chloride, ushestos, and of the many chemicals and carcinogens to which workers are constantly being exposed.

You will hear more later from Dr. Selikoff who has been very active in epidemiological cancer research.

It has been stated by the World Health Organization that 85 percent of all cancers originate from environmental causes. In other words, the majority of cancers are caused by what we do to ourselves, excessive exposure to sunlight, smoking of cigarettes, the type of diet we consume, the use of food preservatives, contaminants to our lungs from the atmosphere, exposure to many agents as a result of our occupations, to chemicals in the preparation of many things we use, and so forth.

There are over 100 different kinds of cancer. The different types of cancer may have different biological methods of spread, different etiologies and may require different methods of treatment or combinations of treatment.

Since cancer does not represent a single disease but a whole group of diseases, it is not reasonable to anticipate that a single cause will be found for all types of cancer. This Society represents you, the consumers, and a major effort to control and /or to prevent cancer.

The use of volunteers will reduce the cost and increase the effectiveness of epidemiological research programs.

We are delighted to be able to be of service to you and we welcome your support in the Society's efforts to control cancer. Thank you.

(Applause.)

COMMITTEE CHAIRMAN COX: Thank you, Dr. Stein. We are deeply honored to have you with us this morning.

It is a privilege, sir, for us to have you before this Brotherhood and deliver your message.

I am going to ask Dr. Selikoff to take the mike on the floor.

Dr. Selikoff, are you ready to have the lights dimmed?

DR. SELIKOFF: Yes.

COMMITTEE CHAIRMAN COX: Will you please dim the lights and turn the camera on, please.

Now, Brothers, let's have your immediate attention, with no talk, please, as you are going to find the importance of the message that Dr. Selikoff is going to bring forth very interesting, so we ask your attention and indulgence in this, please.

Dr. Selikoff.

DR. SELIKOFF: About a year and a half ago, John Alfarone of your Local 1974 came up to see me. I didn't know John, but I soon found that like so many leaders in your Union, he was direct. When he had something to say he said it and he made no bones about it.

And what he said presented a problem to me that we just hadn't thought about. John said, "There's a man in the taping business in New York who is in the hospital now with a lung cancer."

His name was Esposito. I think it is Sal Esposito.

And he said, "He is going to be operated on and the men in the local have a hunch that maybe the dusts that he's been working with had something to do with the cancer.

I said, "Fine. We will try to help you. We will look into it. Tell the surgeon that when he removes the lung, to send the specimen to our laboratory and I will ask our mineralogist, Dr. Langer, to see what is in the lung."

May I have the first slide, please.

We did. And we found that in Mr. Esposito's lung there were literally billions — statistically we would say that he had 10 to 12 fibers in his lungs. That's over a billion, billion fibers of asbestos in Mr. Esposito's lungs.

The surgeon successfully removed the tumor but, unfortunately, it had spread and nine months later he had died.

We got a bit of a shock with this. Now, let me tell you in these next few minutes why it was an unhappy shock.

May I have the next slide, please.

Fifty years ago it was found that scarring of the lung, these lines here (indicating), would occur when people inhaled fine asbestos fibers.

When I say "fine," I would like you to understand that you just can't even see these with a microscope. You need an electron microscope to see them. There are about a million within an inch. They range around, in our lingo, around 350 Angstroms in diameter.

Next slide, please.

We found also in these next 30 or 40 years that very often the covering of the lung would often get scarred also. That's these white lines here (indicating).

This is calcification of the pleura. Now, you know of pleurisy, that's the covering of the lung and the lining of the chest and, technically - I am going to give you a few technical words - technically this is known as the mesothelium. That is what we call the lining of the chest.

Next slide, please.

This is a post mortem. You are looking down at a body now on the post mortem table.

You see these placques. Whenever somebody has breathed in asbestos, why, we don't know, but the lining of the chest, as well as the lung itself, gets these scars (indicating).

Next slide, please.

Sometimes the scarring is very diffuse, as you see here (indicating).

Next slide, please.

And at post mortem, this is how thick that pleura was. This man died. He was a Business Agent of the Asbestos Workers in New York. He died because his lung just couldn't move anymore because of this thick scar. (Indicating.)

Next slide, please.

One of the most important things we learned as we looked into this with the Pipe Coverers in New York, Local 12, and Local 32 in Newark, is on the screen now, and if you forget everything I say this morning and only remember this slide, you will know pretty much what I know.

For example, out of the 725 men who had begun work less than 20 years before, most had normal X-rays. And when they were abnormal, not very much so.

On the other hand, once the 20 years' point had passed, most had abnormal X-rays; after 40 years 90 percent had abnormal X-rays, and very often the abnormality was extensive.

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This gives point to what Dr. Stein has just said, that many of the things in our environment, many of the things that you work with, won't show any effect at all for 20 or more years.

We have been very apprehensive in these last two days as we have examined many of you.

Incidentally, your response has been remarkable. We have already examined almost 15 percent of all the Delegates at this Convention, and the education that you have given us in these first two days has been a revelation to us.

We have been very apprehensive when you have been telling us about what's been happening, for example, with epoxides because they were only introduced about 10 years ago, we have been told, and whatever they are going to do besides the acute effects, we won't know for another 10 years.

We had a surprise like this, for example, with your vinyl chloride. You people have been working with vinyl paints made with polyvinyl chloride which is contaminated with vinyl chloride. We have now been finding cancers of the liver, a cancer called hemangiosarcoma, which is invariably fatal, rapidly fatal (six months).

We have been finding it in workers in the factories making vinyl chloride and using it, but the average duration from the time they began work was over 20 years.

So, everything we have been seeing follows the 20-year rule. That's what we found with the Pipe Coverers in New York with regard to scarring on X-ray; that nothing much happened until after 20 years

had passed from the time they began work.

Next slide, please.

About 20 years ago it was shown that something else happened when you inhaled these fibers that's on the screen now.

For reasons that we don't know, very often cancer of the lung would occur. This is a cancer of the lung in a man who has the fine scarring that I showed you before, a worker who worked with asbestos.

Next slide, please.

How often does it occur (because, after all, anyone can get cancer of the lung, especially if he smoked cigarettes)?

(Applause.)

Thank you. I'm glad that I have so many friends here.

(Laughter.)

When President Mulhaney of the Pipe Coverers asked about 30 years ago, "What's going to happen to my men who have been working with asbestos," (I think you knew him well. President Raftery) he was told, "Don't worry."

Well, we worried. Let me tell you how we found out what actually has been happening.

This is a pipe coverer, as you know.

In 1943 there were 632 members in their Local in New York. Remember what I said now—1943—because if we wanted to know what happened we had to have at least 20 years to look. We have been following all of the 632 men.

Next slide, please.

With the American Cancer Society Statistical Department under Dr. Hammond we found that among the 632 men there should have been, given their ages, 203 deaths in the ordinary course of events had their experience been the same as everybody else's.

Instead, there were 255 deaths. 50 men died who were not expected to die. Why?

Well, there should have been six or seven deaths of cancer of the lung. There actually were 45. Seven times as many men died of lung cancer as were expected to die. Interestingly there should have been nine deaths of cancer of the colon, stomach and rectum. There were 29, three times as many.

You know as well as I that anyone who inhales dust also ingests it.

There, of course, were deaths due to scarred lungs, or asbestosis.

Next slide, please.

Something else we found. Remember I mentioned the pleura to you, the mesothelium. We found that unexpectedly many of these tumors, mesotheliomas, which means cancer of the lining of the chest, were occurring.

This caused a lot of raised eyebrows because in general this was very rare. Somewhere around one out of 10,000 deaths ordinarily occurs with mesothelioma.

Here was a man, a pipe coverer, with this white shadow on the left side of the chest—fluid.

Next slide, please.

When he died this was what we found. This tumor, this white tumor, covering the entire lung. You are looking at a post mortem now.

The entire lung is covered with tumor. This is a mesothelioma. It occurs virtually only if you inhale asbestos.

I cannot tell you why. We only know that it occurs.

Next slide, please.

For reasons that we don't know, again, and as I talk you will be amazed at how much we don't know, the fibers also get into the abdomen, and when they do, they also affect the lining of the abdomen, the mesothelium of the abdomen, and give a mesothelioma of the abdomen. This is a construction worker in New York with a mesothelioma of the abdomen.

Next slide, please.

At operation this is what it looked like. All these nodules of cancer all over the abdomen, and because it is so diffuse, because it is all over, it is again invariably fatal.

Next slide please.

In 1963 until the end of December 1971 in New York, the American Cancer Society found that there should have been, among the 370 men still alive of the first group in 1963, there should have been another 85 deaths statistically.

Instead, there were 168. Twice as many pipe coverers died in New York as were expected to die from 1963 through 1971.

Next slide, please.

All together out of the 632 men who were in this union in 1943, by the end of 1971 there should have been 11 deaths of lung cancer. 84 occurred.

There should have been no deaths of mesothelioma, which "never" oc-

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There should have been no deaths of mesothelioma, which "never" occurs—there were 32, and the cancers of the intestinal tract, the scarred lungs, et cetera.

This is simply a disaster. I have no other way of describing it. It is heartbreaking.

Each of these men knows what is in store for him, and I don't know what to do to prevent it.

The dust that they inhaled in 1930, 1940, 1950, that dust is still in their lungs, just like Mr. Esposito in your International when he was operated on, and when he died, the dust of ten years and twenty years before was still in his lungs.

Next slide, please.

Industry said, "Well, maybe that is something unusual in New York."

We have, therefore, been studying the entire International. There were 17,800 insulation workers in the United States in 1967, and we have been following them.

Of the 12,000 men who were in the trade for less than 20 years nothing much happened.

On the other hand, out of 5,000 men in the trade for more than 20 years we found one out of every five died of lung cancer. One out of every 15 died of mesothelioma, and one out of every ten died of gastrointestinal cancer.

Imagine! One out of every five men in this trade dies of lung cancer, and through no fault of their own.

They went to work each day, expecting that they would have a safe working place and they didn't.

Next slide, please.

About ten years ago we got a second shock. Dr. Newhouse at the

London School of Hygiene, looked at 76 cases of mesothelioma—remember this only comes from asbestos, virtually—in their files, and they found that, sure enough, 31 had worked with asbestos in the factories, but, of the 45 who had not *worked* with asbestos, nine had simply lived in the household of an asbestos worker.

These were wives who had washed their husbands' clothes when they came home from work, 11 out of the 76 had simply lived within a half mile of one or another of the asbestos factories in London.

Those of you who have been examined may now realize why we have been asking you whether you wash your own clothes, whether you take them home or not, and if you take them home who washes them, whether your clothes are washed with your kids' clothes.

Now you know the reason for that question that we have been asking you.

Next slide, please.

You can understand then our dismay when looking at the construction industries we found that asbestos was being used under conditions in which it was actually being sprayed throughout your buildings.

Here, for example, is spraying of insulation on a building on Wall and Water Street.

Next slide, please.

Here it is being sprayed at the World Trade Center. We found that it was pretty good work, that almost as much as 75 percent actually stayed on the beams.

Next slide, please.

But the other 25 percent went to all the other trades at your building sites.

Next slide, please.

That was an iron worker.

Here is a front end loader.

Next slide, please.

Now you can see why we were apprehensive with what we found in the lung that John Alfarone brought to us.

I came to Washington and I checked with John Pecoraro, and with your President Raftery, and found what we were seeing in New York was true around the country.

The first thing we did was to look at your materials that the tapers were using, and we were taught that not only your tapers use it, but other trades, painters and so forth, can use spackle and other compounds.

Dr. A. N. Rohl of our laboratory did an analysis of ten drywall taping and spakling compounds that the industry gave us through Mr. Pecoraro and Mr. Alfarone.

We found nine out of the ten contained chrysotile. Chrysotile is a name for one variety of asbestos.

Nine out of ten compounds that were being used a year ago in New York contained asbestos. Many also contained quartz and mica and other things which can destroy lungs.

Next slide, please.

We then put our sampling devices on your people. Here are three tapers in New York, and here are the samplers that test how much dust is in the air.

Next slide, please.

We got dust samples when you were doing dry mix work.

Next slide, please.

Sanding.

Next slide, please.

All kinds of hand finishing.

Now, I'm going to give you some technical information. You have got to understand it. It is tough, but you have got to know it. It is your life at stake.

We are talking about 2, 3, 5 fibers per cc.

What does that mean? A cc or a cubic millimeter is a thimble-full of air. A man inhales around 8 million cc's a day, 8 million thimblefuls of air a day.

The Department of Labor has said that it is safe for a man to inhale 16 million—16 million long fibers. They don't count the short fibers even though there may be 100 times as many short ones as long ones—16 million long fibers a day, and retain an unstudied percentage.

So when you see two fibers per cc on the next slide, we are talking about 16 million long fibers for a day's respired air.

Next slide, please.

This is what we found. Taping work, mixing of drywall taping compound, produced almost 60 fibers per cc. That is about a billion fibers in a working day that a man would inhale.

We found that in background to dry mixing (the legal limit is going to be two fibers per cc, which is too high) 20 feet away, it was still 13 fibers per cc, or about 100 million fibers in a working day.

But the other 25 percent went to all the other trades at your building sites.

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Even in the next room we found as much as 25 million fibers to be inhaled in a working day.

We found that after sweeping the floors after sanding—John Alfarone told me they take a little brush and they sweep it up; they don't wait for the laborers—40 fibers per cc, which is somewhere around 300 million fibers to be inhaled in a working day.

You don't see these. People feel comfortable; because what you don't see you don't worry about.

Next slide, please.

Here we have hand sanding of drywall taping compounds. Take a look at the fiber concentrations on the right-hand side, anywhere from 8 million fibers in a day to 120 million fibers in a day.

We found that in the same room. We found it in the next room.

Next slide, please.

Pole sanding, exactly the same thing; hundreds of millions of fibers to be inhaled, and many to be retained in your lungs as you do pole sanding.

Next slide, please.

With this as a background we then X-rayed 17 tapers in New York. We took only the fellows who were in the trade for more than 10 years. We wouldn't have seen anything in less than 10 years no matter how much asbestos there was in the lungs. It takes a long time to show an effect.

We found that 50 percent, or 9 out of the 17 men, had scarring on their X-rays, of the sort we had already seen in the Pipe Coverers.

Next slide, please.

We also saw the same kind of scarring of the pleura, this white area here, the same kind of scarring of the pleura.

This was very little information, with only 17 men. With this initial data, which we first showed to Local 1974, we visited your International in Washington. We first went to a meeting to which we were invited in Miami Beach. We met President Raftery and your full General Executive Board and it was at that meeting that your Committee was appointed to review the matter with us, with the President Emeritus Raftery, Mr. Duval, Mr. Cox, Mr. Wolford, Mr. Pecoraro, and Mr. Alfarone. I had a liberal education that day.

I was told that it is all right to worry about the tapers, but what about . . . . . and then I was given a whole list of things.

I had thought that paints were paints. I now found that they were chemical compounds. I had thought that floor tile sanding was an innocuous, little thing, and I soon found out that sanding of floor tiles sometimes gives so much dust that you couldn't see across the room, asbestos dust.

I soon found that you people also did sandblasting, straightforward, or in preparation for painting, and I knew what sandblasting did.

I was told about your hardwood finishers with solvents, with sandblasting, and wood dust, which I knew could also give cancer of the sinuses and nose.

This was gone over with me in detail.

Next slide, please.

I came back to New York and we have since examined about 70 of the tapers in New York, and we find—this is a comparison with the Pipe Coverers—we find that the percentage of abnormal X-rays year for year is virtually identical for Tapers and for Pipe Coverers.

I think you can appreciate now why we truly were dismayed in this past year.

Next slide, please.

With what I had been told, we began to look into current paints. Dr. Kingsley Kay, the head of our Toxicology Laboratory, recently gave a seminar to our laboratory staff, and he said, "What I have found out about paints used nowadays would take a full year's toxicology course to review."

For example, there are pigments, there are solvents, the plasticizers, the catalysts, the additives, the stabilizers, the hardeners, et cetera.

Next slide, please.

And this is only a summary. Among the pigments we have cadmium, which gives kidney damage: titanium, about which we know nothing.

You people won't believe this—at least I didn't. Titanium, which is used in every paint that you use is virtually completely unstudied with regard to what it will do to the human body.

When we looked into more about this, about blood levels, for example, we found the only thing that had ever been done, was in 1936.

Now, you know why we are taking blood samples from you. We are sending them to the Public Health Service Laboratory in Salt Lake City to see what the levels actually are of titanium, among painters.

Next slide, please.

We found among the solvents and thinners, that there was a remarkable display of the competence and ingenuity of the American chemical industry.

Not only did we find benzene, which can produce leukemia, but we found toluene, xylene, turpentine, coal tar solvent naphtha, and the various kinds of alcohol. Here is a series of them. Chlorinated hydrocarbons, ketones and esters.

Next slide, please.

This is only a summary.

We found various hardeners which were used, which were extremely toxic.

Next slide, please.

We found the oxidizers, the accelerators, the catalysts, the stabilizers.

Next slide, please.

The various additives—all planned to kill bacteria, for example, to keep the paint good.

Next slide, please.

These are fungicides. They will kill fungus. Nobody said, "What are they going to do to the human beings?"

We found all kinds of effects on the body, on the nervous system.

I remember yesterday Dick Ferris—I think he is from this area—was telling me that when he uses lacquer sprays, if he takes a half can of beer afterwards he is drunk.

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Next slide, please.

We found among the solvents and thinners, that there was a remarkable display of the competence and ingenuity of the American chemical industry.

Not only did we find benzene, which can produce leukemia, but we found toluene, xylene, turpentine, coal tar solvent naphtha, and the various kinds of alcohol. Here is a series of them. Chlorinated hydrocarbons, ketones and esters.

Next slide, please.

This is only a summary.

We found various hardeners which were used, which were extremely toxic.

Next slide, please.

We found the oxidizers, the accelerators, the catalysts, the stabilizers.

Next slide, please.

The various additives—all planned to kill bacteria, for example, to keep the paint good.

Next slide, please.

These are fungicides. They will kill fungus. Nobody said, "What are they going to do to the human beings?"

We found all kinds of effects on the body, on the nervous system.

I remember yesterday Dick Ferris—I think he is from this area—was telling me that when he uses lacquer sprays, if he takes a half can of beer afterwards he is drunk. This is true. It is a combined effect.

Next slide, please.

We found a whole series of plasticizers, such as, for example, the vinyl chlorides that are now being used, chlorinated biphenyls; (a whole series of chemicals, polychlorinated biphenyls).

Next slide, please.

We have found a whole series of resins being used, nobody knowing what they will do to painters. We know what they will do on the wall, but we don't know what they will do to painters.

Next slide, please.

Now, with this we also began to get some first information about sandblasters.

Many people can sandblast and nothing much happens to them, but nobody really knows. There was one study done in New Orleans last year, 1973, and reported here in this city, of 22 cases of sandblasters in New Orleans. By the time they saw these men, eleven were dead at an average age of 48, eleven were still alive and seven of them had disease on the X-ray.

Next slide, please.

We then looked on our experience. Here was one man that we saw with a little scar up here in the upper part of the right lung (indicating).

Next slide, please.

Two years later you can see almost destroyed lungs. Once it gets going, once it gets going, very often, because TB may be present, it progresses very rapidly.

Next slide, please.

Here, finally, is another mesothelioma. This is the last slide and it is worth remembering.

This is, again, a mesothelioma; looking down at the autopsy on the autopsy table. Here is the tumor.

These red nodules of tumor all through here (indicating) these are the calcified placques that told you about before, of a man who had worked sanding floor tiles and breathing in the clouds of asbestos that occur.

I understand now that I have been told that this only happens to members of your union west of the Mississippi, that east of the Mississippi the carpenters have the privilege.

(Laughter.)

May I have the lights, please.

Obviously, we have a lot to learn, a tremendous amount, and for that reason, we are terribly grateful to you for the teaching that you are doing with us in our survey now in telling our scientists what the conditions of the trade are, and we will even be more grateful to you for this in the next several years to come when we work with you to correct the conditions that we are finding. Thank you.

(Standing applause.)

COMMITTEE CHAIRMAN COX: Ladies and Gentlemen, you have just expressed yourselves, the feelings that the entire General Executive Board and the General President Emeritus has felt for this wonderful man.

We are going to open the floor for questions, if you have them, directly to Dr. Selikoff.

I will ask if you do have questions, that you go to the microphones so that the entire audience will be able to hear you.

I do apologize to the Delegates on my right and left in the corners for not having had the opportunity to see the screen itself, but I am sure that you heard Dr. Selikoff's remarks and understood them well.

On Mike 1 in the front.

BROTHER COLE: Waldo Cole, Local 861, Kansas City, Missouri.

From my experience, I find that the employer and the employee—not the employee, but the insurance companies, can get a medical report but the employee cannot.

I wonder if your association can help us along those lines?

DR. SELIKOFF: Let's get one thing straight because you have raised a very interesting and very important question.

Don't depend on us, depend on yourselves. Your union can get anything.

You are going to get reports from us, every one of you, independently, with nothing going to the employer and nothing going to even your union.

But reports now can be made available of your health, if your union will see to it, and if your union doesn't see to it, my experience is that very little is going to be done.

I spoke—I think it was Mr. Valekis here of California—am I pronouncing it right. Mr. Valekis, a sandblaster, and he told me that in his trade, and he is a foreman now, that in his trade his experience in 25 years, not one X-ray of the lungs had been taken, not one examination had been arranged by the employers, and here is a disease, silicosis, that we have known about for 100 years, since the end of the 19th century in Great Britain, so that your reports can be gotten from insurance companies and from others if you ask for it.

Now, very often they may say they won't send it to you. Write to me. I will write to them and get it as a doctor and see that you will find out what the information really is.

BROTHER COLE: Thank you.

COMMITTEE CHAIRMAN COX: You may obtain Dr. Selikoff's address through the office, our office, if you so desire.

I recognize the Delegate on Mike 6.

BROTHER FEDORE: Brother John Fedore, Local 6, Pittsburgh, Pa.

What I wanted to say is this, I have been in the painting business, and I done sandblasting and we also done a lot of blowing of dust, flue dust on blast furnaces.

Now, I went there and took an examination, but what bothers me more than anything else, I told them all of this history, it's on the record there.

Now, they give me—they put five different shots into me. Now, I don't even know what it was for. The blood they took, I didn't mind, but the shots—

DR. SELIKOFF: Very, very good question. May I answer that?

BROTHER FEDORE: Yes, please.

DR. SELIKOFF: Right.

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DR. SELIKOFF: Very, very good question. May I answer that?

BROTHER FEDORE: Yes, please.

DR. SELIKOFF: Right.

Those skin tests that your Brother had made were only made in a small number, a small percentage of the men, only those who have done sandblasting. Let me tell you why.

When there is silica in your lung, it lowers the resistance of the lung to tuberculosis. Why we don't know, again, but we do know that anybody with silica in the lung is subject to developing tuberculosis.

There is some evidence now that the lungs are destroyed among sandblasters much more if they have some bacteria, tuberculosis bacteria of various kinds in them.

So, what we have done is to start to skin test for tuberculosis, five different kinds of tuberculosis bacteria, so that those men who we find have positive skin tests will be told about this so that they can get proper treatment to prevent any damage occurring to their lungs.

(Applause.)

COMMITTEE CHAIRMAN COX: I recognize Mike 3.

BROTHER ARTEAGA: Daniel Arteaga, Local 560.

Dr. Selikoff, I appreciate your information. I have been very interested in this field.

In fact, through my initiative and the cooperation of the California State Employees Association, a resolution was introduced in 1971, Senate Resolution No. 137. I hope that I can be able to give to Vice President Cox this information.

But, Dr. Selikoff, while I am on the mike, I would like to ask you, have you had consideration of heart conditions in damaging within the painting industry?

DR. SELIKOFF: That's one of the many things about which we have no information.

Mind you, what we are doing now should have been done 20 years ago. We are 20 years too late. I am sorry, but these are the facts and nobody should kid you.

We do know that the heart is often damaged when there is scarring of the lungs, scarring that can come either from the dusts you inhale or from the fumes and vapors and solvents and thinners that can produce emphysema. This then puts a strain on the heart in two ways.

First, the heart has to push the blood through the scars, which is difficult, and secondly, when the lungs aren't good, there isn't enough oxygen in the blood, there isn't enough oxygen to feed the heart in its work, so therefore, there is reason to believe that the heart can be damaged under these conditions.

But the studies that will demonstrate this unequivocably have not yet been done.

COMMITTEE CHAIRMAN COX: I recognize Mike 8.

Brothers, while he is on the mike, let me request, so we can get as many questions in as possible, that you concise your questions. We would like to attend to as many mikes as we can. If you will do that, we would appreciate it.

Mike 8.

BROTHER MC CURDY: All right. Don McCurdy, Local 1137, Warren, Pennsylvania.

When are we going to get corrective respirators to take these minute particles out of the air?

DR. SELIKOFF: I have two parts to my answer.

The first is, that's the wrong thing to do. They shouldn't get into the air, in the first place. You should have a working place where you don't have to work all day with a respirator.

(Applause.)

That's not for human beings.

Moreover, you are aware of the respirator when you see the dust, but there's lots of dust when you don't see it, so keep it out of the air. That's number one.

For example, to get back, I don't think there should be dry mixing of taping compound anywhere in the country.

Now, New York Local 1974 has banned it and the contractors maybe didn't like it. It is cheaper to have dry mix, but I'm sorry, it's more expensive in human life. That's number one.

Secondly, there are good respirators now for these fine particles of dust, disposable respirators, that the Pipe Coverers did the research on to develop.

They are made by three companies, by Three M, by Welsh, Welsh-Allen, and by American Optical. These are thin, light effective, and will keep the fine particles from getting into your lungs, so they can be used but only in exceptional circumstances. Otherwise, have a clean working place and don't wear a respirator.

COMMITTEE CHAIRMAN COX: The Chair recognizes Mike 4.

BROTHER CAPONIO: Sam Caponio, Painters Local 127, Oakland.

In the San Francisco Bay area, Dr. Selikoff, a local hospital is offering a test for lead, zinc and mercury. This test uses a human hair in its testing. How accurate is that test?

DR. SELIKOFF: It is generally very accurate. It is a very good test. I don't know how much it will help. It only tells what happened five years ago, two years ago, or three years ago, but it will give you some information. It is a good test. It is an accurate test, and I think they should be congratulated for offering it to you.

COMMITTEE CHAIRMAN COX: Mike 5.

BROTHER WOODEN: Earl Wooden, District Council 48.

What respirator is the best respirator that we can use today?

DR. SELIKOFF: The best respirator that you can use today is an air supply respirator. This is almost impossible to get the employer to give you. It cuts production all the way down. Canister respirators of special types are also very good.

There are throw-away respirators for dust that causes scarring in the lungs that are very good.

There are very good respirators now, and the Public Health Service has a special laboratory for respirators that you can approach and they will give you excellent information.

Write to Dr. Joseph K. Wagner of NOISH in Cincinnati, and he will get the right people in touch with you and you will get to know the best respirators.

If you get into any trouble, if you can't find out, write to my

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If you get into any trouble, if you can't find out, write to my laboratory, to Mr. Duncan A. Holaday, and he will see to it that you will have accurate information with regard to respirators.

COMMITTEE CHAIRMAN COX: Brothers, when you ask your questions, first give your name and local union number.

Mike 8.

BROTHER LABELSON: My name is Sol Labelson, Business Representative, Local 1511, Brooklyn.

If you would allow me at this time, I want to compliment the General Board for their interest in this research, and I personally want to thank Dr. Selikoff for not only being a great doctor but a great friend to this trade.

I have had a personal experience —

(Applause.)

I have had a personal experience on one of my jobs in the Brookdale Hospital where the kitchens were to be steam cleaned and painted with epoxy.

When the men complained of this, Jimmy Bishop, our Secretary-Treasurer of DC 9, and Morris Levy, was very interested.

I got in touch with Dr. Selikoff and he was kind enough to send Dr. Kay down personally, and I want to tell you they stopped the use of epoxy on that job because it was dangerous to the men.

So, when we receive the paraphernalia from the General Board telling you about safety, I think we owe a real vote of thanks to the General Board and to a great human being, Dr. Selikoff.

Thank you.

(Applause.)

COMMITTEE CHAIRMAN COX: The Board agrees on your comments, certainly about Dr. Selikoff, and thank you for your comment to the Board.

Mike 6. I'm sorry.

BROTHER TOPP: My name is Eddie Topp, Local Union 51, District Council 9.

In 1971 when we became aware of the danger of asbestos and other materials in the acoustical materials, we submitted a sample to the New York State Laboratories, and at the same time I was the Safety Director of the Council, or the Safety Committeeman, and they sent it back 100 percent clear.

It was purely by accident that we came in contact with Dr. Selikoff, and he sent Dr. Kay out to different jobs, and he took samples and we submitted it to Dr. Selikoff's laboratory, and lo and behold, the Gypsum people's material, the report came back. It was 50 percent asbestos and 50 percent fiberglass.

And as a result of this, we went and got samples of every material that was used, and it was banned from further use on the celings in the City of New York, and I am sure throughout the country.

Now, my question is this: Since we had submitted it to the State of New York and it came back with an okay, it was purely accidental that it was submitted to your laboratory, where can we submit the material that we have doubts about so we can get an accurate report on them?

DR. SELIKOFF: It is almost impossible to believe, but there are virtually no places you can get such a report.

What happened in New York State in that case was that they looked at it with the ordinary microscope. You can't see it with the ordinary microscope, remember I told you that?

You have to have an electron microscope. We have three. One of them cost us $100,000, for example, and an ordinary laboratory doesn't have one.

You can also use X-ray diffraction, but then you have to have a physicist to run it. An ordinary laboratory doesn't have it.

But don't make a mistake. If you think that this has been banned throughout the country, you have got another think coming and it hasn't been.

I was told by one of the floor tile sanders I examined yesterday that he not only has the problem of the floor tile sanding, but very often the sprayed ceiling material that you are talking about falls to the floor and when he comes in to do his work, it's part of the dust that he raises in general.

This is a big, big problem and you have solved it in New York, but there are many places it has not been solved.

COMMITTEE CHAIRMAN COX: I'm sorry, Brother.

Microphone No. 9, please.

BROTHER DOBRICK: Art Dobrick, Local 275, Chicago, Illinois.

My question to you, Dr. Selikoff, is I realize that respirators in asbestos are probably very good, but I have always known that your body, your entire body breathes, so it is not only what you get through your nose or through your mouth.

What about protective clothing? This certainly would be a great help, and it should be urged to other people not only to use respirators, but also to use protective clothing, such as plastic coats, which cover your entire body while you are working, and also protective shoes, so that your entire body will be covered.

DR. SELIKOFF: I agree with you. First of all, some of these materials can be absorbed through the skin, and can go to the liver, can go to the kidney, go to the brain—the brain being a very important organ here, because we frequently see brain damage through the blood stream after it goes in the skin.

I would suggest, however, that the procedure that your General Executive Board is now following be considered wise because they plan after this Convention to sit down with the paint manufacturers to see how we can get safe materials in the trade and not have to go around like a "zombie" in a plastic uniform.

COMMITTEE CHAIRMAN COX: We have time for one more question.

Brother, we have two minutes left.

Microphone No. 4.

BROTHER GREGORY: Thank you.

My name is Chester Gregory, Local Union 10, from Portland, Oregon.

To conserve time, I'm speaking for two people.

Several have asked that the Doctor's address be included in the minutes so contact can be made.

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My personal question, I am wondering if—the Doctor's comments are appreciated so greatly—if he could give us a relative rating of the dangers involved in this smoking habit as related to those involved in exposure on the job.

Since we are after the contractors to improve our working situation, should we perhaps not have some kind of regulation in a meeting such as this relating to smoking in?

(Applause).

DR. SELIKOFF: I have the answer to that. Let me give you the answer to that because it is a very interesting one.

I think you will appreciate it. The question was asked us ten years ago, "How do you know that the lung cancer that you are finding in all the asbestos workers is not due to the smoking?" A fair question.

What we did was, we asked each of the asbestos workers throughout the country about what he smoked. Some never smoked at all. Some smoked cigarettes, some smoked pipes and some smoked cigars.

I can tell you now that asbestos workers who don't smoke cigarettes, have no history of cigarette smoking, don't die of lung cancer.

(Applause.)

Now, this is the fact. Now, if they do smoke they have eight times as much lung cancer as all other smokers, so it is not the asbestos by itself, it is not the smoking by itself: but the combination is terrible.

Dr. Hammond of the American Cancer Society has calculated that a pipe coverer who smokes has 92 times the chance of dying of lung

cancer, compared to someone who doesn't smoke nor works with asbestos.

Also out west, out west in the uranium mines, uranium miners who don't smoke don't die of lung cancer.

Now, if they do smoke, they have a terrible death rating of lung cancer, much greater than all other smokers.

Now, it fits your problem because you are exposed to many things that the combinations may be terrible. One by itself may not be enough to cause trouble, but, by gosh, what I have learned in the last two days indicates that you never are exposed to only one thing. You are exposed to a whole slew of things.

(Applause.)

COMMITTEE CHAIRMAN COX: Thank you. Dr. Selikoff.

Brothers, Sisters, I wish we had more time for questions. I did extend the time because of your interest. I know that we could spend much more time because you have shown tremendous interest in the presentation made here this morning by Dr. Selikoff.

I wish to make clear to each of you in your individual trades, that it is the intention of the members of the General Executive Board that we extend our field of research not just in taping or painting, but into every industry covered by this Brotherhood.

You have responded this morning to us of your interest. I told you in my opening remarks how little knowledge I realized I had in the field of my work, and it was not until I had an opportunity to sit down with this wonderful man, Dr. Selikoff, and begin to realize what we had been facing all of these years, but did not say.

Now, you will possibly realize why Dr. Selikoff has provided for the General President and members of the Executive Board approximately 20 scientists, doctors and nurses for the tremendous response that you have been giving to us and to them in these physical examinations.

I'm sure you realize that in using the terms we have somewhat been using you as guinea pigs. The purpose of that is to have you in a collective audience and to be able to learn as much as we possibly can as soon as we possibly can.

You saw in front the laboratory bus, that unit. When this Convention adjourns that bus will then take off, that medical unit, and in behalf of the entire membership of this Brotherhood, will travel the United States.

It will stop in various cities and towns to examine our members. We are going to do the most thorough job we possibly can because, as Dr. Selikoff said, we know we are way behind schedule.

Now, I know that the General President and each of your General Vice Presidents in each of your Districts is going to be interested in the response from you and your Local Union membership of the interest that you will take.

Let me point out to you that in your packets you have a book called, "Play It Safe."

This book after OSHA went into effect was brought up to date by

your Committee, your Safety and Health Committee.

You have 211,000 members today in this Brotherhood, and yet we had a response for only 30,000 of these books to be given out to the membership.

We intend expanding the knowledge in this book. It will be interesting to see what the response will be for requests of knowledge that we can extend to you.

We sincerely hope that you and each of your individual crafts will respond to us when we come and say we wish to examine "X" number of members.

While this Convention has been going on, Dr. Selikoff's scientists have been in the construction field in the City of Los Angeles taking samples of air on job sites where taping is being done, where chloride paints have been applied to walls, on floor cleaning jobs where sanding has been performed of the asbestos tile, into the glass shops because of glass dust.

We will continue to extend and we thank God that we have the privilege of being able to have someone of the tremendous dedication of Dr. Selikoff working with the Board.

Thank you very much.

(Applause.)

GENERAL PRESIDENT RAFTERY: I think it goes without saying as I take the mike again here at the dais that all of us are indebted to the good Doctor for the tremendous job that he is doing in working with us to help take care of the problems of these job situations in our health and safet

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Thank you very much.

(Applause.)

GENERAL PRESIDENT RAFTERY: I think it goes without saying as I take the mike again here at the dais that all of us are indebted to the good Doctor for the tremendous job that he is doing in working with us to help take care of the problems of these job site situations in our health and safety, and I would like to make a little presentation which is a token of the esteem of the membership throughout the nation and this Brotherhood, and the officers and members of the General Executive Board.

We have purchased for Dr. Selikoff a mobile unit, a specially equipped piece of equipment, that I know that he and Mt. Sinai Hospital need desperately in New York, and I would like to present him the key to that new unit on behalf of all of us.

(Standing ovation.)

DR. SELIKOFF: May I express my thanks, and the thanks of our group of scientists, industrial hygienists, nurses, physicians who are working here with you this week, for the help that you have given us in these last days, and for this generous gift that you now give us, that will help our work throughout the country.

Thank you very much.

(Applause.)

GENERAL PRESIDENT RAFTERY: The Chair now recognizes the Chairman of the Credentials Committee for a concluding report of the Credentials Committee before we move into the special order of business.

COMMITTEE CHAIRMAN BOCANFUSO: President Raftery, General Secretary DiSilvestro, General Officers, and Delegates, this is the Final Report on Credentials.

Your Credentials Committee concluded their duties as of 9:00 a.m. this morning, and this will be an updated, final report to the cooperative Delegates to this 23rd General Convention.