

January 7., 1974

Sheldon Samuels, Director of Health
and Environmental Affairs
Industrial Union Department, AFL-CIO
815 Sixteenth St., N. W.
Washington, D. C. 20036

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Dear Mr. Samuels:

Several months ago I was contacted by Doctor Johnson of the National Institute of Health advising me of his personal concern regarding following up on the situation in Port Allegany where members of the American Flint Glass Workers' Union for several years were employed in the manufacture of asbestos insulation. Doctor Johnson advised me of the tremendously high incidence of lung cancer which arose among employees who had been in the Tyler, Texas plant.

As a result of his alerting me and even though asbestos production had been discontinued in Port Allegany, on August 6th I wrote the secretary of our Local Union 1019 and made inquiry concerning whether or not the company was following up in Port Allegany with health checks, etc. On November 6th I received a reply from Local Secretary Lewis Duell advising me that the company planned to give chest X-rays "every second year" to all employees with "at least a five year history of working with asbestos."

On December 4th I wrote to R. C. McPherson, Director of Personnel of the company expressing concern that former employees were not being examined and on December 27th I received a reply from Mr. McPherson in which he advised that "employees who were exposed to UNIBESTOS insulation for one year" were going to be examined. Retired employees were also to be covered. The examination, however, was to be confined to about 40 employees who worked in the UNIBESTOS department and the company did not intend to make a special effort to contact former employees who may have been exposed.

I, of course, am not an authority on this matter but quite frankly in view of what I have come to know about the problem I am very much concerned.

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Sheldon Samuels, Director of Health
and Environmental Affairs

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January 7,, 1974

In conjunction with my telephone call to you, I am forwarding the communications I have received from our Local Union 1019 and from the Pittsburgh Corning Corporation.

I would appreciate you reviewing this matter with proper authorities in the U. S. Department of Health or others competent in this field.

Sincerely and fraternally,

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GMP/fbe

cc: Lewis Duell ✓
L. U. 1019

Richard Morgan ✓
International Representative
American Flint Glass Workers' Union

George M. Parker
International President

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**INDUSTRIAL
UNION
DEPARTMENT
AFFL--C110**



816 Sixteenth Street, N.W., Washington, D.C. 20006
Area Code 202 393-5501

U.I.W. Area President
Jacob Gayman, Secretary-Treasurer

September 25, 1974

Dr. William M. Johnson
626 South Staunton Drive
Tucson, Arizona 85710

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Dear Bill:

Last month we received a copy of the memorandum you sent the Occupational Safety and Health Administration on Port Allegany. You were right and I am wrong about the response of OSHA to that memorandum.

In conversations with the regional director (Rhône), it is obvious that there was a conscious attempt to ignore an inspection of the plant such as should have resulted from your transmission.

I intend to investigate this case further since it may be necessary to request disciplinary action.

The other side of the coin is that at that point in OSHA's history the federal government had little capability in industrial hygiene and there was a great deal of confusion in the State of Pennsylvania due to a lack of coordination between the State and the federal government. The mistakes may have been honest, but if they were not we will demand our pound of flesh.

We are making some progress in setting up medical surveillance in Port Allegany; the first compensation case for asbestosis has already been settled. We need to find a means of supplementing the criminally insufficient award given this case and of protecting the other men and possibly their families who we know are likely to be adversely affected.

Best wishes, keep in touch.

Sheldon W. Samuels

Sheldon W. Samuels, Director
Health, Safety and Environment

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VICE PRESIDENTS:

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John Bonner
Walter Bonner
Scott Bonner
Dagmar Bonner

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Maurice Greenberg
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John Kohnman
John Kohnman
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Joseph C. Tene
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Joseph C. Tene

October 11, 1978

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Mr. Lewis Duell
218 Smith Avenue
Port Allegany, PA 16743

Re: Asbestos Clipping - L.U. 1019

Dear Sir and Brother:

In the mail today we received the enclosed information forwarded to us by the Industrial Union Department of the AFL-CIO, pertaining to asbestos.

I would suggest that you post this information on the bulletin board in the plant. I am forwarding a copy to Richard McPherson to avoid any misunderstanding.

With kind regards, I am

Sincerely and fraternally yours,

George M. Parker
International President

GMP/kl
Enclosures ✓
cc: Richard Colasurd, Esq.

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Honest Answers to Tough

1. DID YOU MAKE AN ASBESTOS PRODUCT? WORK IN A SHIPYARD OR STEAM PLANT? REPAIR BRAKES? SPACKLE A WALL?

If so, you and workers engaged in hundreds of other operations using asbestos probably inhaled ASBESTOS fibers, and you may now or in the future develop an asbestos-associated disease.

2. WHAT HAPPENED?

Over the years, asbestos has been widely used in ship construction and ship repair, insulation, pipe fabrication, friction products and other kinds of work. Inadequate precautions were the rule and much of the toxic dust present was inhaled. Not only did workers using the materials inhale the dust, but so did virtually everyone else in the area.

3. WHY DID IT HAPPEN?

While some of the effects were known fifty years ago by the major companies involved and the physicians and insurance companies who served them—workers were not told. Reports to the scientific community were squashed or censored. When we found out in the '60's many unions tried to negotiate for access to medical records, file complaints with state agencies, and assist researchers. But there wasn't much we could do.

Shortly after OSHA went into effect, the IUD filed a petition for an emergency standard and led the battle for a stringent asbestos standard. But the result permitted *little protection against cancer*. So we went to court and successfully forced a re-consideration of the standard. A new proposal was made two years ago. We will press for lower exposure limits and new engineering and respirator provisions. *At this time, there is no requirement that respirators even fit a worker's face!*

4. HOW MANY WORKERS EXPOSED?

No one knows for sure. Since the beginning of World War II, 8 to 11 million men and women have been exposed, including about 4,500,000 men and women who worked in shipyards during the war.

5. DID ALL INHALE ASBESTOS?

Perhaps a lucky few escaped. Let's hope so. When suspended in the air, the most dangerous fibers are so fine that they can't be seen (except with an electron microscope). And because they're so small they go deeply into the recesses of the lung. They come from crushed rock and tend to last in the lung for life.

6. WHAT CAN HAPPEN AS A RESULT?

Two things: lung scarring, and various kinds of cancer. The scarring is called ASBESTOSIS. Fine scars are formed in the lungs, preventing proper breathing. Shortness of breath occurs. The breathing difficulty

can be fatal. Usually workers with asbestosis die of respiratory ailments, like pneumonia. Cancer can also occur.

7. WHAT CANCERS CAN OCCUR?

• Cancer of the lung • Cancer of the esophagus • Cancer of the stomach • Cancer of the larynx • Cancer of the kidney • Cancer of the mouth and throat • Cancer of the colon and rectum • Pleural mesothelioma • Peritoneal mesothelioma

The last two, cancers of the lining of the chest ("pleural mesothelioma") or the lining of the abdomen ("peritoneal mesothelioma") are rarely seen except after exposure to asbestos.

8. ARE THESE ALWAYS FATAL?

No. Many people with asbestosis have comparatively few symptoms. Only if it is extensive or if they get a lung infection or if they also have emphysema or another lung condition, do they have serious trouble. Some cancers can be cured with early treatment.

9. WILL EVERYONE WHO WORKED WITH ASBESTOS GET THESE DISEASES?

No. Many show no ill effects. Scientists don't know why one person inhales asbestos and gets mesothelioma, and why another will not. There is good reason to believe that *more than half the people who worked in shipyards will be all right.*

10. WHEN DO THESE DISEASES OCCUR?

About 20, 25, 30, 40 or so years after someone began to do asbestos-related work. At this time, cancers are occurring mostly in people who worked in the shipyards and in other asbestos-exposed jobs in World War II or in the ten years after that. *Asbestos disease is rare for the first 10-20 years after inhaling asbestos. It is a period of grace called the "latency" period.*

11. HOW LONG DID YOU HAVE TO WORK TO NOW EXPECT POSSIBLE TROUBLE?

No one really knows. Apparently the longer one worked in an asbestos contaminated environment the greater the risk now. (There was time for more asbestos to be inhaled!) Someone who worked only for a week is probably safer than someone who worked for a year and much safer than someone who worked for five years. *But it isn't always how long you worked in a job with asbestos exposure, rather how long and how much you breathed the dust may be more important. The mineral fibers inhaled 25 years ago are still in the lung—so that the lungs have had 25 years to be affected!* Don't panic. Even if someone worked with asbestos for a year, or two, or three, there is still a very good chance nothing serious will happen.

12. CAN WE REMOVE THE ASBESTOS?

A few particles are coughed up or brought up in the sputum, but most are stuck in the lungs.

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Questions About Asbestos

● CAN YOU TELL IF THERE IS ASBESTOS IN YOUR LUNGS?

Your physician can find out in two ways. First, a few particles of asbestos, as we said, may come up in your spit and can sometimes be seen with a microscope. But that method is not always easy or reliable. Luckily, the scars which result can be seen by specially-trained doctors on a chest x-ray. They have a rather characteristic appearance. When they are seen, the physician reasons that asbestos is there and caused the changes he sees.

14. WHAT SHOULD BE DONE TO FIND OUT IF YOU HAVE TROUBLE?

See a physician. A physical examination, chest x-ray and, in some cases breathing test, will allow the physician to judge. This is also important in case you have trouble in the future. Information about your health now will be compared with information about your health at a later date. *The physician should be told about any kind of asbestos-related work.* He will look for scarring of the lung and the lining of the chest, calcium deposits, abdominal problems, low blood counts, voice changes, sores or swellings in the mouth or tongue, blood in the stool, and may find it wise in certain cases to do special tests, such as examination of the sputum for cancer cells.

15. IS TREATMENT POSSIBLE?

Sometimes. If cancer is already present, successful treatment may be possible if it is found early enough. With regard to lung scarring, there is no way now known to remove it. But a physician can often prevent serious consequences. He may suggest special treatment for lung infections.

16. WHAT JOBS HAVE A SPECIAL RISK?

So far, it looks as if it is across the board—production workers using asbestos, steamfitters, painters, carpenters, riggers, electricians, welders, machinists, boilermakers, insulators, sheetmetal workers, etc.—and (in highly contaminated workplaces such as shipyards) probably even guards, supervisors, truckers, draftsmen and others. It's not so much what one did, but where one was.

17. WHO ELSE IS AT RISK?

Good question. We're worried about wives and children of exposed workers, because of the likelihood that, innocently, workers brought the dusts home on their clothes and shoes. There are many cases of wives and children who developed mesothelioma—and their only known asbestos exposure was from a worker's clothing and shoes.

If you lived in the household of an asbestos-exposed worker, and if you have a health problem, alert your physician to the possible asbestos connection.

18. WHAT ABOUT SMOKING?

Another good question. Asbestos can cause plenty of disease by itself. But cigarette smoking makes things worse. It multiplies the effect. Apparently, the combination is an explosive one. If you worked with asbestos and have never smoked cigarettes, don't start. If you are smoking, stop. This will help lessen the risk of lung cancer. The mesothelioma problem will remain the same: Non-smokers can develop this tumor *and even lung cancer.*

Warning: Cigarette smoking may not be the only multiplier!

19. ARE THERE OTHER MULTIPLIERS?

Like cigarettes, welding fumes contain chemicals known to be a factor in the cause of cancer (carcinogens) and they produce gases that weaken your ability to eliminate dust from your lungs while they lower the ability of your body to repair diseased tissue. Some solvents have the same effect. OSHA regulation on general ventilation, respirators, welding and solvents—even if radically improved and perfectly enforced—will not *eliminate* the risk of these multipliers. But they will greatly improve your chances of survival.

20. WHAT IS BEING DONE TO HELP YOU?

With IUD urging and support, a task force is mobilizing government resources and coordinating the activities of the professional societies, voluntary health agencies and the labor movement. The task force is conducting a massive program of identifying and notifying those who have been exposed.

Some, not all, workers presently exposed are supposed to be warned in accordance with OSHA regulations. For these workers, OSHA requires that the employer provide limited medical examinations. The examinations are not required and many workers refuse to take them when administered by company doctors. Other workers want the company examinations and the IUD successfully has gone to court to force employers to make them available. But there is *no* national program of preventive care and therapy at this time. Most past and present workers may have to finance and manage their own care. The IUD and its affiliates will continue to press for a national program of medical surveillance and workers' compensation.

21. CAN YOU HELP YOURSELF?

With the exception of some former and current federal employees, it is against the law for federal agencies to pay for routine health care on a permanent basis.

Union workers, through their locals and internationals, can monitor compliance with OSHA standards, organize special education programs and arrange for lifetime medical surveillance through HMO's and similar plans.

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