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# MOUNT SINAI SCHOOL OF MEDICINE

of The City University of New York

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Department of Community Medicine

January 3, 1973

Mr. S. Frank Raftery, General President  
Brotherhood of Painters and Allied Trades  
United Union Building  
1750 New York Avenue, N.W.  
Washington, D.C. 20006

Dear Mr. Raftery:

I regret that I do not have a very happy report concerning initial findings in our examinations of tapers in New York City.

With the cooperation of Mr. John Alfarone and Local 1974 of the International Brotherhood of Painters and Allied Trades, we examined 17 members of the Local. Our concern, of course, was whether the dusts inhaled at their work (particularly asbestos) might be associated with lung damage.

The x-ray studies showed definite fibrosis to be present in a proportion of the men. These results should be evaluated with the realization that x-rays always under-represent the amount of scarring to be present and that most damage first makes its appearance 20 or more years after onset of work.

The following table summarizes the findings in the small sample of men so far examined.

| <u>Years from<br/>onset of taping work</u> | <u>Number examined</u> | <u>X-ray evidence of<br/>fibrosis</u> |                |
|--------------------------------------------|------------------------|---------------------------------------|----------------|
|                                            |                        | <u>Number</u>                         | <u>Percent</u> |
| 0 - 9                                      | 0                      |                                       |                |
| 10 - 19                                    | 10                     | 5                                     | 50%            |
| 20 - 29                                    | 7                      | 4                                     | 59%            |

PLAINTIFF'S  
EXHIBIT

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x-ray changes are not unlike those seen among asbestos insulation workers with similar work experience.

| <u>Local 1974 - Tapers</u>      |                        |                         | <u>Locals 12 &amp; 32 - Insulation Workers</u> |                         |
|---------------------------------|------------------------|-------------------------|------------------------------------------------|-------------------------|
| <u>Years from onset of work</u> | <u>Number Examined</u> | <u>Percent Fibrosis</u> | <u>Number Examined</u>                         | <u>Percent Fibrosis</u> |
| 0-9                             | 0                      | -                       | 346                                            | 10.4                    |
| 10-19                           | 10                     | 50%                     | 379                                            | 44.1                    |
| 20-29                           | 7                      | 59%                     | 77                                             | 72.8                    |
| 30-39                           | -                      | -                       | 194                                            | 87.1                    |
| 40+                             | -                      | -                       | 121                                            | 94.2                    |
|                                 | 17                     |                         | 1,117                                          |                         |

Of course, no conclusions can be drawn from such few data. Nevertheless, even these limited experiences suggest that a problem of serious proportions may be in the offing. Among insulation workers in the construction industry, few cancers occur in the first twenty years. After this mark is reached, cancer and pneumoconiosis become serious hazards. In the period 1967-1971, for example, almost half of all deaths were due to cancer of one type or another, with 20% of deaths due to lung cancer alone.

Apprehension has been heightened by another observation. A member of Local 798, Mr. S. Esposito, was found 19 months ago to have lung cancer, and the affected lung was removed. Analysis of the tissues showed a great deal of asbestos, with literally billions of small, fine fibers present, similar to the numbers found in asbestos insulation workers' lungs. (Unfortunately, despite the operation, Mr. Esposito died seven months ago.)

You may be assured of our full cooperation in such measures you believe will be of assistance in promoting the health of your members.

Sincerely yours,

Irving J. Selikoff, M.D.

Professor

Director, Environmental Sciences Laboratory

IJS:df

cc:Mr. James Wolford

Mr. John Alfarone

Mr. Sheldon R. Samuels

Mr. Jacob Clayman

Mr. Andrew T. Haas

and spackling compounds

| <u>Manufacturer</u> | <u>Material</u>     | <u>Chrysotile</u> | <u>Quartz</u> | <u>Mica</u> | <u>Talc</u> | <u>Other</u> |
|---------------------|---------------------|-------------------|---------------|-------------|-------------|--------------|
|                     |                     | <u>Asbestos</u>   |               |             |             |              |
| U.S. Gypsum A       | Tape compound       | +                 | 0             | +           | 0           | +            |
| U.S. Gypsum B       | Tape compound       | +                 | 0             | +           | 0           | +            |
| U.S. Gypsum C       | "Nurobond"          | +                 | 0             | +           | 0           | +            |
| U.S. Gypsum D       | Jointing compound   | +                 | 0             | +           | 0           | +            |
| U.S. Gypsum E       | "Redmix"            | +                 | +             | +           | 0           | +            |
| U.S. Gypsum F       | Wall board seal     | +                 | +             | +           | 0           | +            |
| U.S. Gypsum G       | Taping compound     | +                 | +             | +           | +           | +            |
| Muralco             | Spackle             | +                 | +             | +           | +           | +            |
| N.A.                | Spackle             | +                 | +             | +           | 0           | +            |
| N.A.                | Spackle             | 0                 | +             | 0           | +           | 0            |
| N.A.                | Plaster board       | 0                 | +             | +           | 0           | +            |
| N.A.                | Plaster board       | 0                 | +             | +           | 0           | +            |
| N.A.                | Tile setters cement | 0                 | +             | +           | 0           | +            |

Techniques utilized: optical microscopy, electron microscopy, x-ray diffraction

|                                  |                     |      |
|----------------------------------|---------------------|------|
| Spackle and<br>taping compounds: | Chrysotile asbestos | 9/10 |
|                                  | Quartz              | 6/10 |
|                                  | Mica                | 9/10 |
|                                  | Talc                | 2/10 |

Confidential

Arthur N. Rohl, Ph.D.  
Mount Sinai School of Medicine  
of the City University of New York

January 23, 1974

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