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CANCER AND JOBS

Each year, more than 350,000 Americans die of cancer!

The medical profession and research scientists are putting every effort into seeking solutions to the high cancer and heart disease rates. Industrially developed countries list these twin killers as their main causes of deaths, having already eliminated other diseases associated with underdevelopment, i.e., tuberculosis, dysentery, etc. To some extent, through research, the causes and cures of heart disease are being uncovered. But the causes and prevention of cancer are still unknown. As a result, cancer continues to terrorize. The close relatives of those stricken by this frightening disease are especially vulnerable to the fear generated by cancer.

Fear -- a Problem

The fear generated by cancer causes very important public health problems, since the methods to seek prevention techniques and improved treatment are tied to the willingness of people to cooperate with the researchers. The prime reason for this fear is the inability to learn the cause of cancer and, more importantly, the belief that heredity is a major factor in cancer.

Another reason that creates a fear of cancer is the practice of job discrimination against people who have had cancer. Employers, to avoid higher premiums for health and life insurance often discriminate against employees with a history of cancer, and in many cases do not hire people who have had cancer.

Government War against Cancer

The Nixon and Ford Administrations have made statements equating the conquest of cancer as the "health care victory of the 1970's": like putting "a man on the moon in the 60's" within the context of health care. Large sums of money were pumped into the fuel lines of research to make this "victory" possible. For instance, more than $1.7 billion has been spent under the National Cancer Act of 1971. That does not include research monies which were re-directed toward the so-called "war" on cancer. Despite the influx of massive financial support, no descriptive plan was made to wage a winning war against cancer, nor was there a plan to set priorities on how the money would be spent! Most importantly,

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workers and their representatives were not included in this fight.

A May 27, 1975 New York Times front page story exposed the failures of the national cancer programs being funded by the federal government. The article compared the misleading comparison of these programs with the distortions that accompanied government releases on the Vietnam War. Dr. Charles C. Edwards, a respected health expert, resigned from his position as Under-Secretary of Health, HEW, partly because of his disgust with the use of the national cancer program as a political issue. The amount of dollars, appropriated after the Presidential level rhetoric settled down, was inadequate and poorly used.

A Program is Called For to Win the War

A cancer program must include ways to prevent cancer, treat cancer, and improve cancer research. The causes of cancer cannot be separated from the treatments of that disease. One problem with present cancer research expenditure is that the appropriated money has been spent mostly on treatment. Treatment programs are often very fancy, esoteric and expensive. These programs may be helpful, but the high cost of treatment makes them unavailable for those who need them most. Research centers concerned with the study of viruses and biological hereditary factors in cancer research, have been almost the sole recipients of federal funding. Their efforts focussed on the attempt to find a "pill" that would "cure" cancer.

Only 10% of Cancer Research Monies Spent on Environmental Risk

Sidney Wolfe, M. D. of Ralph Nader's Health Research Group feels more cancer research money should be spent in the area of occupational and environmental risk. He says:

> "Curiously, the very countries which have progressed the most in preventing ... epidemics of infection, are by virtue of parallel industrial 'progress' amongst the leaders in cancer rates. Current estimates by National Cancer Institute officials indicate that more than three-fourths of all cancer is environmentally induced by exposure as industrial air and water pollution, and, in a more concentrated form, workplace pollution, cigarettes, chemicals in foods, and drugs." (Emphasis added.)

The National Cancer Advisory Board (March, 1975) has stated:

> "There was an obvious sense of general astonishment ... that the National Cancer Program does not appear to have accorded an adequate priority nor sense of urgency to the field of

> environmental carcinogenisis, particularly where this concerns chemical carcinogens. In spite of the fact that there is wide-spread recognition of the importance of environmental chemical carcinogens in the press, by the lay public and in Congress, it would seem that the problem has been accorded a low priority in the National Cancer program and as far as could be judged, to absorb about 10% of the budget."

Three-fourths of the problem gets only one-tenth of the budget.

Barry Commoner, noted environmentalist, described the interrelation of environmental and occupational hazards:

> "The worker and the environmental scientist have a great deal in common, and need to share their experience because, in my opinion, the environmental crisis in this country, and in the world, will not be solved unless you win your fight for decent working conditions, for health and safety measures, in the shop.

Jobs and Cancer

At a recent New York Academy of Science meeting (March, 1975) the subject of Occupational Carcinogensis (occupationally related cancer), was discussed. At that meeting, the first of its kind in the United States, scientific results were reviewed by the experts in the field from the National Cancer Institute, university laboratories, and other scientific organizations.

Landmark research on the cancer risk of workers exposed to asbestos and vinyl chloride were reviewed. These studies proved that not only were workers who manufacture asbestos and vinyl chloride proven to be a cancer risk, but their families and the general public were also at risk.

Toxic Substances Associated with Cancer Expanded

But the Conference didn't stop there. Other toxic substances were revealed as having cancer-causing properties.

Such widely used substances as arsenic, chloroprene (used in garden hoses and other rubber products), and bis-chloromethyl ether (combination of formaldehyde and chlorides commonly used in laboratories) were shown to be associated with cancer. Tri-chloroethylene (TCE -- a solvent in metal industries, a dry-cleaning agent in the clothing industry, an anesthesic in operating rooms and a chemical to decaffeinate coffee) was fingered as a carcinogen a couple of weeks after the Conference. The National Institute for Occupational Safety and Health (NIOSH) issued a "cancer alert" on TCE on June 6, 1975 labelling it a "highly potent liver carcinogen."

These findings put tens of thousands of workers at cancer risk. Many scientists and trade unionists expressed the conclusion that: research by the National Cancer Institute (NCI) and other research laboratories which receive large government grants should begin to relate their cancer research to the environment and workplace, and researchers should also begin to assess the relationship between viral and genetic approaches to the cause of cancer and the effects of environmental and occupational carcinogens.

Recommendation for Action

It is urgent that new approaches be used to study cancer, its causes and prevention: the Labor Safety and Health Institute of the Consumer Commission recommends that:

1. All chemicals and substances be tested for their cancer-causing properties before they are used for industrial purposes. Current federal legislation (Occupational Safety and Health Act, Federal Water Pollution Control Amendments of 1972 and other protective pieces of legislation) does not contain language which requires chemical pre-testing. Federal legislation to insure that such pre-testing take place, i.e., Substance Control Act (S.776), is needed.

2. Programs to educate workers, their representatives, scientists and medical professionals on problems of exposure to carcinogenic substances be instituted.

3. There be increases in federal funding of programs of the National Institute for Occupational Safety and Health (NIOSH) to study jobs and cancer and increases in funds for programs to NIOSH to coordinate its activities with the National Cancer Institute and similar research institutions.

4. Federally funded programs to train industrial hygienists and toxicologists to conduct the research and analysis necessary to determine the association between potentially carcinogenic substances and the disease and death of workers be started.

5. The immediate retrospective screening of hospital medical records by trained cancer epidemiologists be started to determine the extent that occupational exposure to chemical substances is a cause of cancer. Studies to determine the correlation between occupations of patients and cancer should be instituted. This information would then be used to either (a) start a cancer registry in each hospital or (b) upgrade current cancer registry in each hospital. Occupational histories of patients to some extent are already listed in medical records but more comprehensive documen-

tation is necessary. A study at the Roswell Park Memorial Institute in Buffalo, N.Y., showed that some types of cancers affected certain groups of workers in selected occupations (i.e., apparel industries). Discerning cancer trends by occupation can help determine causes of cancer and initiate preventive programs.

6. Because of the number of patients seen, the Departments of Preventive and Community Medicine and Ambulatory Care are key to the detection, treatment, and prevention of cancer. The activities of these departments can be dovetailed to those of cancer researchers. Community boards for ambulatory care can be potent forces to establish cancer programs leading to sound occupational health clinics in hospitals.

7. Cancer as an international problem needs to be researched worldwide. The World Health Organization, in conjunction with the International Labor Organization and the International Agency for Research on Cancer, should convene special meetings on cancer so that scientific data and research are exchanged.

The participation of workers in the detection, prevention and treatment of cancer is a necessary element to implement the above recommendations successfully.

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