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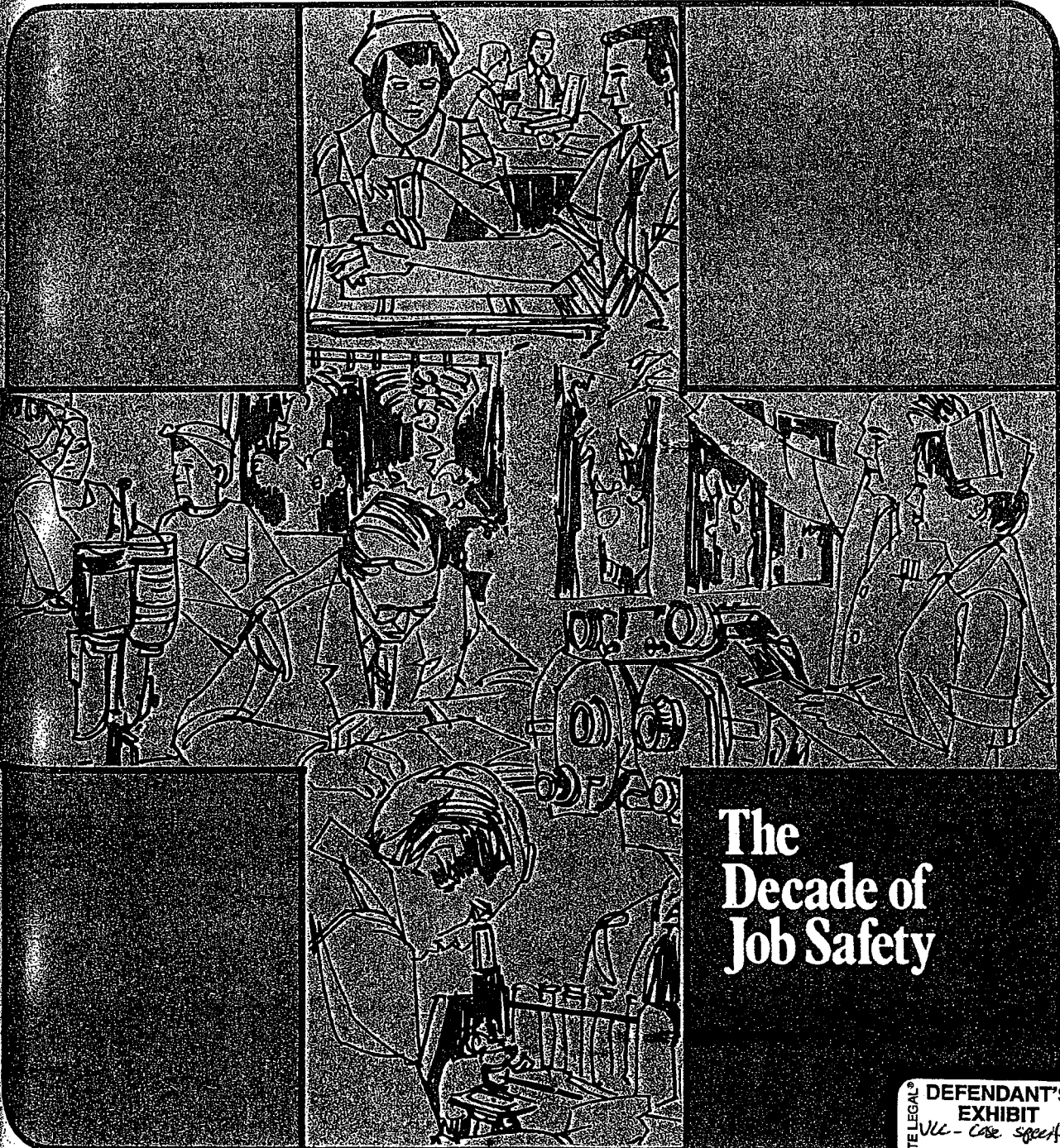
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The Decade of Job Safety

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Painters & Allied Trades Journal

On the Cover

This month, a report on The Decade of Job Safety, IBPAT's all-out effort to help insure our member's health.

NEWS AND FEATURES

	page
Inside Front Cover	From the General President
4	Job Parley Targets Political Action
6	Panel Contest Winners Named
7	The Decade of Job Safety: Special Report
12	IBPAT Gets CETA Pact
19	District 6 Active in Public Sector
31	The GST Reports

DEPARTMENTS

	page
15	Local Union-District Council News
23	Labor Beat
24	The Sports and Recreation Scene
26	Financial Report

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S. FRANK RAFTERY
General President
1750 New York Ave., N.W.
Washington, D.C. 20006

ROBERT J. PETERSDORF
General Secretary-Treasurer
1750 New York Ave., N.W.
Washington, D.C. 20006

General Vice Presidents
BERNARD SNIEGOWSKI
1st District
1443 Westchester Blvd.
Westchester, Ill. 60153

A. L. MONROE, 2nd District
7909 Bayberry Drive
Alexandria, Va. 22306

JAMES WOLFORD, 3rd District
100 Devon Lane
Williamsville, N.Y. 14221

JACK T. COX, 4th District
2212 DuPont Dr.
Irvine, Calif. 92664

GUY LEBER, 5th District
1930 Bishop Lane
Louisville, Ky. 40218

JAMES B. COX
6th District
8800 Blue Ridge Ext. No. 10
Kansas City, Mo. 64138

WILLIAM A. DUVAL, 7th District
1750 New York Ave., N.W.
Washington, D.C. 20006

The Decade of Job Safety

Job-Related Cancer: A Special Report

Our Brotherhood has been actively involved in researching the occupational safety and health problems which beset our industry. We are currently involved in a mortality study with the American Cancer Society and the Mount Sinai School of Medicine in New York to determine, among other things, the cancer hazards among painters.

The article below, by Doctor Goldsmith of the California Health Department, is an example of the research that is necessary if we are to understand and protect against the occupational health hazards presented by the materials used in our industry.

We are not printing the article to alarm you or your family, but rather to give you an example of the type of research that is needed. Not all the questions with regard to cancer hazards among painters are answered by this article. In fact, the alarming portion of painters who died of cancer deaths as a ratio of those expected would probably be very different among smokers versus non-smokers, and although the article mentions this, it is important that you understand that both smokers and non-smokers are included in the same group.

We will continue during the Decade of Job Safety, as declared at our 1974 General Convention, to publish and research those areas which present occupational safety and health problems to our members.

(Editors Note:

Dr. John R. Goldsmith and Dr. Tee Guidotti recently reviewed three sets of statistics concerning the occurrence of cancer in different trades. They found the painters were one of occupations which showed excessively high rates of lung cancer in all three studies. Dr. I. J. Selikoff invited Dr. Goldsmith to write of his observations.)

By John R. Goldsmith, M.D.
California Health Department,
Berkeley, Calif.

No job safety program can sidestep the issues of preventing cancer among workers. For industrially caused cancer is not only a personal disaster for victims and their families, but a costly liability to our country as well. Its prevention is to everyone's benefit.

WHAT CAUSES CANCER?

Cells of the body get used up and replace themselves at different speeds, depending on the organ. For example, the cells of the skin, linings of the stomach, intestine, bladder and lungs replace themselves very frequently; while those of the brain, muscle, bone and kidneys do not. Each cell not only does its own job, but contains the blueprint for replacing itself. If there is a small mistake in reproducing the blueprint, the replacement cell may not function correctly. Of course, with many types of mistakes, the new cell dies, or will not reproduce itself. Once in a while, however, the new abnormal cell goes on to produce a tumor or cancer. Since the cell blueprint is made up of chemicals, other chemicals (as well as physical agents) some of which are used in industry, can produce these small tumor-causing changes.

As we know, a short exposure to

a potent chemical in large amounts can produce a serious, and prompt reaction. Such toxic effects don't themselves lead to cancer, but may cause coma, sickness or interfere with performance. Low level, repeated exposures to certain materials are what cause cancer; however, the exposures are not only to a single agent but to one agent which starts the process and then a second which causes a speed-up of cell multiplication resulting in cancer.

Many people get cancer without exposures to occupations involving chemicals. Cancer rates, for example, among cigarette smokers are much higher than among non-smokers especially for cancer of the lung and its airways. This is probably due to the chemicals taken into the body from cigarette smoke. If we knew just what chemicals were doing this, we should try to remove them, but we don't have such exact information.

Thus, if a painter gets cancer, we can't say with certainty that one job, one type of paint, or even for sure whether the lifetime of work was the cause. More likely than not, it was several causes, acting together. Only when a group of men whose work exposures are similar are compared with the experience of a group without that exposure, can we estimate the contribution which working conditions make to cancer experience.

OCCUPATIONAL CANCER STATISTICS

We need to look at how cancer is distributed in groups with different occupations. There are two types of information available for this purpose—the official statistics, compiled for a country or state from information on death certificates, or the follow-up of a working population in a specific trade to determine

The Decade of Job Safety

what sicknesses they have and what they die of.

Dr. Tee Guidotti and I have recently reviewed three different sets of official statistics, the U.S. National Center for Health Statistics (Department of Health, Education and Welfare) data for 1950, the British Registrar-General's Decennial Report on Social Class and Occupation for 1960, and the U.S. Social Security Administration's Occupational Characteristics of Disabled Workers by Disabling Conditions (1959-62). The first two reports are on death, the third on men aged 20-64 who received disability retirement.

The results for painters are shown in Table 1 as ratios of what would be expected for all the persons included in the particular set. For example, an average experience would result in a ratio of 1.0 and a ratio of 1.50 represents a 50% excess, or—perhaps 150 deaths when 100 were expected.

The ratios underlined are based on large enough numbers so that they are unlikely to be due to chance or random variation. Scientists usually consider such ratios to be "significant" in relation to ordinary or expected results.

To summarize the Table, all three studies indicate that painters have more than the expected number of deaths and disablement from cancer of organs which chemical agents can affect. The excesses for cancer deaths (U.S. 1950), are about 37% for all organs and 67% for the respiratory tract.

Put in other terms, 871 men died of cancer in 1950 who had been painters, according to their death certificates. Of these, 235 deaths would not have occurred if painters had the same cancer experience as other men.

Similarly, 212 painters died of respiratory tract cancer at a rate 67% greater than men in other oc-

cupations. Of these, 85 would not have occurred if the painters had the same mortality experience as workers in other occupations. Similarly, in the period 1959-62, 326 painters were certified to have disability due to respiratory tract cancer at ages less than 65, a rate 26% greater than men in other occupations. This represents 72 more men than expected.

The reasons for this excess can include three possibilities. If painters smoke cigarettes more heavily than other workers, this may be contributing. But cigarette smokers don't have excess rates for stomach and digestive tract cancer. Possibly smoking or drinking is reactive or compensatory for other aspects of the work exposure. Without further information we can't evaluate this question. In occupational studies of asbestos insulation workers and uranium miners, work exposures greatly magnified cancer risks of cigarette smokers, so an interaction with smoking is not unlikely with exposures of painters. Smoking alone is not likely to be the explanation. Finally, we may find that all painters show some excess hazard, because of common exposures to

some as yet unidentified material.

We referred above to two types of data, but so far have discussed only official data. The other type, and one which is needed for painters is data from the experience accumulated over time of a group of workers, for example, members of a labor union. Such studies have been carried out among asbestos workers, uranium miners, longshoremen, steelworkers, carpenters and rubber workers. Many of these studies have detected cancer hazards in the workplace which were controllable and some are now being controlled. The participation of labor unions in such forward-looking work is vital, and the Painters' Brotherhood is to be congratulated for undertaking this in its current program with scientists from the Mount Sinai School of Medicine.

The variability in exposures of painters may make it harder to pinpoint a particular solvent or pigment, but the study of experiences of painters will clear up many of the questions raised above.

LABORATORY STUDIES OF CANCER HAZARDS

Much work has been done to test

RATIOS OF OBSERVED TO EXPECTED CANCER DEATHS AND DISABLEMENT FOR PAINTERS IN THREE LARGE-SCALE STUDIES

Site of Cancer	U.S. Mortality ^a	U.K. Mortality ^b	U.S. Disability ^c
All sites	1.37	1.22	1.14
Respiratory Tract	1.67	1.45	1.26
Digestive Tract ^d	1.32	— ^a	1.10
Stomach	1.42	1.19	—
Urinary Tract	1.43	—	1.09
Mouth and Throat	1.46	—	1.07
Leukemia	1.30	—	0.91
Lymphoma	1.27	—	1.16

^a Includes painters, paper hangers and glaziers

^b Includes painters and decorators

^c Includes painters, construction and maintenance

^d (—) means data not available

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Research Panel Seeks Job Hazard Data

chemicals for their cancer risks by using experimental animals. This helps a great deal in picking out which agent of a mixture is more likely to be an active cause of cancer. However, in the case of painters, such studies may be only partly effective, since combinations of chemicals are usually present at the worksite, but are not usually so tested in the laboratory. In these complex-exposure trades, what has happened to painters may tell us more than what happens to laboratory animals.

The specific agents so far identified as possibly responsible include interactions which might involve solvents, chromate and arsenic pigments, aniline dyes and asbestos. But, painters are also exposed to many other chemicals, most of which have not been tested for their cancer-producing properties.

Painters have more cancer than expected when compared to other workers.

Measurements of exposure and study of workers within the union are the most useful approaches as part of the Union's Decade of Job Safety.

A special panel of the National Research Council is seeking guidance about the kinds of job hazard information workers want and what forms such information should take.

The Occupational Safety and Health Administration (OSHA) has requested the NRC to recommend general content, format, and target audiences for a two-year Occupational Cancer Information and Alert Program launched by OSHA and the National Cancer Institute.

The National Research Council also will conduct a symposium this summer at which cancer experts will recommend the best ways to educate target groups about job cancer. Meanwhile, George Washington University in Washington, D.C., is producing, under an OSHA contract, a 30-minute film that will be part of a public service television show on job cancer.

The Research Council has been

criticized by labor for not naming any union representatives or worker education specialists to its special panel, although the panel reportedly plans to consult with such people during the course of its work.

The panel held an open meeting recently to solicit suggestions from the public on the kinds of information workers need. The tone of the meeting indicated that the group has a long way to go in getting a handle on the struggles workers face in dealing with job hazards.

A union spokesman pointed out that employers now have no incentive to inform workers about dangerous exposures but that when workers do get information, they can take action on their own. He cited the case of workers in a North Carolina plant who, after finding out they were exposed to benzene and what it could do to them, started a program of blood testing.

The National Institute for Occupational Safety and Health (NIOSH) has issued an alert warning that the chemical 4,4'-diaminodiphenylmethane (DDM) can cause liver disease among workers and has caused cancer among laboratory animals, the Job Health News Service reports.

An estimated 2,500 workers are exposed to DDM, which is used as a chemical intermediate in the production of rigid polyurethane foams used as thermal insulation. Construction workers are exposed to DDM while applying epoxy coatings.

Several studies have linked exposure to DDM with cases of toxic hepatitis, a liver disease, among workers. For example, during an 18-month period beginning in April 1972, six cases of hepatitis devel-

Medicare Covers Kidney Failure

IBPAT members are alerted to the fact that a little known provision of the Medicare law provides Medicare protection for people under age 65 who suffer from permanent kidney failure.

About 23,000 persons with this condition are receiving life-saving services under Medicare, but there may be some people with kidney failure under age 65 who are not yet aware of the services. Some may be IBPAT members or members of their families.

If you or someone in your family has permanent kidney failure and is in need of dialysis treatments or a kidney transplant, you should know about this important protection and how to apply for it.

You can obtain more information on this Medicare program by contacting your local Social Security office, or by writing to the Bureau of Health Insurance, Social Security Administration, 6401 Security Blvd., Baltimore, Md. 21235, and request a pamphlet entitled "Medicare for People Under 65 With Permanent Kidney Failure."