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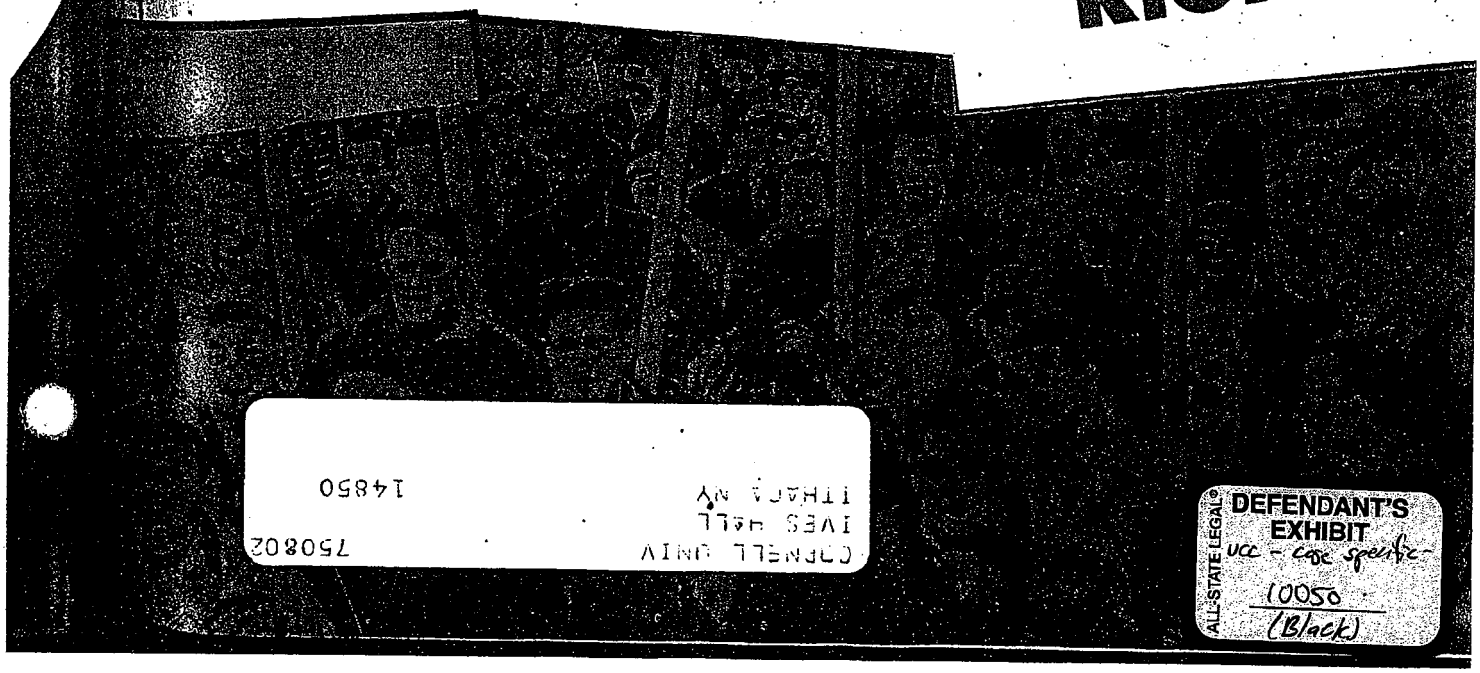
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Painters & Allied Trades Journal

APRIL 1977

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Painters & Allied Trades Journal

1887-1977 90th Anniversary

On the Cover

IBPAT puts its resources behind situs picketing, the push for equal rights.

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Any member or subordinate body publishing programs, souvenirs or other documents of any description must not designate them as "The Official Journal of the Brotherhood," or as "The Painters and Allied Trades Journal," either upon the publication itself on their advertising contract forms or stationery.

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The Decade of Job Safety

MSSM Pinpoints Health Hazards

This is the final article in a five-part series dealing with the Mount Sinai School of Medicine investigation into the hazards of the painting and allied trades.

The December through February issues of the JOURNAL discussed disorders and diseases of the brain and nervous system, the nose, throat, mouth and lungs, and the bronchial and trachial tubes.

Last month, the findings of the MSSM detectives examined the disorders and diseases of stomach and intestines; the liver, heart and kidneys; the blood, and the skin.

This concluding article is a summary of the important report and an examination of the MSSM recommendations.

Suffering in the IBPAT Ranks (Final Report)

"The foregoing report clearly demonstrates the existence of significant health hazards in the paint trades."
the summary, MSSM Report

The MSSM study clearly concludes that a painter's occupation can be dangerous to his health. The study suggests rather strongly that many of the chemicals with which painters must work may be the culprits that create the hazards.

However, the MSSM detectives warn against "broadly coating the entire industry with a broad 'hazardous' brush." Not all the findings of the study are negative. For example, the study found "no evidence of an important continuing lead problem among painters." Nor are skin diseases as common as expected. Encouraging as well is that individuals heavily exposed to titanium have comparatively few abnormalities which might be attributed to this metal—at least to date.

Finally, MSSM detectives feel the evidence of the study indicates sandblasting with appropriate precautions need not result in widespread serious harm. Yet, "some are potentially serious," they say, "and require urgent detailed study with appropriate corrective measures defined and instituted."

Control Asbestos Hazard

The MSSM detectives find widespread use of asbestos-containing materials in the paint trades. Spackle compounds used by general painters contain asbestos. Taping and joint compounds used in drywall construction contain asbestos. And many sealant compounds contain asbestos. Also the painter and allied tradesman are constantly exposed to asbestos dust from materials used in other construction trades.

In many cases neither the worker nor the employer are aware of the asbestos content of the materials being used, nor the degree of exposure.

Immediately, the MSSM study recommends, industry and union groups should sit down with NIOSH and identify safe working practices and substitute other chemicals for asbestos wherever feasible. Very likely the IBPAT-sponsored National Joint Safety and Health Committee (NJS&HC) will help in this task.

Work Practices for Sandblasting

Industry, Labor and NIOSH recognize that incompletely controlled sandblasting results in rapidly progressive fatal silicosis. However, the MSSM findings show that well-controlled sandblasting exposure sharply decreases the hazard.

The MSSM detectives recommend industry and labor cooperation to define the most appropriate and safest sandblasting work practices as the best means to eliminate hazard from the sandblasting trade.

Measure and Analyze the Work Environment

As Part I of this series pointed out, very little research to establish the actual worker exposure under job-site conditions has been done.

Virtually nothing is known of the job-site conditions under which hundreds of thousands of painters and allied tradesmen in the United States work. A variety of solvents and other chemicals are known to be harmful at some exposure levels. But what these levels are in the painter's workplace have not been studied. Many dust and particulate matter have never even been mea-

(Continued next page)

MSSM Pinpoints Health Hazar

sured. And very few workers or employers know the names of the chemicals they are using.

Standards to control chemical health hazards can not be properly determined if current exposure levels remain unknown.

To make the exposure levels known, the MSSM detectives propose more measurements of job-site chemicals and exposures.

Examine Central Nervous System Effects

Central nervous system effects can be either short- or long-term. Short-term effects are those which result from single exposures, such as dizziness, nausea or headaches. Long-term effects are those which result from many years of exposure, such as premature aging, brain damage and permanent impairment of mental processes. Both long- and short-term effects are discussed in Part II of this series.

The long-term effects have not been well-studied and MSSM recommends much more work. But preliminary data suggests that long-term effects of solvent exposure may be a serious problem, especially among epoxy workers.

More is known about the short-term effects, but, again, MSSM detectives recommend more—more worker evaluations, more job-site testings and more laboratory research.

An area to which MSSM recommends particular attention be directed is the relationship between central nervous system effects of the chemical culprits and accidents.

Study Lung Disease in Painters

There is good reason to suspect that mixed dust pneumoconiosis is common among painters and allied tradesmen (see Part III). This was expected by the MSSM detectives because of the large amounts of dust in the work environments of the painters and allied tradesmen. What the MSSM detectives do not know is how much other inhaled agents—chemical gases and fumes—modify or accelerate the dust hazards.

The frequency of abnormal x-ray and pulmonary function findings by MSSM make this a question to be answered immediately. MSSM recommends that an important first step is to determine the "dust burden" of the lungs of painters.

Also steps must be taken to establish levels for all future dust inhalations.

Continue Mortality Studies

The MSSM detectives uncovered three large-scale studies of cancer incidences among a large number of occupations. All three studies reported that construction painters were the *only* group with significantly higher than expected deaths from lung cancer.

While the MSSM detectives do not feel the researchers in these studies were as careful in their work as they should have been, the results are consistent with their own findings. Consequently, the MSSM detectives urgently recommend an investigation of the mortality of workers in the painting trades. The mortality study would provide new clues to the cancer hazard among painters and the chemical culprits which might be responsible.

Determine Carcinogenic Potential of Chemical Exposures

Some of the chemicals used in the making of paints and other materials used in the paint trades are known to be carcinogenic (cancer causing) in animal studies. However, as pointed out in Part I of this series, animal studies are not

Summary of Key MSSM Findings

The Mount Sinai final report, 130 pages documenting the acute symptoms of over-exposure found among painters and allied tradesmen has been presented in the Journal in five-parts. Below is a summary of the key findings:

- 45 percent of the painters in the study exhibited symptoms of upper respiratory and conjunctival irritation. (See Part III.) Most common were complaints of irritation to the nose, throat and sinuses.
- 38 percent exhibited symptoms of tracheo-bronchial irritation. Most "worrisome" were "symptoms of chronic bronchitis . . . present in individuals who had not smoked cigarettes, thus suggesting the possibility that exposure to fumes and dust may have been at fault." (See Part III.)
- 71 percent experienced pre-narcotic symptoms which included "symptoms such as dizziness, light-headedness, unusual exhilaration and loss of balance." (See Part II.)

Digestive symptoms such as nausea, vomiting and loss of appetite accompanied the pre-narcotic symptoms in almost one-third of the cases. (See Parts II and IV.)

- Only 46 percent of the non-smoking and 31 percent of the smoking workers given the sputum cytology test for chronic bronchitis and abnormal pulmonary function had normal tests results. (See Part III.) Abnormality in the sputum cytology test implies a greater likelihood of developing cancer.

Among Painters and Allied Tradesmen

always realistic assessments of the human hazards. Additionally, many of the chemicals in the paint trades have never been studied in any fashion.

It is impossible to tackle all the agents which are suspected, so MSSM recommends establishing a priority list of chemicals for study.

After the chemicals to be studied are decided upon, a wide assortment of questions about each must be answered. How many workers are exposed? What is the level of exposure? What is the known cancer-causing potential?

This will be a long, time-consum-

(Continued next page)

This summary of the MSSM findings makes no distinction between the harms of long- and short-term exposure nor high and low concentrations of exposure. However, painters and allied tradesmen are exposed to these chemicals for longer periods of time and in higher concentrations during the course of their work than would be an "average" citizen. Consequently, the chart does indicate harms painters and allied tradesmen are more likely to suffer as a direct result of their occupation.

35 Compounds of the Paint Industry and 49 Ways They Can Ruin Your Health

NEUROLOGICAL

	Blindness	Central Nerv. Syst. Damage	Dizziness	Exhilaration	Fatigue	Headaches	"High"ness	Insomnia	Light Headedness	Loss of Coordination	Loss of Visual Acuity	Mental Confusion	Nausea	Paralysis	Prenarcotic Symptoms (general)	Slowed Reactions	Tremors of Muscles	Unconsciousness
tic Acid																		
cohols	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
iphatic Hydrocarbons	X	X	X	X		X	X	X	X	X	X	X	X		X	X		X
onia											X							
imony			X			X												
atic Hydrocarbons	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X		X
estos																		
ite		X				X	X		X	X	X	X	X	X	X	X	X	
zene	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X		X
hromates																		
ic Acid																		
mium Compounds																		
rbon Tetrachloride	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
lorinated Hydrocarbons	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
omium Compounds																		
ystaline Silica																		
ers	X	X	X	X		X	X	X	X	X	X	X	X		X	X		X
cols		X																
ones	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
d Compounds		X				X	X		X	X	X	X	X	X	X	X	X	
nese Oleate						X				X							X	
esium Carbonate																		
ylene Chloride	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
eral Spirits	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
tha	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
lic Acid																		
ent Dust																		
llac					X	X	X		X									
ica Compounds																		
ium Hydroxide																		
furic Acid	X		X			X							X					
nium Dioxide																		
uene	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
entine	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
yl Chloride						X	X	X				X						
d Dust																		
lene	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
c Compounds														X			X	

RESPIRATORY

	Asbestosis	Bronchitis	Emphysema	Fibrosis	Irritation of Lung Tissue	Irritation of Nose & Throat	Irrit. Trachea & Bronchial Tubes	Lung Cancer	Lung Congestion	Obstructive Ventilatory Dysfunction	Pneumoconiosis / Pneumonitis	Pulmonary Edema	Respiratory Tract Cancers	Shortness of Breath	Silicosis
tic Acid					X	X	X								
cohols		X			X	X	X		X	X	X			X	
iphatic Hydrocarbons		X			X	X	X		X	X	X	X		X	
onia		X			X	X	X		X	X		X		X	
imony					X	X	X		X						
atic Hydrocarbons		X			X	X	X		X			X		X	
estos	X	X		X	X	X	X	X	X	X	X		X		
ite		X			X	X	X				X			X	
zene		X			X	X	X			X	X			X	
hromates					X	X	X	X	X						
ic Acid					X	X	X					X			
mium Compounds		X	X		X		X								
rbon Tetrachloride		X			X	X	X			X	X			X	
lorinated Hydrocarbons		X			X	X	X			X	X			X	
omium Compounds					X	X	X	X							
ystaline Silica					X	X	X	X	X	X				X	X
ers		X			X	X	X							X	
cols															
ones		X			X	X	X							X	
d Compounds		X			X	X	X				X			X	
nese Oleate															
esium Carbonate						X	X								
ylene Chloride		X			X	X	X				X			X	
eral Spirits		X			X	X	X				X			X	
tha		X			X	X	X				X			X	
lic Acid					X	X	X								
ent Dust		X	X	X	X	X	X	X	X	X	X	X	X	X	
llac					X	X	X		X	X	X				
ica Compounds		X	X	X	X	X	X		X	X				X	X
ium Hydroxide					X	X	X								
furic Acid		X	X		X	X	X		X	X				X	
nium Dioxide		X			X	X	X							X	
uene		X			X	X	X		X	X				X	
entine		X			X	X	X		X	X				X	
yl Chloride															
d Dust		X	X	X	X	X	X		X	X	X		X		
lene		X			X	X	X		X	X			X		
c Compounds					X	X	X								

DIGESTIVE / ORGANS

	Diarrhea	General Digestive System Complaints	Intestinal Cancer	Loss of Appetite	Stomach Cancer	Ulcers	Vomiting	Heart Damage	Kidney Damage	Liver Damage
tic Acid										
cohols		X		X			X			
iphatic Hydrocarbons				X			X			
onia		X					X		X	
imony	X	X					X	X	X	X
atic Hydrocarbons							X		X	X
estos			X		X					
ite				X		X	X			
zene							X			
hromates										
ic Acid										
mium Compounds									X	X
rbon Tetrachloride							X			
lorinated Hydrocarbons							X			
omium Compounds						X				
ystaline Silica										
ers										
cols									X	
ones							X			
d Compounds				X		X	X			
nese Oleate										
esium Carbonate										
ylene Chloride										
eral Spirits										
tha										
lic Acid		X								
ent Dust										
llac										
ica Compounds										
ium Hydroxide										
furic Acid		X					X			
nium Dioxide										
uene							X			
entine							X			
yl Chloride		X								X
d Dust										
lene							X			
c Compounds	X	X					X		X	

MISC.

		Anemia	Death	Dermatitis	Irritation of the Eyes	Irritation of the Skin	Leukemia
tic Acid					X	X	
cohols			X	X	X	X	
iphatic Hydrocarbons			X	X	X	X	
onia				X	X	X	
imony				X		X	
atic Hydrocarbons			X	X	X	X	
estos							
ite		X		X		X	
zene				X	X	X	X
hromates				X		X	
ic Acid			X	X		X	
mium Compounds			X				
rbon Tetrachloride			X	X	X	X	
lorinated Hydrocarbons			X	X	X	X	
omium Compounds		X		X		X	
ystaline Silica							
ers				X	X	X	
cols				X		X	
ones			X	X	X	X	
d Compounds		X		X		X	
nese Oleate							
esium Carbonate							
ylene Chloride		X		X	X	X	
eral Spirits		X		X	X	X	
tha	X	X		X	X	X	
lic Acid					X	X	
ent Dust					X		
llac							
ica Compounds							
ium Hydroxide				X	X	X	
furic Acid				X	X	X	
nium Dioxide							
uene			X	X	X	X	
entine			X	X	X	X	
yl Chloride							
d Dust							
lene			X	X	X	X	
c Compounds							

MSSM Pinpoints Health Hazards

ing process and the final answers will not be here tomorrow or the next day.

In the meantime, MSSM recommends reducing exposure to all chemicals as much as is possible.

Study Accidents

Several studies have shown painters have very high rates of occupational accidents. MSSM recommends a detailed study of the environmental influences in these accidents.

The study would include both fatal and non-fatal accidents and relate them to the type of work and possible chemical exposure which may have been involved.

As pointed out in Part II of this series, neurotoxic effects occur with great regularity among painters and allied tradesmen and are highly suspected as causes of many accidents.

The study might also examine whether solvent-exposed painters are involved in more automobile accidents while driving home from work than are non-solvent exposed workers. One such case is reported this month in the "Ask the Doctor" column appearing on this page of the Journal.

Develop Educational Programs

In some cases, toxic agents are already known and the procedures necessary for their control have been identified. For these substances, MSSM recommends, "It would be advantageous to look to the development of appropriate educational programs directed to the worker at the job site as well as supervision and management, detailing what is known of these problems and the measures needed."

The MSSM detectives recommend, once again, industry union cooperation to develop the educational program, together with the participation of "appropriate government agencies."

Cooperate

Yes, the Mount Sinai School of Medicine investigation into the hazards of the paint trades does reveal significant hazards exist. But identifying the problem does not solve it.

Mount Sinai's work will continue. Over the next two years further examinations of at least 1500 regular painters, an unspecified number of bridge and iron painters, an unspecified number of shipyard painters, 500 tapers and an unspecified number of epoxy and other special paint workers will be made. A study of painters' lungs will be done. Job-site monitoring of exposure levels will be conducted. And the mortality studies, already underway, will be completed.

Some of industry is also doing its part. The NPCA (National Paint and Coatings Association) study mentioned in the March Journal is beginning. The Silica Sand Association is considering a series of tests on sandblasters to help establish responsible sandblasting standards.

In the meantime, all painters and allied tradesmen must make every reasonable effort to reduce their exposures, to develop new techniques and to become aware of the contents of the MSSM study, other such studies and OSHA and NIOSH regulations and standards which are designed to protect painters and allied tradesmen from hazardous work conditions.

Throughout the MSSM recommendations, the need for cooperation among unions, industry and government groups is stressed.

If healthful and safe working conditions for all workers can come to pass through cooperation, then we should be all for it.

As... th... Doctor

Do you worry about the chemicals with which you work? Do you have symptoms of an illness which you think may be connected to your occupation? Now you can write and "Ask the Doctors."

"Ask the Doctors" is a new monthly JOURNAL column designed to answer your questions on the hazards of the paint trades.

Each month Doctors Ruth M. Lilis and Edwin C. Holstein of the Mount Sinai School of Medicine in New York will make their expertise in occupational health and safety available to you through this column.

This month, Dr. Edwin C. Holstein replies.

Brother W.G. writes:

I had been using a two part mixture of Sherwin Williams epoxy... On the third day, after quitting work, I had taken one drink of whiskey, and while driving home I blacked out in my mind and subsequently was charged with driving under the influence.

Dr. Holstein replies:

Your problem is a familiar one. In the Mount Sinai study of health hazard in the painting trades, we found that most painters have suffered light-headedness, dizziness or mental confusion from working with solvents and other materials.

Some painters, like yourself, have even blacked out. Epoxy is one of the worst offenders.

What about that one whiskey you drank? If you are a normal-sized person—say over ninety pounds—and have no liver disease,