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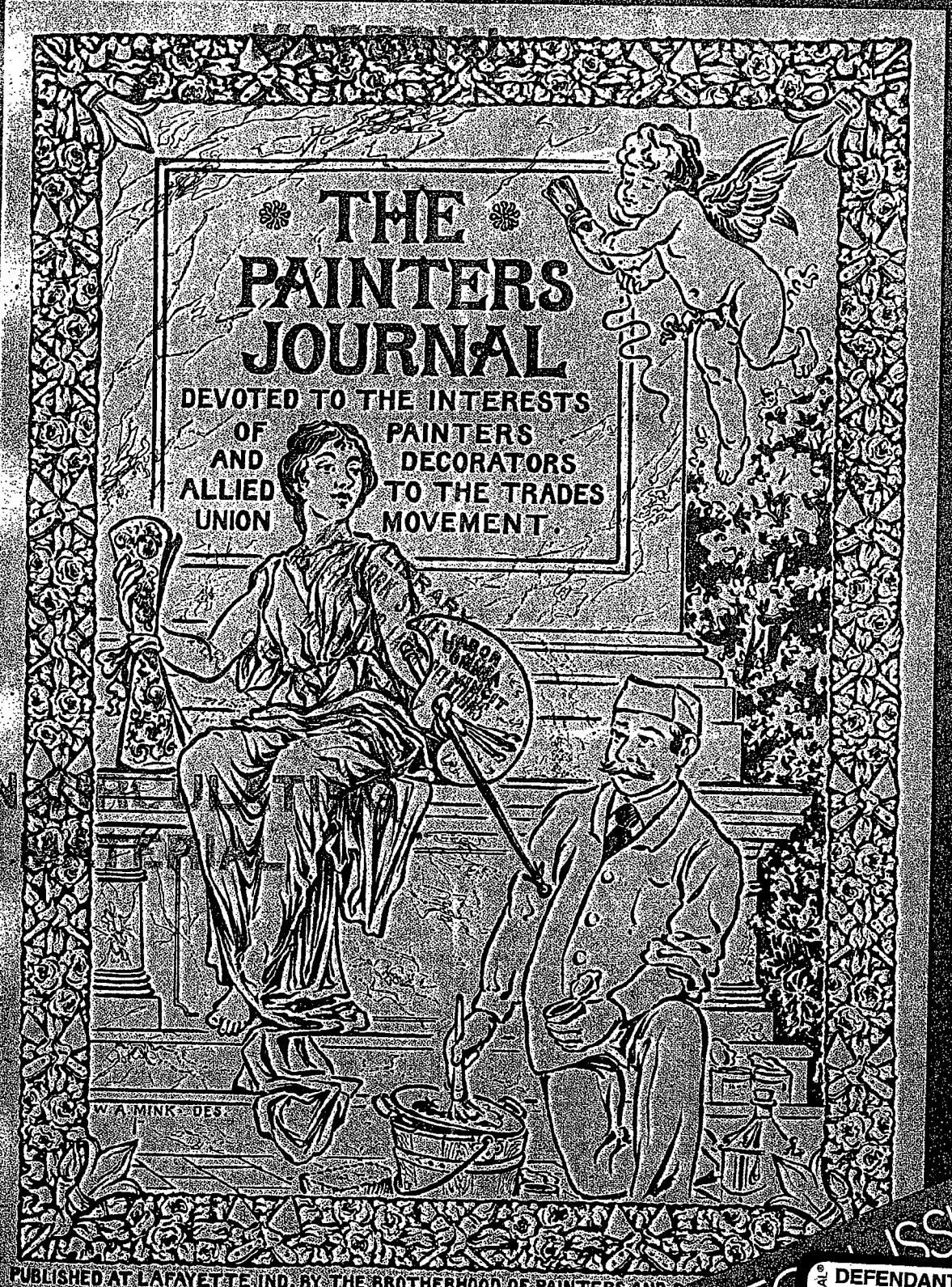
MARCH 1977



PUBLISHED AT LAFAYETTE, IND. BY THE BROTHERHOOD OF PAINTERS AND

SPEC ISSUE

Painters & Allied Trades Journal

On the Cover
The March 1897 Journal's cover. Our Brotherhood was celebrating its 10th Anniversary. Eighty years later, IBPAT continues to serve its members.

NEWS AND FEATURES

DEPARTMENTS

DEVOTED TO THE TRADE INTERESTS OF RESIDENTIAL • COMMERCIAL • INDUSTRIAL • SIGN • PICTORIAL • COACH • AUTOMOBILE • AIRCRAFT • MACHINERY • RAILWAY EQUIPMENT • SHIP AND SCENIC PAINTING • DECORATING • PAPERHANGING WALL COVERING • DECORATIVE AND ARCHITECTURAL GLASS WORK • GLAZING • CARPET • LINOLEUM • SOFT TILE • PAINT AND VARNISH MAKING BRUSH MAKERS AND TO THE TRADE UNION MOVEMENT IN GENERAL

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.

Robert J. Petersdorf
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Sam Parker
Editor
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MARCH 1977

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Suffering in the IBPAT Ranks (Part IV)

Culprits: MSSM Pinpoints Blood Or

This is the fourth in a five-part series dealing with the Mount Sinai School of Medicine investigation into hazards of the paint 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.

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

Next month, a summary of the study and recommendations made by the MSSM detectives will conclude the series.

Digestive disorders and diseases among the workers examined in the MSSM study occur in 29 percent of the metal painters and sandblasters; 26 percent of the epoxy-exposed painters; 21 percent of the general painters; seven percent of the paint manufacturers, and one to three percent of the other tradesmen.

The digestive disorders most common among painters and allied tradesmen are nausea, vomiting and loss of appetite. These disorders accompany the pre-narcotic symptoms of dizziness, light-headedness and loss of balance in one-third of the solvent intoxications. Solvent intoxications are reported by 84 percent of the epoxy painters, sandblasters and metal painters and by 71 percent of all painters (see January Journal, p. 4).

The chemical culprits allegedly responsible include the alcohols, aliphatic hydrocarbons, esters, glycols, ketones, methylene chloride, mineral spirits, naptha, toluene, turpentine and xylene.

Additionally, 16 percent of the titanium pigment manufacturers claim to experience nausea and vomiting following high-level exposure to sulfuric acid mists.

Cancer of the "gastro-intestinal tract" — the stomach and intestines — is reported in less than one-half of one percent of the painters and paint manufacturing workers.

The Liver

Special attention is given in the MSSM study to the liver because many of the solvents used by painters and allied tradesmen are known to be especially harmful to it.

Most liver abnormalities among the examined painters and allied tradesmen occur with less than a 10 percent frequency.

Enlargement, often the first sign of an unhealthy liver, occurs among only four to six percent of the painters.

High levels of alkaline phosphatase in the blood, another symptom of an unhealthy liver, occur among 38 percent of the St. Louis painters in the study. This is nearly three times as frequent as among other painters and tradesmen.

Two explanations for the higher alkaline phosphatase levels among St. Louis painters considered by the MSSM detectives are excessive alcohol consumption and age. However, the difference in alcohol consumption between the St. Louis painters and other painters was not found to be that great. Nor were the St. Louis painters an older group of painters.

Consequently, the MSSM detectives believe that part of the difference must be due to "other occupationally induced abnormalities which were more frequently found in the St. Louis group." They did not, however, state in their report exactly what "occupationally induced abnormalities" occurred "more frequently."

The titanium pigment manufacturers show the fewest liver abnormalities.

Blood Disease and Disorder

Blood tests were taken by the MSSM detectives to uncover any toxic effects the chemical culprits of the paint trade may have on the bone marrow and the blood cells of the workers.

The blood tests indicate slight anemia among 11 percent of the general painters, eight percent of the paint manufacturers and seven percent of the tapers. Anemia occurs when the number of red blood cells responsible for carrying oxygen and nutrients to the many parts of the body are too few. Often anemia causes headaches, weakness, dizziness, drowsiness, fever and stomach problems.

Abnormal white blood cell counts occur among 10 percent of the painters, four percent of the paint manufacturers and two percent of the tapers. The white blood cells are the "defenders" of the body. They attack any invading bacteria or virus. If the number of white blood cells is low, the person will be susceptible to many diseases. If the number of white blood cells is high, it indicates the presence of some disorder which the body is combating. Sometimes, if the number of white cells becomes too high, they will begin to attack red blood cells.

Organ and Skin Diseases

Overall, while these abnormalities were more frequent among painters than other workers, the difference was not great.

Because only minor abnormalities were found, the MSSM detectives believe that "toxic effects in the bone marrow were not a prominent problem among those tested."

Nor did the MSSM detectives find evidence of abnormally high lead or cadmium absorption: both the lead blood levels and the urinary cadmium levels among those examined were within normal limits.

Skin Disorder and Disease

Skin rashes, irritations and dermatitis trouble 21 percent of the painters who work with epoxy paint and epoxy-related solvents. Non-epoxy exposed painters examined by MSSM detectives are troubled with skin rashes, irritations and dermatitis in only five percent of the cases.

Ten percent of the titanium workers exposed to high concentrations of sulfuric acid or sulfur dioxide fumes have skin rashes, irritations and dermatitis.

Cancer of the skin is most prevalent among painters and paint manufacturers—four percent, and least prevalent among tapers—less than one percent. For all other workers combined, cancer of the skin occurs among 2.6 percent.

Though the disorders and diseases found by the MSSM detectives for the stomach and intestines, the liver, the blood and the skin of painters and allied tradesmen do not occur with the same frequency as the disorders and diseases found among the nervous system, brain and respiratory system, the potential for harm is greater than the figures show. During the study the MSSM detectives discovered many cases, in and out of the paint industry, that demonstrated the chemical culprits with which painters and allied tradesmen work are substances to be handled with great care.

Alcohols, commonly used as solvents, cause severe skin irritations and dermatitis if the user is not careful to avoid prolonged skin contact. Further, prolonged inhalation, or skin contact, can cause vomiting and nausea.

Aliphatic hydrocarbons defat the skin, causing severe irritation and dermatitis. They, too, cause vomiting and nausea from prolonged inhalation of vapors.

Benzene blisters the skin and causes dermatitis, palpitations of the heart, anemia and leukemia.

Glycols damage the kidneys either from prolonged inhalation of vapors or prolonged skin contact.

Aromatic hydrocarbons, in addition to causing skin irritation and dermatitis, absorb through the skin to disrupt the liver and the kidney functions and create blood and bone marrow disturbances.

Toluene, xylene and methylene chloride irritate the skin and may cause nausea and vomiting.

Naptha, absorbed through either the skin or the lungs, is responsible for mild anemia.

These are just the solvents. Among paint pigments, dust and other materials used by painters and allied tradesmen are many more chemical culprits. For example, the pigment cadmium degenerates the kidneys, alters the function of the liver and affects the blood cells and the bone marrow.

The chromates, very common in paints, cause chronic dermatitis, ulcers, anemia, and gastro-intestinal disease and disability.

Antimony degenerates the kidneys, the liver and the heart; causes cramps, diarrhea, vomiting and skin irritation and dermatitis.

Asbestos causes cancer of the stomach, the colon and the rectum.

Lead, perhaps the single most-documented of the chemical culprits, is responsible for anemia, intestinal upsets, arteriosclerosis and skin irritation and dematitis.

Sulfuric acid causes digestive disturbances, burns, skin irritations and eats the enamel from the teeth of workers.

Ammonia is responsible for chemical burns, kidney congestion, vomiting and gastritis.

And do not forget, these culprits also cause other disorders and dis-

(Continued next page)

38 Chemical Culprits and the Disease They Cause

	DIGESTIVE							ORGANS			MISC.					
	Diarrhea	General Digestive System Complaints	Intestinal Cancer	Loss of Appetite	Stomach Cancer	Ulcers	Vomiting	Heart Damage	Kidney Damage	Liver Damage	Anemia	Death	Dermatitis	Irritation of the Eyes	Irritation of the Skin	Leukemia
Acetic Acid														X	X	
Alcohols		X		X			X					X	X	X	X	
Aliphatic Hydroca				X			X					X	X	X	X	
Ammonia		X					X			X				X	X	
Antimony	X	X					X	X	X	X			X	X	X	
Aromatic Hydrocar				X		X				X		X	X	X	X	
Asbestos		X			X	X	X				X		X		X	
Barite	X						X				X		X	X	X	X
Benzene														X		X
Bichromates												X	X			X
Boric Acid								X	X		X					
Cadmium Compounds						X						X	X	X	X	
Carbon Tetrachlor						X						X	X	X	X	
Chlorinated Hydro				X							X		X		X	
Chromium Compound														X	X	X
Crystaline Silica												X	X	X		
Esters								X				X		X		
Glycols						X						X	X	X	X	
Ketones			X		X	X					X		X		X	
Lead Compounds																
Maganese Cleate											X		X	X	X	
Magnesium Carbona											X		X	X	X	
Methylene Chlorid											X	X	X	X	X	
Mineral Spirits														X	X	
Naptha		X												X		
Oxalic Acid													X			
Pigment Dust																
Shellac													X	X	X	
Silica Compounds													X	X	X	
Sodium Hydroxide		X				X										
Sulfuric Acid						X							X	X	X	
Titanium Dioxide						X					X	X	X	X	X	
Toluene						X					X	X	X	X	X	
Turpentine		X							X							
Vinyl Chloride						X					X	X	X	X	X	
Wood Dust																
Xylene																

Diseases (cont'd.)

eases as outlined in the preceding articles!

Each and every time a painter or allied tradesmen uses any of these chemical culprits, great care is important. The painter that wipes up a spill with his hand instead of a rag; spends unnecessary minutes in a closed room with a solvent, or fails to recognize and avoid any of the many hazards of the paint trades, may be increasing his chance of developing some occupationally related disorder or disease.

Remember, its not the once that will cause the problem, its the repeated time and time again exposure. No matter how many times a painter or allied tradesman may endure prolonged exposure with no ill effects, there may come a time when the additional punishment absorbed by the body becomes too great.

The human body is a marvelous machine and the painter is a perfection of that machine requiring many years of training. But like a good car, too much exposure to the harsh elements will dull and chip the finish, foul up the body and engine and eventually send it to the junk yard. This is a sad thing to occur to a car, but it is a tragedy when the victim is flesh and blood.

The conclusion: Painters must take care of themselves.

Always remember, people are not replaceable like machines. Take pride in maintaining good health—avoid what is not safe or healthful.

Good health will increase production of work and quality of workmanship and enhance the enjoyment of life. So don't blow your engine proving you can take it. You can't. Nobody can.

Next month, a summary of the study along with the recommendations made by the MSSM detectives will conclude this five-part series on the Mount Sinai Investigation into the hazards of the paint trade.

NPCA Adopts Health Research Program

The National Paint and Coatings Association (NPCA) Executive Committee approved a far-sighted occupational health research program recently to explore any effects of coatings products and their ingredients on workers in the paint manufacturing industry.

The program has been under examination by the NPCA Occupational Task Force for over two years and by their Executive Committee and Board of Directors for one year.

In October of 1976, approval was given by the NPCA membership to increase dues 15 percent to raise an additional $200,000 per year required to finance the research. The NPCA is the sole sponsor for the project, receiving no outside funds.

The research, to be conducted for the NPCA by the Stanford Research Institute, will include a mortality study, a medical surveillance study and a general environmental study.

The mortality study will determine if coating manufacturing workers have fatalities from disease in excess of the national average through examination of worker health records.

The medical surveillance study will develop forms and procedures to provide accurate health profiles of paint manufacturing workers.

The general environmental study will monitor the chemicals of the work environment, the duration of worker exposure to the chemicals and the concentrations of the chemicals in the work environment.

In all likelihood, some of the 10,000 IBPAT members employed in paint manufacturing will be included in the study.

The NPCA says the study will take a minimum of 39 months to complete and may continue indefinitely. The information from the study will be used "for the benefit of all coatings industry companies, whether large or small," and "to meet the responsibilities to our employees to insure that they work in an environment as free from danger as possible."

NPCA out-going Board Chairman John L. Armitage said in October, "this (research program) is vital to give us a leadership position." However, the NPCA has set a good example for industry for several years now. In 1973 they established their Occupational Health Task Force. In 1975 they formed the Product Safety Task Force.

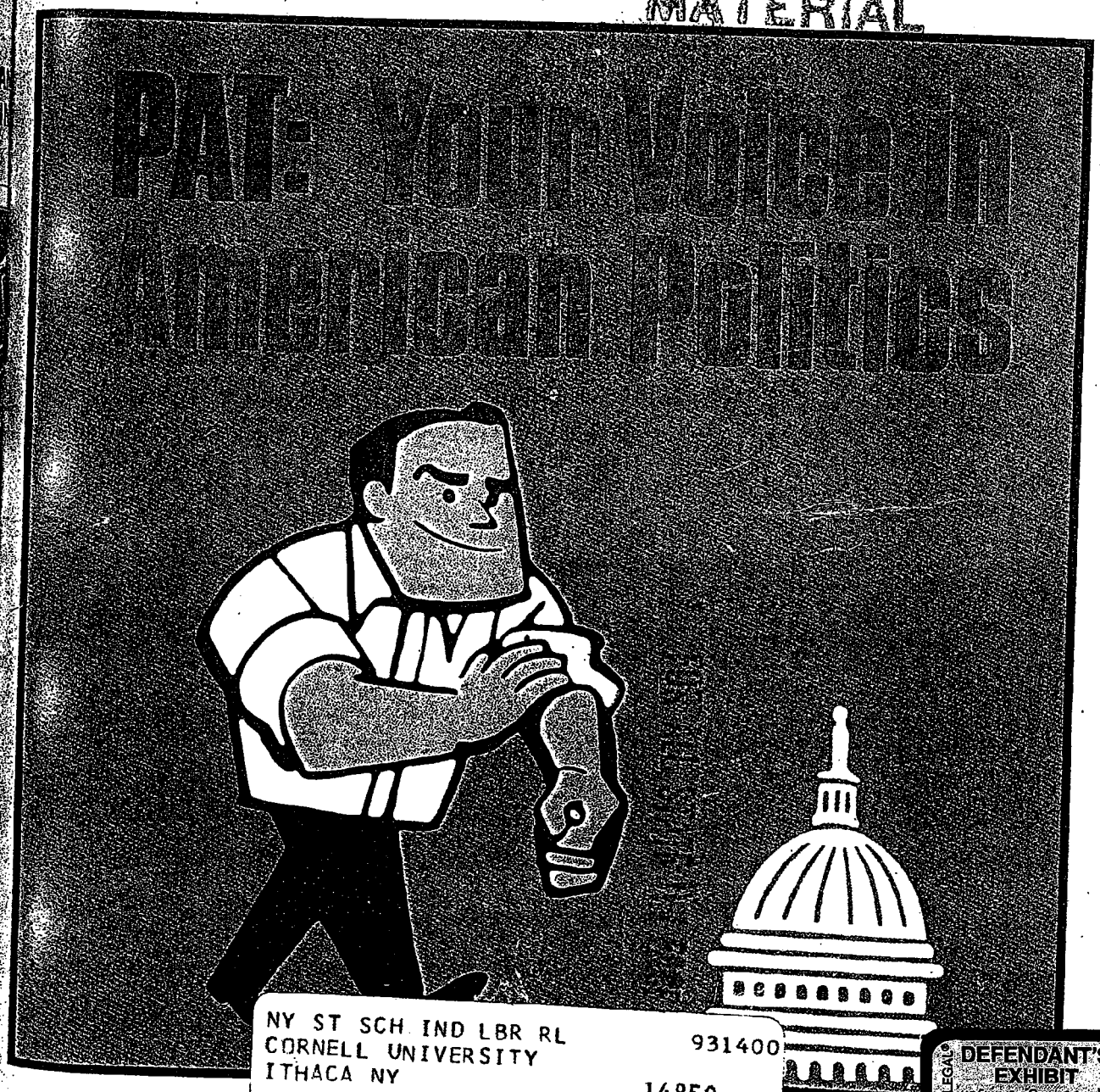
The NPCA is also a member of the IBPAT-sponsored National Joint Safety and Health Committee which brings industry, labor, government and health-science personnel together to discuss mutual health concerns and problems. NPCA President Robert Roland says that he has discussed with the NJS&HC making the completed study results available to the group to assist in establishing safe working conditions wherever chemicals or products of the paint manufacturing industry are employed.

Chairman of the NJS&HC, Robert Petersdorf, has said the committee welcomes this information because potential harm from the hundreds of chemicals used in the paint industry is incompletely understood.

The research program is expected to begin in February.

Painters & Allied Trades Journal

MAY 1977



Painters & Allied Trades Journal

1887-1977 90th Anniversary

On the Cover

May is PAT month, the opportunity for IBPAT members to get their voices heard in government.

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The Decade of Job Safety

Employers and OSHA

OSHA does not only apply to the employers' responsibilities, as this article taken from the Drywall Contractors Association Incorporated Journal shows. The worker, too, must comply with safety standards. It's in everyone's best interest to practice safety.

Too bad we need laws to get the job done—The Editor.

The very word "disability" calls forth the spector of OSHA like the "ghost of Christmas Past."

One of the problems we've been hearing a great deal of lately is, "what to do when an employee won't obey an OSHA regulation"; who is ultimately responsible when the well-known "you-know-what" hits the fan; and how far can it be carried?

Starting with the question of safety glasses, even though the OSHA regulations merely state that the employer must "make glasses available," a recent update has added that the employer must also require workers to wear them. This same reasoning which the Review Commission has used has spread out to encompass employees working over open water with life vests. Not only must the employer furnish the life vest, the Commission has ruled that there is a further duty to insure that employees wear them "where the danger of drowning exists."

The sticky part, of course, is *how?* How is the employer to insure such behavior? Where is the clout going to come from? A recent case in North Carolina may provide some of that answer.

In the case in point, a large mill, trying to comply with OSHA regulations, posted a notice requiring all employees working in areas having a noise level of 90 decibels or more, to wear ear protection. On that day, one of the workers, a Mr. F., had been given a pair of plastic inserts by the foreman. Mr. F put in the plugs, and went off to his job. About half an hour later the foreman noticed that, though Mr. F was on the job, the plugs were not. He reminded the worker of the reason for the requirement, and told him that there was a choice of three other kinds of protection if he didn't like the plugs. "Thanks, but no thanks" was the answer, with Mr. F stating emphatically that they were his ears, and he'd take his chances. The company, however, was not willing to do the same, and handed him his walking papers. In addition, when Mr. F applied for unemployment compensation, the application was opposed by the mill.

The case went to the Court of Appeals, and that august body, in one of the landmark decisions barring a worker from unemployment compensation if he's fired for disobeying company rules designed to implement the Federal Safety Laws, decided, "no compensation for the ex-worker." He should have complied with the ear-protection rule, said the Court. "The rule was in compliance with a federal requirement and must be considered reasonable."

Let me remind you that such extreme action may be considered viable; the more so when you remember that an employee's willingness to take the responsibility for his own safety *does not* relieve you of the responsibility for enforcing OSHA standards, nor from paying the penalties afterward.

As...I th... Doctor

Do you worry about the chemicals with which you have to work? Do you have symptoms of an illness which may be connected to your occupation?

"Ask the Doctors" is the new JOURNAL feature designed to answer your questions about the hazards in the painting and allied trades.

This month, Dr. Edwin C. Holstein of New York's Mount Sinai School of Medicine answers a member's question on chronic bronchitis.

BROTHER L. P. WRITES:

I've been painting for over 20 years and my wife noticed that in the last five years I wheeze alot while I'm sleeping. I've always told her that maybe it's caused by smoking. Last year the doctor who examined me said that I had chronic bronchitis. . . .

I work in a shipyard as a painter and we do work with the paints and solvents mentioned in the Mt. Sinai report. . . .

I am quite worried.

DR. HOLSTEIN REPLIES:

You can take a bit of comfort that you are not the only one with chronic bronchitis. In fact, in the Mount Sinai Study fully *one-half* of all painters who smoke have this condition.

What is chronic bronchitis? Is it dangerous? Can it be cured?

"Chronic bronchitis" is a medical phrase for inflammation of the air tubes (Bronchi) in your lungs.

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IBPAT Members Query the Experts

Do you have a deep, "wet," chest cough that brings up phlegm? Have you had this for three months or more? Did you have it for several months during each of the last few years also? If you answered "yes" to all of these questions, then you have chronic bronchitis. In other words, chronic bronchitis is marked by a phlegm-producing cough that persists for several months and comes back year after year.

Most people who get chronic bronchitis start out with just a morning cough, perhaps only during the winter months. They say they have a "smoker's cough," or that they just have to "clear their chest" in the morning.

Gradually, the cough begins to occur throughout the day and all year long. The phlegm, or sputum, becomes yellow, brown or even greenish. It also increases in amount, so that a person might fill a shot glass or two if saved a day's phlegm. I have even seen patients who filled an eight-ounce glass twice in one day!

Most people with chronic bronchitis feel fairly well. They work and bowl and mow the lawn and lead normal lives. They don't feel sick.

Then why does it matter if they have chronic bronchitis? Because chronic bronchitis often gets worse—more cough, more sputum and more wheezing. Eventually these people may begin to get short-winded. For instance, they may have to rest after climbing a scaffold, or may be unable to mow the lawn. Finally, in a few cases, they may have to lead a bed and armchair life because of severe shortness of breath.

Another problem is that chronic bronchitis may occasionally develop into emphysema. Finally, people with chronic bronchitis have a greater chance of getting lung cancer.

So you can see that chronic bronchitis is more than just an annoying cough. The cough is a sign of a persistent irritation and inflammation deep in the air tubes, like a smoldering fire. The inflammation is damaging.

What causes chronic bronchitis? The number one cause is *cigarette smoking*. The number two and three causes are also cigarette smoking. But in the painting trades, there is another important cause—the constant irritation of painters' lungs from breathing solvents (like toluene or xylene), dust, sand (from sandblasting), epoxy, acid fumes (like sulfuric acid) and many other substances.

We believe this is why 13 percent of the painters in the Mount Sinai study *who never smoked* have chronic bronchitis, plus about 50 percent of the painters who do smoke.

Dr. Edwin D. Holstein has been with New York's Mount Sinai School of Medicine since July of 1976. Before joining MSSM's staff, he was the Chief of Internal Medicine for the United States Air Force Hospital at Pease AFB in Portsmouth, New Hampshire.

What can be done about chronic bronchitis? First and foremost, STOP SMOKING! I cannot stress that too strongly. You can do more for yourself than ten doctors together can do for you. If you are hopelessly addicted to smoking, at least switch to a pipe or cigar. These are less harmful (if you don't inhale the smoke into your lungs). Second, work with your union for improved ventilation and decreased use of highly irritating materials. Demand good respirators (masks) that will protect you until the workplace is improved. Finally, see your doctor regularly. He may be able to help you with antibiotics and other medicines. But don't expect too much benefit unless you can stop smoking.

A final word to L. P. Your story is complicated because you work in a shipyard. That means that you have probably also been exposed to asbestos, because it is used all around you by others. Some of your trouble breathing may be due to asbestos in addition to your chronic bronchitis. Your doctor should check on this. And we will definitely have more to say about asbestos in future columns!

●

All questions for "Ask the Doctor" should be directed to:
IBPAT Journal
c/o Robert Petersdorf
1750 New York Avenue N.W.
Washington, D.C. 20006

If writing about a personal illness, please include as much detail as possible: Present work? How long? Years in the paint trades? Usual work? What are your complaints? When did you notice them? If you have seen a doctor, what does he or she feel is wrong with you?