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PROCEEDINGS

OF THE

Twenty-Fifth General Convention

OF THE

International Brotherhood of Painters and Allied Trades

August 1984

Washington, D.C.

majority.

It says, "...the Convention went on to adopt the committee-endorsed rules by a unanimous voice vote." Again, that is not correct.

The three places where that says "unanimous," that will be corrected to "majority."

Now, below, in the last paragraph on the right-hand side of the page, under the heading up above that says "GP Duval," on the sixth line down in that last paragraph, it says "DC 2 encompasses District Council 51," et cetera. "DC 2" will be changed to the Second District.

Now, are there any other corrections to that that you can make note of here?

BROTHER CARLSEN: Brother Chairman, I have a request to make.

As long as you have come out with these phony minutes here—

(Chorus of boos.)

—I want to go on record—

(Chorus of boos.)

—I want to go on record—

A VOICE: Name?

BROTHER CARLSEN: Dick Carlsen, Local 386, Minneapolis.

I voted for the secret ballot. I want my name in the minutes.

(Chorus of boos.)

Who the hell is going to get these things? Let's all stand up and be counted, if you want to be counted on the thing. You come out with something. Our membership gets a hold of this. No way! I want it entered in the minutes that I voted for the secret ballot.

(Cries of "Sit down!")

GENERAL PRESIDENT DUVAL: All right, you've just had it noted in the minutes.

(Applause.)

Let's not get in a big argument today the same as we did yesterday. We had yesterday a standing vote. That was counted, and nobody was counted by name, and that's the way the vote was taken.

A VOICE: Can't hear you.

GENERAL PRESIDENT DUVAL: I said nobody was counted by name yesterday. It was a standing majority vote, exactly like I just explained to you.

(Applause.)

A BROTHER: He wants a secret ballot. Now he wants the people to know how they voted.

(Laughter.)

BROTHER MULLER: Brother President, Brother President.

GENERAL PRESIDENT DUVAL: I sure wish I could find a fellow who runs south with my gavel here.

BROTHER MULLER: Brother President.

GENERAL PRESIDENT DUVAL: Yes, do you have a question regarding this synopsis, Brother?

BROTHER MULLER: Yes. I object to the use of the term "overwhelming"—Brother James—

GENERAL PRESIDENT DUVAL: Wait a minute. Wait a minute. Identify yourself.

BROTHER MULLER: My name is Jim Muller. I am a delegate with Local 4 in San Francisco, and I object to the use of such terms as "overwhelming" in the minutes.

One person's term of "overwhelming" is not necessarily the same as someone else's. I think the minutes should simply show what happened and not editorialize on the actions. I think the term "overwhelming" should be struck from the minutes and not used in the future.

(Boos and applause.)

GENERAL PRESIDENT DUVAL: Well, you know, I'm sorry if some of the delegates might disagree with the minutes, but the minutes are what happened here, and it was, it was an overwhelming vote, and that's the way it's going to be.

(Applause.)

A VOICE: That was an overwhelming applause.

(Laughter.)

GENERAL PRESIDENT DUVAL: Thank you.

Okay. We have something, and I think it's very important this morning, and I think you're going to enjoy it.

This Convention marks the end of our first decade of job safety and health, and this morning we will review our many accomplishments and discuss what the second decade of job safety and health holds for IBPAT and its members.

I believe I can honestly report that what our Union has done for health and safety of working men and women is second to none for any organization in the world. The programs of our locals, supplemented by our International's efforts, have created a broadbased network for worker health protection.

This is something our members have asked for and something our members need. So it is something we can be proud to have done.

At the International, special thanks for the success of our program must go to the IBPAT/OSH staff. Working completely from grant funds won in competition against other organizations, they have developed training materials

and are conducting research that will help end the threat to health faced by our members. These persons deserve mention in our Convention record. IBPAT/OSH Project Director, Marilyn Larson—and if you will, Marilyn, if you're back there, will you stand up so everyone can see you there.

(Applause.)

The Assistant Director and research writer, Maria Darby.

(Applause.)

Secretary, Greg Little.

(Applause.)

And Clerk, Steve Leber.

(Applause.)

In addition, at the International level, are the Director of Health and Safety, Rod Wolford, who I'll introduce in a moment and Health and Safety Department Secretary, Norma Brinn.

(Applause.)

Now these persons have helped to make our health and safety program what it is.

Now this next man who will be coming up to the podium here is a very brilliant young man. We're very proud that he works for this Brotherhood, and he is the one responsible for all of these video programs that you've seen up here during the last couple of days. This takes much, much time, much, much effort, and an awful lot of expertise, and here today, again, is an example of some of his functions, in addition to those which he will be outlining for you this morning.

Rod Wolford, please.

(Applause.)

DIRECTOR WOLFORD: Good morning, delegates. It's a pleasure to be here for my first time at a convention like this, and I'm very happy to have the opportunity to present to you some of the activities of our Health and Safety Department and the IBPAT/OSH Project in conjunction with activities that have been going on at our local unions and district councils. It is a complete effort by all of us that makes the Health and Safety program work. This means from the member to the local union and at the international.

With regard to the IBPAT/OSH Project, I would just mention that the IBPAT/OSH Project, funded completely by federal funds, has been run completely sucessfully by people like Marilyn Larson, Maria Darby, Greg Little, one here in our audience today, Les Crandell, who is running the video camera who has helped extensively with much of the production of the material.

The production of these materials behind us, of course, were also supplemented and augmented by Les' work. In addition, I think it is fair to say that without myself and Marilyn and Maria and Les and a bunch of other people working, these things would not occur, because much like the Health and Safety efforts, none of these things could be done by any one individual. They take the activities of everyone involved from everywhere, and this is also important to our Health and Safety program.

Today you will see some of the highlights of our Health and Safety program and hear from some of the people who have been instrumental in bringing the program about.

In keeping with that, I would like to move right away to the first speaker, and I would like to introduce Dr. Edwin Holstein of the Mt. Sinai School of Medicine. He's a strong friend of labor and a long-time participant in IBPAT's decade of job safety and health.

Dr. Holstein's involvement with IBPAT began in 1977. Many of you may

remember him as the physician behind the "Ask the Doctor," an award-winning column which appeared in our journal between 1978 and 1981. Some of you may have had the very good fortune to work with Dr. Holstein through our own health and safety programs or through your own local or district council levels. Others may be familiar with his very kind personal assistance on behalf of members made sick or ill by paint trade substances.

Dr. Holstein currently serves as Chairman of IBPAT's Institutional Review Board established for our $1 million N.C.I. research grant. He is a member of IBPAT's National Joint Safety and Health Committee and has recently opened up his own occupational health clinic in the New Jersey area.

He also appears at OSHA hearings on our behalf and currently is working with our local unions in New Mexico to get "right-to-know" coverage under the state OSHA plan for our members.

As you can see, this is a man who is very active in our interests and in the interest of all working men and women. What more would it be possible to say about this man?

He is a rare and wonderful person and occupational physician who speaks with and for working men and women every day of his life.

Dr. Edwin Holstein, please may I introduce you now.

(Applause.)

DR. HOLSTEIN: Thank you very much, Rod.

As he introduced me, I was looking around behind me to see who it was he was talking about because I didn't know exactly who it was. But thank you very much for a very flattering introduction, and I want to thank President Duval for inviting me here today.

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As he introduced me, I was looking around behind me to see who it was he was talking about because I didn't know exactly who it was. But thank you very much for a very flattering introduction, and I want to thank President Duval for inviting me here today.

Some of you when you first came in may have noticed two younger children on the podium with me. They're back stage right now, but I just want to say that it's not only a great honor for me to be here, but I'll always be proud to say that the first Convention that my two children ever attended was a Convention of Trade Unionists.

(Applause.)

You know, it has often been said that history repeats itself and that those who fail to learn from history will be obliged to repeat the errors that have been made in the past; and it sometimes seems to me that as I regard what is happening in the field of health and safety today in the work place, that this may be what is happening today.

Unfortunately, when one repeats the errors of the past in the field of Occupational Safety and Health, what one is repeating, unfortunately, is a history of disease and death; and this is a history that we cannot afford to see repeated; and I believe that the Trade Union Movement is going to have to redouble its very great efforts to see that we don't repeat errors that have been made.

If we looked at early in the century, if a workman became injured or ill on the job, before the passage of the Worker's Compensation laws, the bar to economic recovery was almost too great to be overcome.

It was true that in theory, a worker could take his employer to court and sue his employer to recover damages for his injury; but there were at least three legal doctrines that in actual practice made it almost impossible for that worker ever to succeed in his suit.

One of the doctrines was that the fault in the accident really lay with the fellow worker. It wasn't the employer's fault; it was the fault of the fellow worker who allowed some water to slip on the floor,

and that that's what the fellow slipped on and broke his leg.

Another of the doctrines that posed a great obstacle to recovery was called Contributory Negligence, and that doctrine held, once again, it wasn't the employer's fault that the man fell off the scaffold. It was his fault. He didn't build it right.

He contributed his own negligence to the, to the event that occurred; and therefore you can't hold the employer liable.

And finally, there was the doctrine known as the assumption of risk; and to me, that was the most insidious of all. The doctrine of assumption of risk said that when you took this job, you knew it was dangerous; so if you got hurt, what have you got to beef about? You knew it was dangerous when you took the job.

And that, to me, was the most insidious of all; because it meant that no matter how carefully the man did his job, no matter how careful he was that his work, fellow workers should also do their job in a safe manner, no matter if he followed every safe rule book that was ever written, nevertheless, he still couldn't collect because he assumed the risk when he took the job.

Well, around the turn of the century and the years thereafter, as a result of a history that you people probably know better than I do of great trade union efforts, in state after state, workers' compensation laws were passed; and they held, of course, that these doctrines I just referred to would not hold, that a worker could receive compensation for his injury despite the kinds of factors that I just mentioned.

Of course, at the time that those battles were being fought, we heard many complaints. We heard that such legislation would be too expensive, that it would cause our industries to go bankrupt, that we would be noncompetitive with other countries in the world.

We even heard that the industries would be bankrupted by malingerers who would fake injuries and not want to work and would take a free ride on the compensation system.

And to me, the most absurd of all, we even heard it said in those days that people would deliberately injure themselves so as to collect the compensation which was deemed fought for.

Well, this is history. The point of this history is that very important laws were passed as a result of the sweat and the work and the dues and the personal commitment of thousands of working people around the country and the efforts of the labor unions. And this took commitment. This took time. This took effort. This took heartache, and it also took money. It took money out of the pockets of workers in order to fight these battles so that if a worker would be injured or killed on the job in subsequent years, he could at least have the assurance that his wife and that his children would not starve to death because of his inability to work.

Now, of course, when we look back on that great victory, we realize that it was only a partial victory. We realize that it did part of the job, but it didn't do the whole job.

It was good in that it gave the worker and his family some economic security, and it was also good in that it gave the employer some economic incentive to try and improve the workplace so that injuries and illnesses would not occur; and yet it did not mandate by law that the workplace should be safe.

It did not force by law the work—the employer to clean up the workplace. It left that to the, to the possible economic incentive of the workers' compensation insurance premiums.

And, of course, we all know from our experience every day today that many employers have found it less expensive to pay workers' compensation premiums than to clean up the workplace; and whereas we have won something in the way of economic security, for decades, we had a long, long way to go in preventing the illnesses and injuries that had been the previous subject of controversy in legislation.

And then, of course, I don't have to tell you about the greater Union effort that resulted in the passage of the OSHA Act in 1970. Now, for the first time, it was the employer who had to assume the risk. If he was going to run a business, he had to assume the risk of making it safe.

He had to assume the risk of making it a place where men and women could work a lifetime without the danger that they would become ill or dismembered or maimed or sick from that work.

Under Dr. Eula Bingham, who sits on the platform behind me, during the Carter administration, the OSHA Act showed signs of achieving its full potential for the first time, with vigorous enforcement, imaginative policy-making, and progress on a whole boat load of dangerous substances, including lead, cotton, dust, benzene carcinogenic substances, and many others.

Also, under the Carter administration, with Dr. Eula Bingham's leadership in the Occupational Safety and Health Administration we had a new and invigorated New Directions Program which made funds available to organizations such as this one for carrying out health and safety training and other competency building programs.

And under the leadership here in this Union of Frank Burkhart, the leadership of Rod Wolford, Marilyn Larson, and, of course, all the other, all the other people who committed so much work,

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And under the leadership here in this Union of Frank Burkhart, the leadership of Rod Wolford, Marilyn Larson, and, of course, all the other, all the other people who committed so much work, you built here one of the best programs in Occupational Safety and Health that I've had the pleasure to observe anywhere.

Now you did all of this with the uncertaintly and with the ups and downs and the waxing and waning of federal funds, and we all know and we've learned bitterly under the present administration that federal funds are like tides, they come in and they go out.

And yet despite this, your IBPAT, your IBPAT/OSH Project has continued to be a leader in its field; and I salute you for that.

I also bring to you again the message that if we don't learn from the mistakes of history, we are bound to repeat them. And I believe that the matter of federal funds today is a matter of hanging on by your fingernails when it comes to something useful for protecting the lives of workers. I see no guarantee, as I look at the horizon, that such funds will continue to be available. And I believe that you gentlemen and ladies here, and your membership back home, have to be prepared to look very carefully at the many constructive things that are being done by your union, and you have to be prepared to ask yourselves the question, "If President Reagan pulls the rug out, are we ready to reach into our pockets to continue what has been started and what has been continued here under the leadership that I mentioned?"

Now, today with the history I mentioned to you behind us, it seems to me that workers are once again being asked to assume the risk. We don't know what's in that barrel that Monsanto Company sent to us, but you spray it on anyway. You assume the risk.

We don't know if there's asbestos in that floor covering, that old floor covering, that you have got to rip up, but you rip it up anyway. You assume the risk.

idea. The OSHA standard for right-to-know is a weakling. We might even call it the right-not-to-know.

For instance, only manufacturing workers are covered. And I guess that means in this Convention here, I suppose the paintmakers here would be covered.

But how about the glaziers? How about the general and industrial painters? How about the floor coverers? How about all the other trades that are represented here? Don't they have a right to know what they are working with?

Another weakness of the federal law is that the employer will decide which chemicals are hazardous, and the employer will make that decision. And it's only those chemicals on which you will be allowed to have information as to the identity and the hazards.

In other words, for all the other stances, you assume the risk.

And, finally, which of the chemical components are going to be considered trade secrets will also be determined by the employer.

Well, you could take the worst-acting chemical substance, the most dangerous chemical substance, if you were the employer, and you could conclude and decide on your own behalf that that's a trade secret. Nobody should know what's in that particular compound, because it would endanger your business, and, therefore, you declare it a trade secret, you don't have to disclose it, and, once again, the worker will assume the risk.

I believe that strong right-to-know legislation is in the best tradition of democracy, and it is in the best Union tradition of self-help, because I believe that if you look at the obstacles that now exist in making the workplace safer, one of the greatest obstacles is ignorance.

Today, health and safety in the workplace is pursued by only a small band of people. You have a small band of Unionists who are knowledgeable and have the time and the backing to commit their efforts to that area.

You have a small group of government officials who have made that their career, but whose activities are governed by the political winds that blow left and blow right and blow east and blow west.

And you have a small group of health professionals, physicians, industrial hygienists, safety people, but it's a small group, believe me, who are active in this area.

Now, if you had a strong right-to-know act in which suddenly every worker in the land could find out for himself what's in the substances he is working with, you would open up this process, and the process of health and safety would no longer be in the hands of a few small groups of people trying to do their best, but with over 200 milion people in the United States to look out for, you would open this up to every worker, you would open this up to every local, you would open this up to every business agent, you would open it up, in fact, to every physician.

How many of you have had the frustrating experience of taking a health and safety problem to a local physician, and the physician throws his hands up and says, "Gee, I don't know what to do. I don't know what's in this substance."

If he could at least find out what's in it, he could go to the library for you, he could look it up, he could write to NIOSH, to Dr. Bingham, he could write to me, he could make a telephone call. But he doesn't even know how to start the process, because he doesn't know what's in Barrel XF-213.

So I believe that a strong Right-to-Know Act would open the process of health and safety up to the entire work force and to the entire professional bodies that would potentially contribute, and it's my belief that legislation of this sort would be as important a landmark in this area as would the workers compensation acts and the OSHA Act, because I believe that what we would then see would be an avalanche of activity spead out throughout the land. This would be the democratization of health and safety by making activity in this area available to every working person.

So now what we are about to see is a great prolonged and protracted legal battle in which the judges will decide—the judges and the attorneys—will decide which should take precedence, the state laws, many of which are stronger, or the federal law, which is a weak sister.

I just want to conclude by reading to you a letter that I received a few years ago by one of your members. I think that this letter expresses the problem more eloquently than I can. This letter was written in 1979:

"Dear Sir: First I must start with saying I have been a painter for almost 17 years. I have always been very proud of my profession. I loved my work, and I took pride in it. I was working every day. I felt like a million dollars. Life was great. I was doing what I loved doing. I had a great boss whom I had worked for for five years.

"I blew away in a tornado in 1970. I got out of the hospital, and I was back working within three weeks. Then we were doing a bank job here in Texas. We had to strip all the old paint off the cabinet and the doors and the trim. I was doing the stripping. This was a Friday. I worked Friday, Saturday, Sunday stripping.

"Well, I went back to work Monday,

and I was stripping again. About 3:00 o'clock I told my foreman I was getting numb around my mouth and my hands. I felt funny, but I thought it was like lacquer. I have had my mouth that way before, but it always went away when I got some fresh air.

"I went on working until October 7, that evening. I was very sick when I left the job. I thought I would be okay if I went home and rested and got some fresh air.

"It didn't happen that way, though. I laid down on the couch, and I have never been so crazy in my life. I went to the bathroom and started throwing up. Soon there was blood. My tongue felt like it had swollen until I could hardly talk. My brain felt like it was floating away.

"On the morning of the third day I awakened to a different world. I thought I was dying or losing my mind. The only person whose name I could remember was my boss.

"They put me in the hospital. Everything went haywire. You see, I know I will never be the same. I'm still numb around the mouth. And yes, I feel like there is something crawling under my skin all the time."

And the letter goes on in this fashion. I'm not going to read the whole letter to you. The letter says:

"Physically, I guess I'll probably go on living in misery. Mentally, I died February 28th, 1979.

"I guess what I'm trying to say is please get someone to get the companies to tell painters, on the label, what their product can do to people. Spray deodarant has better information on it than what the painter makes his life working in every day."

Thank you very much.

(Applause.)

DIRECTOR WOLFORD: The story that Dr. Holstein speaks of today, you will see part of an interview with that painter, and another painter here. You will see what happened. It's a tremendously sad story.

One thing I may have been remiss in, in coming up here, is that I forgot to thank the General Executive Board and everyone else here today, including my father, Jim Wolford, for giving me the opportunity to make an effort to serve all of you in the capacity as Health and Safety Director for this International.

This story of the woman, Kate Osborne, is really—I'm telling you, it's something. You are not going to believe it when you see it.

Right now, I would like to introduce a short program called IBPAT/OSH Health and Safety Highlights. This brief presentation describes some of the activities of our local unions and district councils and the International over the past five years. It describes the decade of job safety and the things that were accomplished, and tells how far this International has gone, how far its local unions have come, and how great of a job that we are really doing.

I think that you will be impressed with your own efforts when you see it, and if you thought you couldn't do things before, when you see what some of your other local unions are doing, I know that you are going to be impressed and willing to perservere and move forward.

The presentation was produced by the IBPAT/OSH Project, directed and produced by Marilyn Larson, who did the editing, and I think that you will believe that this really captures it.

Marilyn asked me to mention if anyone is excluded from an activity they were involved in up here, it's possible that some people were missed. That is just a matter of trying to keep the thing down to the proper length of time. If we were to put in all the activities that everyone has done here, why, we would be here for six years, so we might as well take a look at what we have done in the last five years and see if we can cover the highlights in the next five and a half minutes.

This is IBPAT/OSH health and safety highlights video presentation for you coming up right now. I hope you enjoy what you see.

I can tell you that the local unions and everyone enjoyed doing it.

Hold one second. I think something has failed to be done here.

GENERAL VICE PRESIDENT LEBER: I have to make the following announcement:

The Appeals Committee is to come down to the Independence Room for a meeting at 10:00 o'clock. It is now 10:00 o'clock. So will the Appeals Committee please go to the Independence Room for a meeting.

DIRECTOR WOLFORD: Okay, we will now begin the presentation and see what has been accomplished.

(Videotape presentation as follows:)

NARRATOR: Testimony on OSHA standards; state and federal health and safety legislation; health hazards in the news; trade related medical screening; NCI funded research; plus training, new videos, hazard index, technical assistance, and health hazard evaluations. This IBPAT Health and Safety Highlights.

The Decade of Job Safety and Health was a little more than five years old in June 1980 when the Health and Safety Department opened for business. The department went right to work adding new services to those provided by the federally funded OSH Project. The department testified on major OSHA and ANSI standards: asbestos, respir-

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I think that you will be impressed with your own efforts when you see it, and if you thought you couldn't do things before, when you see what some of your other local unions are doing, I know that you are going to be impressed and willing to perservere and move forward.

The presentation was produced by the IBPAT/OSH Project, directed and produced by Marilyn Larson, who did the editing, and I think that you will believe that this really captures it.

Marilyn asked me to mention if anyone is excluded from an activity they were involved in up here, it's possible that some people were missed. That is just a matter of trying to keep the thing down to the proper length of time. If we were to put in all the activities that everyone has done here, why, we would be here for six years, so we might as well take a look at what we have done in the last five years and see if we can cover the highlights in the next five and a half minutes.

This is IBPAT/OSH health and safety highlights video presentation for you coming up right now. I hope you enjoy what you see.

I can tell you that the local unions and everyone enjoyed doing it.

Hold one second. I think something has failed to be done here.

GENERAL VICE PRESIDENT LEBER: I have to make the following announcement:

The Appeals Committee is to come down to the Independence Room for a meeting at 10:00 o'clock. It is now 10:00 o'clock. So will the Appeals Committee please go to the Independence Room for a meeting.

DIRECTOR WOLFORD: Okay, we will now begin the presentation and see what has been accomplished.

(Videotape presentation as follows:)

NARRATOR: Testimony on OSHA standards; state and federal health and safety legislation; health hazards in the news; trade related medical screening; NCI funded research; plus training, new videos, hazard index, technical assistance, and health hazard evaluations. This IBPAT Health and Safety Highlights.

The Decade of Job Safety and Health was a little more than five years old in June 1980 when the Health and Safety Department opened for business. The department went right to work adding new services to those provided by the federally funded OSH Project. The department testified on major OSHA and ANSI standards: asbestos, respirator protection, abrasive blasting, construction hazard control, and medical access.

IBPAT's testimony on medical access saved the day for construction workers by persuading OSHA not to exempt construction from the standard. Thanks to IBPAT, construction workers are now guaranteed access to medical records under employer control. Construction was less fortunate in the hazard communication standard. However, the AFL-CIO has used IBPAT's testimony to sue OSHA in federal court to broaden the standardscope's. Right-to-know legislation is big in the '80s, with workers and consumers lobbying for passage in many states. When a federal labeling standard for construction stalled, IBPAT worked hard to get the state right-to-know laws passed.

In Illinois, the Governor recognized IBPAT's role by signing the right-to-know law at the Painters' State Conference.

Suffolk County, Long Island. When two painters died, overcome by solvent vapors inside a water tower, Local 1486 sought county regulations governing water tower painting.

Missouri, District Council 2 fought for a state bill regulating confined space painting in Class I counties. The Health and Safety Department testified, and the bill was introduced in session, but was defeated. The Painters will try again.

A licensing regulation for confined spaces was passed in Massachusetts following efforts by local and International representatives.

Now the Health and Safety Department is working with the state to get federal funds to develop the testing and certification procedures to make the regulation work.

In 1981, IBPAT/OSH helped the New

York Times with a front page Sunday story on neuro-toxic hazards of paints. It played in major dailies across the United States and Canada.

Then in April the Cable News Network's Freeman Reports devoted one hour to the hazards of painting. This publicity generated new interest among manufacturers in improving product label.

CNN REPORTER SANDY FREEMAN: When you say the words "cost effective," I understand it's going to be a very expensive thing to go through this labeling, but when you thing of the people who are possibly putting themselves in situations where they can become toxic from the chemicals that they are using, "cost effective" doesn't seem to stand up on the same par with one's health.

Can you understand how people feel that way?

NARRATOR: IBPAT has kept its health and safety issues before the public in newspapers, magazines, and on TV: WCM-TV, Memphis.

A VOICE: More research into what paint does to painters has been called for, but until more is known, the best advice is paint where there's ventilation and wear a respirator. Roger Cooper, Action News.

NARRATOR: KWSO, Lawton, Oklahoma.

KWSO ANCHORPERSON: ...seminar to increase public awareness. Action 7's Michael Ward has the details.

MICHAEL WARD: More than 90 million Americans spend their days on the job. Yet, until the recent past, no provisions existed for their protection against workplace safety and health hazards.

Mr. John Pace, Business Representative for Painters' Local 650, says that construction workers, painters, and insulators face harmful elements every day.

BROTHER PACE: ...how it will hurt the reproductive organs, how it will give them cancer, affect their nervous systems. And we are hoping by this that we will, indeed, allow them to have five to ten or fifteen years more of the good life.

MICHAEL WARD: This is Michael Ward, Action 7 News.

NARRATOR: KABC, Los Angeles.

NEWS REPORTER OLNEY: Solvents, Jerry, are extremely common in industry, as you will see, but the fact that they can cause terrible health problems is not well understood.

Here in Los Angeles the Painters' Union trains its members in self-protection. It tries to get contractors to provide the necessary equipment.

APPRENTICESHIP COORDINATOR ZAGAJESKI: They are very dangerous, and we always ask the apprentice to keep in mind where they are working, what they are doing, and to make sure that they are just talking to the employer about protection and precautions that they may need for that job, and to talk to their instructors in school if they feel there's a problem.

NEWS REPORTER OLNEY: How important do you think it is to wear these masks?

IBPAT MEMBER: Well, I guess if you want to live a long life, you should wear it.

NEWS REPORTER OLNEY: Tomorrow we'll take a look at some tests that show what solvents do to the mind and the nerves.

NARRATOR: ABC Network News.

ABC NARRATOR: Benzene was once the bane of professional painters.

Now it's banned. Since as many as 1,500 chemical compounds are used in paint products alone, Painters' Unions have to be vigilant in identifying hazardous materials.

This year they thought they would take a step forward with an assist from OSHA, but instead they took two steps backwards.

Early in 1981 the Reagan administration shelved a strict labeling regulation for all paints and chemicals.

One of the first challengers to invoke the New York right-to-know law and to win some points was Leon Silver, Business Manager of Paperhangers Local 1727.

Although his battle rages on, he won a skirmish by getting formaldehyde removed from paperhanging paste.

BROTHER SILVER: However, we recently discovered that as a substitute may have used mercury. The first time they used it, there was an immediate reaction.

One out of every four paperhangers received some sort of irritation on the skin. I contacted Bordon's on these and got no response. I went to my International office. They got no response.

They recommended that I follow it through with the Department of Labor.

We got the Suffolk and Nassau County Commissioners of Labor involved. Their letters to Borden's got us the response that we wanted. And if we can force the manufacturer to conclude in his label a list of ingredients, we will at least have reached the point where we know what we are dealing with.

Right now, we don't.

NARRATOR: Examination of members' health was another 24th Convention goal, and many affiliates acted on this resolve to provide trade-related health screening. Local 4 in San Fran-

construction workers, painters, and insulators face harmful elements every day.

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NARRATOR: Examination of members' health was another 24th Convention goal, and many affiliates acted on this resolve to provide trade-related health screening. Local 4 in San Francisco; District Council 35 in Boston; Local 386 in Minneapolis; Local 1486 in Long Island, New York; Local 130 in Houston; Local 150 In Rochester, New York.

BROTHER KING: Well, just judging from the reception from the members and the turnout at the physical exam, I believe the members feel this exam is a great thing for their benefit.

NARRATOR: And in Springfield, Massachusetts, Local 257.

BROTHER DART: It has brought members back into a more active role, because I think they understand and see the value of this program. It's again basically because of the IBPAT/OSH educational program.

Without that first educational exposure, it would be very difficult for me to make them realize that this is something that's worthwhile.

THE NARRATOR: One of IBPAT's most impactful achievements is winning a prestigious research grant from the National Cancer Institute. 22 universities and 8 unions competed for NCI funds. IBPAT's three-year study was rated number one. Affiliates were invited to participate, and two were selected from among 102 that applied: Local 318 in Fort Worth, Texas, and Local 49 in Memphis, Tennessee.

July 6, Fort Worth, Texas, 131 members received NCI-funded medical examinations. Blood tests, pulmonary function tests, interviews of work history, personal habits, and family background and neurobehavioral tests on microcomputers. These computer tests detect changes in the nervous system due to solvent exposure.

The local press was there and gave good coverage.

BUSINESS REPRESENTATIVE DON YORK: The next step will be a better awareness that they do need to pro-

tect themselves. There has been an attitude all along that "This is my job. It has certain risks with it, but that comes with the territory, and there's nothing that we can do about it."

Well, I think it's time that we take the attitude that something can be done about it.

THE NARRATOR: August 1st in Memphis the second group of members received examinations. Examinations are performed under some subcontract by Harvard University.

After one year, all members will return for a second examination.

BUSINESS REPRESENTATIVE MIKE GUESS: I became real sincere in the fact I would like to see our local participate in it because I do know the value of gathering all the data and facts; so, consequently, I think it is a wonderful thing that the NCI can come up with some kind of a preventive measure to increase the life span of these members.

FIELD STUDY LIAISON DOUG PFUND: It will be interesting to see what the results are from, you know, the physicals and the NCI grant.

THE NARRATOR: One rank and file member in each city was named as full-time field study liaison paid by the grant. The liaison monitors painters at job sites and collects weekly questionnaires.

IBPAT's study will evaluate improvements of the trades and effects of the IBPAT/OSH training.

IBPAT/OSH training has been going strong since 1978. At present, over 25,000 members in 117 locations across the United States and Canada have used IBPAT's 48 video modules and 272-page textbooks, which are now a permanent part of apprenticeship curricula.

New video modules, added to the IBPAT/OSH library since 1979 are: Reproductive Hazards, Solvent Neurotoxicity, Electrical Hazards, Ventilating the Temporary Work Site, Swing Stage Safety, and Respirator Selection for Painters.

Year after year, IBPAT/OSH submitted the proposals to win the federal funds to continue health and safety activities.

This is a computerized exposure (production) model for use by members or signatory contractors.

Using application rates, percentage of solvent in the product, and the physical properties of solvents, it calculates workplace exposure levels and displays ventilation and respirator requirements. This Hazard Index was designed by IBPAT/OSH with federal funds.

The software is available to local unions, district councils, and committees that have computers to run it.

Technical assistance helps members solve health and safety problems. Over 6,000 staff hours since the 24th Convention have been devoted to research and referrals in response to phone calls and letters from affiliates, members, their physicians, attorneys, and others. Some members have acted on their own behalf.

NIOSH Health Hazard Evaluations can correct workplace problems and provide practical research into paint and allied hazards without involving OSHA citations. This approach is appreciated by the concerned union contractor who really wants a problem resolved.

In the last five years, 13 NIOSH Health Hazard Evaluations have been obtained by nine IBPAT affiliates, in cooperation with IBPAT/OSH. Local 1192, Jackson Mississippi; Local 41, Wilkes-Barre, Pennsylvania; Local 156, Evansville, Indiana; District Council 22, Detroit, Michigan; Local 490, New York City; District Council 55, Portland; District Council 54, Seattle; Local 781, Boston; and Local 1159, Philadelphia.

Members usually ask for IBPAT's involvement in health and safety concerns. Sometimes, though, members must be nudged forward. But almost always members appreciate IBPAT's intervention.

GENERAL PRESIDENT DUVAL: Our activities in this area are many. Training our members, doing our own research, providing work-related medical screening, commenting in depth on every OSHA standard that affects our members, working with industry groups to improve product labels and to upgrade personal protective equipment in our trades, lobbying across this land for laws and regulations designed specifically to protect our members.

These coordinated, interlocking activities have achieved solid improvements in our industry. But what we have done so far is nothing compared with what we must do in the future. We have a long way to go. We cannot rest until every member of this Union enjoys the same chance of a safe, healthy and productive life as every other American and Canadian citizen.

(End of video presentation.)

DIRECTOR WOLFORD: Well, I think it really shows you that local unions, district councils, and all of us together can really accomplish something. As I said, it's only a small part of what has been done and only a small part of what we have yet to do, but I really believe that the possibilities are there to make tremendous accomplishments, large strides, and I hope that right now I have—I do have the honor of introducing another person, another speaker who I think will explain, perhaps in greater detail, some of the challenges that still await us.

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Delegates, Brothers and Sisters, guests, everyone gathered here, it is my pleasure to introduce our next speaker, a person long familiar to many of us in the Brotherhood. She has been a friend of our union since March 1977 when she was appointed Assistant Secretary of Labor for Occupational Safety and Health.

During her years at OSHA, Dr. Eula Bingham vigorously enforced our nation's laws regulating job safety and health. She expanded the agency's programs, and she instituted an effective educational grants program which has been the source of over $1 million for our Brotherhood's own health and safety programs.

Dr. Bingham currently is Vice President and University Dean for Graduate Studies and Research at the University of Cincinnatti. She is also president of the American College of Toxicology.

She continues to champion the well-being of our nation's workforce. It's fair to say that the job-related health of all of us here, as well as of countless others, has been enhanced by her unstinting efforts.

So it it with a sense of appreciation and pride that I introduce you to Dr. Eula Bingham.

Dr. Bingham.

(Applause.)

DR. BINGHAM: Good morning. President Duval, my good friend Frank Burkhardt, Dr. Selikoff, Brothers and Sisters, my name is Eula Bingham. I was Assistant Secretary of Labor for Occupational Safety and Health in an administration that believed in workers' rights. We believed in a worker's right to live.

I was Assistant Secretary in an administration when the federal government issued standards for toxic chemicals and when the Occupational Safety and Health Act was enforced.

When I spoke with you four years ago, I made predictions, but Reagan and Auchter have surpassed my worst fears. I really don't need to exaggerate today. The facts are more deadly than I would have imagined.

Let's begin by naming a few standards that we issued: Dibromochloropropane, cotton dust, lead, access to medical and monitoring records, multipiece wheel rims, revised fire code standards, revised electrical standards, hearing conservation.

Well, what have they done with three months, four months left in the administration? They issued ethylene oxide after a court, a federal court told them to do so or be held in contempt.

Ethylene oxide is a chemical used in hospitals to sterilize instruments. The most exposure is likely to occur when you open the vessel containing the instruments, the sterilizer, for a few minutes.

And guess what the agency did—failed to issue a short-term exposure limit. Isn't that whay you would expect from a standard that this administration would issue?

They've issued one other standard that Dr. Holstein told you about, a right-to-know or a labeling standard. That is so watered down that almost all the cities and the states that have passed their own have a better standard.

I know that some of you out there joined with me in lobbying states and cities to pass local right-to-know ordinances and standards. Certainly it is important that workers have information.

Now, let's look at the facts about inspections and compare the first eight months of 1980, which was our term, with the first eight months of 1982, once they had really gotten into the agency.

Well, let me give you the facts prepared by the AFL-CIO from OSHA inspection tapes:

Serious violations down 50 percent. Do you believe that there are no more serious violations out there, that they have fallen by 50 percent?

Willful violations down 80 percent. Repeat violations down 65 percent. Failure to abate violations down 79 percent.

Let me tell you what that means in numbers. During the first eight months of 1980, there were 739,000—three-quarters of a million—failure to abate citations issued by OSHA when I was Assistant Secretary in 1980.

During Auchter's term in 1982, the first eight months there were 155,000 issued.

Do you really believe that employers are meeting the letter of the law? I'll tell you what I believe. They don't go out and make any reinspections and follow up to see whether or not abatement has taken place. That's the real reason they're down there. All these indicators are down dramatically.

But the new OSHA brags about better targeting procedures. Well, if you're targeting better, why can't you find the violations unless you're targeting on safe industries?

Most of you out there caught on very early that the new OSHA under President Reagan ws not going to pay any attention to you as a worker. Workers stopped filing complaints. And during that same period, comparing 1980 and 1982, complaints filed by workers in 1980 were 17,000, in 1982 it was 9,000. I guess you lost faith.

Discrimination complaints, in 1980 there were 1,724 filed by you. In 1982 there were 674 filed.

Once again, you lost faith. So standard setting has gone down the tube,

enforcement has gone down the tube, and by and large money for training has gone down the tube in terms of Occupational Safety and Health.

Someone always asks me what's the most important thing I did while I was at the Department of Labor. I really don't hesitate when I say the New Directions Training Program. Maybe that's what you would expect for somebody who has spent most of her life at a university, but I really believe in training.

The New Directions Program, when I left, had $13.5 million in it. Today it has somewhere around 6 million.

We had some success stories with that training program. For example, the International Chemical Workers Union never had an employee that dealt with health and safety that was trained. They never had a program. They got a New Directions grant, and within four years, they had on board health and safety professionals and began to contribute their union dues to health and safety programs in their own union. They have gone on to a National Cancer Institute grant such as you have.

But there can't be many new training programs when you only have $6 million to spend. What does that all mean?

It means that there are few incentives for employers. There's little public pressure. There's little pressure from the federal government on employers to obey the Occupational Safety and Health Act.

We have an administration that's less likely to issue standards, less likely to inspect, less likely to cite, less likely to enforce the violations, less likely to follow up.

The laggards are getting by. The killers and the cripplers are out there. They have been given the go-ahead. Cyanide, silica and solvents can't even live.

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When I look out at you, I know that you are the lucky ones. You are the lucky ones among the workers.

Why do I say that? You have a strong union. I know you heard some arguing back and forth, but that's what makes you a strong union. You have a president and a past president who planned such a health and safety session as this one and who planned it at a prime time.

I know what prime time means on television, and I can tell you I know what prime time means at a union convention, because I go to those.

This union is sending a signal to the membership that your lives count. Yes, you're lucky, you're one of the lucky ones. You have a strong union, committed leadership, and health and safety training. You have a long history of it. I saw the film. I've known about health and safety training of this union for a long time. You've spent your government funds well. You're able to compete.

What you may not know is that I was on that committee that reviewed the grants from universities and from unions. And I must tell you I was pleased when I read and reviewed the proposal from this union. It made me proud for having supported you from the Department of Labor.

(Applause.)

Most of you, because you are secure, will press for local legislation such as Right-to-Know, in your states and cities. And you're going to find some training money out there in the states.

Certainly I'm on the lookout for training money in Ohio.

Anybody here from Ohio?

(Cheers.)

Let me suggest the scenario for you who are out there and comfortable and secure for the second term. We've seen

the first term. The second term will have a new leader at OSHA. He's already been identified, Mr. Rowland.

He comes from the Review Commission, where his opinions are anti-worker, anti-standard, and anti-inspection and enforcement. He will be the second term appointment.

What are we going to do with a second term and a few more Reagan appointments to the National Labor Relations Board. A few more unfavorable decisions will almost put you out of business.

A few more appointments to the Supreme Court by President Reagan will put you out of business.

A few more broken stikes like the PATCO, keep your eyes on the Postal Workers.

A new Supreme Court can put you all out of business. Think about it. I'm sure that we're going to see taxes raised, but we're also going to see the budgets cut. The budget will be cut in Health and Human Services at the Cancer Institute, and the training money will dry up.

Some of your survival techniques that we've used during this first term will be gone, for example.

Now I want to ask each of you a personal question: What are you going to do to put a new team in the White House? Well, most of you are going to say, "I contribute some money through my union," and that's important; I know it. And you know what those ads cost on television, and some people have plenty of money to put them on.

But have you volunteered? I'm talking about registering voters. You know what I'm doing the weekend after Labor Day? I'm going to a voter registration conference in Columbus, Ohio.

Now I've never registered a voter in my life, but I'm not too old to learn, and neither are you, and some of you are not too young to learn, either.

Last month, I was privileged, privileged to be a member of the Ohio Delegation to the Democratic Convention: and it was an inspiration and an experience, a learning experience, people.

How many people are from Texas?

(Cheers.)

A lot of Texas Delegation.

Did you ever hear of Jimmy Hightower? Jimmy Hightower is Commissioner of Agriculture in Texas, and he is a Texas philosopher.

You didn't see everything on television, I think, that was at the Convention. Most of you were not priviledged to see and hear Jimmy Hightower talk; but he is a philosopher; and I hope we see him in Washington some day.

And let me tell you what he told us. He said that he had a great deal of respect for Harry Truman, because Harry Truman said that anybody who is President of the United States needs to know about hogs.

Now I'm from Ohio, and some of you are from Iowa, and we've got lots of corn and soybeans, and we know about hogs, but Jim Hightower said that he didn't believe the President that we've got now knows about hogs. He wouldn't know a hog from a hand grenade.

(Laughter.)

And do you know what? I thought maybe he was kidding me when he said that at the Convention, but then I read yesterday's newspaper, and I read that our President said jokingly that he had signed legislation that outlawed Russia forever and we begin bombing in five minutes.

Brothers and Sisters, our country is no Grade B movie. We're real people, and we can't survive a nuclear war.

One thing I saw at the Democratic Convention, that no issue runs so deep to the heart of families as the issue of nuclear weapons. We can't make jokes about dropping bombs, and we cannot afford a President who makes jokes about dropping bombs.

(Applause.)

This is serious business. We do want a strong defense, because Democrats are the foot soldiers. It's your children and you who will be the ones to go. Working people go to war, working people such as yourselves.

The unemployed and the unskilled go to war, those people that we have abandoned out there without job training.

We need an administration that will concern itself with finding federal officials who will not take pay-offs and meet secretly and cut deals with polluters. We need an administration who will not squander taxpayers' money on useless defense items and cost overruns.

We need an administration who will not substitute paper inspections in the workplace for real ones.

Why can't we have the cancer standard that was on the books in 1980 implemented and enforced so we don't have to worry about the asbestos problem any longer?

Why can't we have a generic standard requiring all workers receive training by employers?

I can tell you how desperately we need that standard. This summer, a 17-year-old boy in Cincinnati on top of a train—I don't know whether it was a Union shop or not, but I can guarantee he had no training, and he fell to his death, a summer job.

Why can't we have an OSHA that gets tough over dead workers? Many of you may not be aware, but some states are beginning to get tough over dead

neither are you, and some of you are not too young to learn, either.

Last month, I was privileged, privileged to be a member of the Ohio Delegation to the Democratic Convention: and it was an inspiration and an experience, a learning experience, people.

How many people are from Texas?

(Cheers.)

A lot of Texas Delegation.

Did you ever hear of Jimmy Hightower? Jimmy Hightower is Commissioner of Agriculture in Texas, and he is a Texas philosopher.

You didn't see everything on television, I think, that was at the Convention. Most of you were not priviledged to see and hear Jimmy Hightower talk; but he is a philosopher; and I hope we see him in Washington some day.

And let me tell you what he told us. He said that he had a great deal of respect for Harry Truman, because Harry Truman said that anybody who President of the United States needs to know about hogs.

Now I'm from Ohio, and some of you are from Iowa, and we've got lots of corn and soybeans, and we know about hogs, but Jim Hightower said that he didn't believe the President that we've got now knows about hogs. He wouldn't know a hog from a hand grenade.

(Laughter.)

And do you know what? I thought maybe he was kidding me when he said that at the Convention, but then I read yesterday's newspaper, and I read that our President said jokingly that he had signed legislation that outlawed Russia forever and we begin bombing in five minutes.

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Why can't we have an OSHA that gets tough over dead workers? Many of you may not be aware, but some states are beginning to get tough over dead workers.

The Attorney General in Illinois is bringing to trial or is making an effort to bring to trial the Chief Executive Officers of two companies who have been responsible for killing workers.

The Attorney General in Michigan is doing the same thing.

We want OSHA to get tough over dead workers. Some of us will stay in the trenches no matter what happens in the next election.

Dr. Selikoff has been in the trenches for a long time. I'm going to stay there. I'm sure Dr. Holstein will be there.

(Applause.)

But, Brothers and Sisters, we don't need lawsuits over dead workers or to be down in the trenches. We need prevention. We need an Occupational Safety and Health Administration and NIOSH that can help us go out and provide prevention. Prevention is the heart of the matter of Occupational Safety and Health. Prevention means no wheezing, no damaged lungs, no damaged nerves, no lead poisoning, no skin disease.

I can give you many reasons for a new President in the White House, but none of these reasons is more important to you as workers than a new prevention effort, a new Occupational Safety and Health Administration, which means that we have to have a new President.

Thank you.

(Applause.)

DIRECTOR WOLFORD: Dr. Bingham certainly gives us some reason to reflect upon what our role in the future must be. Generic training standards, Holstein mentioned labeling. There are plenty of battles out there for us to win, and I think that, of course, we need to do some of that winning in the workplace.

Right now, we'd like to give you one reason why, and we're going to show you something that has just recently been uncovered. When Dr. Selikoff conducted his studies, we knew that there were problems in the paint trades, but we never realized exactly how great the problems might be and the kinds of issues which we are faced with.

We are now going to look at a presentation that details damage to the central nervous system that occurs due to long-term exposure to solvent. In the opinion of us in the health and safety program in the International and in the OSH Project, we believe this may be the most significant health hazard to the paint trade in years to come. In addition to controlling other forms of neurotoxic symptoms of the nervous system, dizziness and light-headedness before they turn into long-term effects, we can be sure that in most cases workers will be overexposed to solvents while they are working.

If we can prevent the short-term effects of dizziness and other effects such as light-headedness that result from solvent exposure, we will make significant strides in the workplace. Why this is so important we can present now with a brief video tape entitle, "Neurotoxic Effects of Paint Trade Substances." This video details cases of actual occurrences for painters in our Union who have experienced the devastating effects to their lives and their families resulting from exposure to solvents.

CHARLES McNALLEY: But I—just felt wheezy, dizzy—get away from it.

JOHN SCHMIDT: About 11:00 o'clock in the morning, I remember it hit me, and I got dizzy, and my heart started going a little bit too fast, and I didn't feel quite right.

THOMAS PASALAQUA: I came out of the fog, and I—there was four, five cars behind me, blowing their horns; and one guy was coming around the side of me; and I just didn't know what happened.

MS. OSBORNE: It's really something you can't explain to the doctors or your family. You can't explain it to anybody.

DALE OSBORNE: And they claim that membrane around her brain was dissolved and they didn't, this is one thing they said they didn't know how long it would take for it to ever completely grow back or if it ever would.

THE NARRATOR: Over 100,000 chemicals are used in American industry. 575 are officially considered dangerous in large doses by the federal government; but no class of chemicals is more subtle or treacherous in its effects than the neurotoxins, which can damage the human nervous system even in small doses and cause a variety of behavioral and emotional symptoms.

A neurotoxin is anything that is toxic or poisonous to the nervous system. The largest and most widely dispersed group of neurotoxins are organic solvents. Solvents dissolve fat or greases; so some speculate that solvents are somehow attracted to fatty tissue in the nervous system.

Solvents are used heavily in many industries, notably electronics, film processing, plastics, textiles, and petroleum; but one of the heaviest users of solvents is the painting industry.

Each year, an estimated 450,000 union and nonunion painters apply 860 million gallons of paint, composed of over 3,000 different chemicals and mineral substances.

Solvents make up a substantial portion of this paint, some 290 gallons. Some of the leading researchers of solvent neurotoxicity are at Harvard University, in Boston. Dr. Edward Baker heads the Occupational Health Program at the Harvard School of Public Health.

DR. BAKER: And painters are one group that are particularly at risk because of the fact that they have often a great deal of difficulty in controlling the amount of ventilation that occurs at the work site, since their work may be in one place one week and one place the next.

And this is a group where many studies in this country and abroad have identified significant evidence of toxicity to the brain.

THE NARRATOR: It was in Sweden that researchers first identified a condition they labeled chronic painter's syndrome, in which prolonged and repeated exposures to solvents among house painters was found to result in brain-size atrophy.

In other words, the brains of the painters had actually decreased in volume as a result of their exposures to paint solvents.

Those who work with solvents know that they can easily make a person high. Incredibly, some find it humorous, as this Florida newspaper headline shows.

Painters are often seen as excessive imbibers of alcohol. Indeed, solvent intoxication and alcohol inebriation share many common characteristics; and unfortunately some who use solvents find their effects exhilirating, even pleasant, perhaps without even realizing it.

DR. BAKER: They, in a sense may even become physically addicted to the vapors themselves in much the same way that a person becomes addicted to alcohol and other drugs.

THE NARRATOR: The nervous system gives strong and clear signals when it is getting too much of a neurotoxic substance. A previously unexposed person who enters an atmosphere of solvent vapors may experience some strong initial reactions.

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These might include eye and nose irritations, light-headedness, dizziness, the sensation of floating or being high, tingling in the hands and feet, and perhaps headache.

It is important to note these signals.

DR. BAKER: It's very important that the person carefully watch for those early symptoms to occur and do something about reducing exposure at that time, rather than simply continuing to be reexposed and having the symptoms go away, which they certainly will after a period of time.

THE NARRATOR: Tom Pasalaqua was a professional painter for 13 years, a member of IBPAT Local 31 in Syracuse, New York.

Tom was a prosperous middle-class family man, who came home from work to play with his kids, watch TV, and have dinner with his wife, Jacqueline Pasalaqua.

One day just two years ago, he came home sick after a day of roller painting expoxy paint in a contained space. He hasn't been the same since.

MRS. PASALAQUA: Afterwards, when I talked to him, he explained to me how he felt; and I could actually, you know, smell the fumes, even though he had changed his clothes and everything.

MR. PASALAQUA: And I woke up about 4:00 o'clock in the morning, and my head was really pounding, really bad.

Really I thought is was the end. I didn't know if I was dead or alive.

MRS. PASALAQUA: One of the biggest problems was that he didn't know what was going on. He just knew how bad he felt.

MR. PASALAQUA: I looked around here for six to eight months here in Syracuse and tried to locate doctors before I got hooked up with going to Boston.

I mean, you know, there's no one who knows anything about it. They thought I was crazy.

MRS. PASALAQUA: Before the exposure, you know, he would, like, come home from work; and he'd maybe play with the kids or, you know, just relax and everything, but afterwards, he was very irritable.

MR. PASALAQUA: I know I scream and holler a lot at my wife, sometimes for no reason at all. Really, I mean, I can see it sometimes; but I don't know if it's just that I can't stop hollering.

MRS. PASALAQUA: It really got to the point where I thought it would be better if he wasn't even at home, and I think that's when Tom called Mr. Ellsworth and explained to him the problems he was having.

MR. ELLSWORTH: I contacted the International. The International, in turn, contacted Tom Pasalaqua. They, in turn, got him an appointment in Boston with doctors who are specialists.

DR. BLUMEPTI: The examination to Tom, which was a rather lengthy one, was pretty consistent with prior evaluations that he had in the Boston area and consistent with the types of data that we have gotten from patients who have had toxic syndromes.

He presented with a decrease in terms of visualmotor speed and coordination. He had problems with verbal conceptualizing abilities. He had a very definite state of anxiety, exacerbated by some depressive symptoms.

He was complaining of some head pain. The neuropsychological evaluation did indicate some very significant falloff in cognitive ability that was dependent upon organic brain function. Specifically, he was having some memory difficulty with both verbal and nonverbal memory, difficulty with sequencing skills, changing set, holding onto complex information.

MRS. PASALAQUA: One day, I sent him to the store; and the stores aren't that far; and he came back; and he didn't get what I—I think I asked him to buy some bread and milk; and he came back without the bread and milk; and he couldn't remember what I sent him for.

MR. PASALAQUA: I don't know. If I just go out and I ride around for two-three hours, and I don't know where I've been sent, really. I seem to manage to find my way back home, but I've been sent to do something specially, to go do something; and I'll forget it.

MR. ELLSWORTH: Tom went back for a while, and he just couldn't make it. He couldn't, he couldn't climb a step ladder because he couldn't keep his balance.

DR. BLUMEPTI: My suspicion is that he'll never be able to go back and work as a painter because of, you know, all the restrictions that he has on him in terms of not being close to solvents or ether or anything like that.

Our hope is to get him involved in some type of vocational rehabilitation program, keeping those restrictions in mind, and getting him functioning in a different work capacity.

MRS. PASALAQUA: As a family, we don't go out, do things like we used to, you know, even if it was just to go for a ride in the car, get an ice cream or something like that.

MR. PASALAQUA: They're hoping that, you know, that this could all reverse itself within, you know, a couple of years or so. It's been two years now, but they feel that maybe it could reverse itself.

THE NARRATOR: Neurotoxic symptoms are common among painters. There may even be a feeling among some that these symptoms are a natural

part of the work. William A. Duval, President of the International Brotherhood of Painters and Allied Trades.

GENERAL PRESIDENT DUVAL: Our members have known for years, for decades that the materials they work with are harmful to their health.

There may have been a time when most were convinced that nothing could be done to change that, that illness and injury were part of their jobs; but that time has passed.

Our members demand improvements in job health and safety protections, and this Union is dedicated to seeing that those improvements are made. What we have done so far is nothing compared with what we must do in the future.

We've a long way to go. We cannot rest until every member of this Union enjoys the same chance of a safe, healthy and productive life as every other American and Canadian citizen.

THE NARRATOR: The IBPAT/OSH neurotoxic symptoms' questionnaire is based on the Swedish Questionnaire 16.

The questionnaire is used to call the painter's attention to specific symptoms which at present may be related to solvent exposure.

IBPAT/OSH efforts have also drawn the attention of the national press to the neurotoxic hazards of solvents, and scores of articles on the dangers of paints and solvents have appeared in major papers nationwide.

One Rocky Mountain news story features IBPAT Local 79 member David Friel, yet another victim of toxic organic brain syndrome after 16 years of spray painting.

This is Dave Friel as he appeared on a national Cable News Network broadcast in 1980.

MR. FRIEL: So basically, we went through steps of they finally came down

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MR. FRIEL: So basically, we went through steps of they finally came down and said it was, like, an organic brain syndrome.

THE NARRATOR: Local broadcasts also covered the problem. Here IBPAT member Rick Rimmer of Local 41 describes an episode of acute neurotoxic poisoning he experienced while spray painting city vehicles in Memphis, Tennessee.

MR. RIMMER: I was just numb and dead feeling. It just felt like needles sticking in me all over. I couldn't hear good. I couldn't speak. I couldn't get up, couldn't do anything.

THE NARRATOR: Scientists say they do not completely understand how specific solvents affect the nervous system on a molecular level but that solvents routinely cause moderate to severe nervous system damage in those who use them is beyond dispute, and even low doses of certain solvents can have a profound impact on the individual.

DR. BAKER: One area of concern is that exposure to solvents may accelerate the actual aging process and may cause the brain and other parts of the body to age at a more rapid rate.

THE NARRATOR: Kate Osborne had worked as a professional painter for 16 years and was a vigorous, healthy, and attractive 52-year-old grandmother. A member of Painters Local Union 54, she was well known by contractors in Amarillo, Texas, as a productive and conscientious employee.

All that changed one afternoon, as she stripped doors and woodwork in the basement of this local bank, using a product composed of methylene chloride and toluene. She worked three days with no respirator and only the building's office air system for ventilation.

Mrs. Osborne, her boss, and her coworkers were under the impression that

this type of ventilation was sufficient to remove solvent vapors from her work area. Kate Osborne, as she appears today, transformed, old before her time, an apparent condition of pre-senile dementia, which she squarely attributes to her exposure to paint stripper that day.

MS. OSBORNE: You can't explain it to anybody. It's just something that happens to you. It just isn't real. You just feel like you have died and woke up into a whole new world. You're just a different person. My own daughter didn't even recognize me after two months.

MS. VENA OSBORNE: People didn't recognize her. We'd go places, and people wouldn't realize it was my mom. The same person they had seen five or six months earlier was not really the same person.

MS. OSBORNE: I was stripping doors and woodwork and, so we could refinish; and about the third day, it was in the afternoon, well, my hands and mouth starting getting numb; and I thought that, you know, it would go away.

Usually, when you're in lacquer, you go outside; and it would go away; but it didn't. It kept getting worse; and then that night, when I came home, I was lying on the couch; and I was real sick.

MIKE MURPHY: I received a call from one of the staff at the hospital emergency room; and they asked me if I knew Kate Osborne; and I told them yes, that she was an employee of mine; and they said, well that she had checked herself into the emergency room and was, that they couldn't get a whole lot out of her, that she was just nearly incoherent, and that they were able to get out of her that she worked for me.

DALE OSBORNE: I never was so scared in my life. She just acted like a crazy person, you know. She didn't know what she was doing, and she didn't know where she was at.

MS. VENA OSBORNE: As the weeks went on, I noticed that my mom was getting older. She was getting more tired. She was more irritable.

MIKE MURPHY: I probably haven't seen her now for a year. It's been the first time in probably a year that I've seen her, but she definitely has aged quite considerably.

MS. OSBORNE: I know I don't look too young, but this happened rather overnight. My hair turned white; I started drawing up. When I got the stuff before, it was something I didn't explain. One side of my face all drew up, and I looked like some kind of a freak, and I still feel like I'm wearing a mask.

DALE OSBORNE: The chemist that checked this stuff and everything, there's a lot of stuff that's in there that they ain't even got on the label. They've got a substitute name for it and a lot of that; and most of it just says, "Proper ventilation."

MS. OSBORNE: I figured I had adequate ventilation, as large a room as it was.

MIKE MURPHY: She was a conscientious worker. She was just like each one of us that are in the trade. We all try to protect ourselves as best we can, and Kate was no exception.

DR. BAKER: We're now learning more about solvent toxicity as a result of recent research; but if many individuals who are exposed to solvents chronically were to go and ask their personal physician, "What should I do as a result of being exposed to toluene every day," I think many physician would be hard-pressed to know what kinds of signs or symptoms to look for or how to evaluate them medically, given that knowledge.

So for that reason, we feel it's particularly important for individuals who are exposed to become familiar with some of the toxic manifestations of exposure to solvents.

MRS. PASALAQUA: Even if it only happens once in a while, it might be a signal that there, you know, is something wrong, that not all painters will get these symptoms just because of one exposure, but they could build up over the years.

MR. PASALAQUA: You could taste it in your throat and like that, but—and you might get a slight, you know, head feel light.

MR. ELLSWORTH: You might get a slight headache like you've been drinking heavy or something.

JOHN SCHMIDT: Within a period of 15 minutes of driving on the way home, I'd get tired and, like, want to fall asleep.

CHARLES McNALLEY: I notice when I work with solvent paints, that I seem like I get more, I get a headache.

DALE OSBORNE: The first thing you know, you're laying in the floor; and you don't know nothing. Someone dragged you outside.

MIKE MURPHY: More of the high, you lose some of your consciousness.

MS. OSBORNE: It can make you rather sick to your stomach. You get this sick feeling.

THE NARRATOR: Today's workers, employers, manufacturers, and consumers face an increasing daily danger to health when overexposure to solvents occurs. What each person decides to do about it, how much importance is placed on the problem by all of us ultimately will decide the fate of people just like these.

(End of Video.)

DIRECTOR WOLFORD: Okay, we

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(End of Video.)

DIRECTOR WOLFORD: Okay, we know this is not just something for painters. We have got silk screen workers. And it isn't stuck to the U.S. or Canada. It's a worldwide kind of problem.

We have got drywall tapers using solvents, glycol ethers, and some of the other materials, and some of the compounds.

You have got paintmakers. You have floor coverers. New techniques coming in floor covering, spraying adhesives which require greater thinning. This is a major problem for the paint trades and something that has to be addressed, and you heard some of the issues related to it.

Well, with such a problem, and you have just seen examples of the biggest threat to our people in the '80s, chronic painters' syndrome, caused by solvent overexposure, so what can we do about it?

One thing is certain. We need the help of experts. And the next speaker is certainly an expert.

Dr. Edward Baker of Harvard University is one of North America's leading researchers on the effects of solvents on the nervous system. Currently, he is working with IBPAT on our $1 million N.C.I. study, performing and comparing the medical results with solvent exposures.

Dr. Baker has assisted many of our members suffering from suspected painter's syndrome by reviewing their medical records and making referral for treatment to other physicians.

He has conducted workplace evaluations for silk screen shops. And I think we are very fortunate to have such an expert working with us.

I am very happy to have him here today to talk about IBPAT's and Harvard's cooperative efforts to achieve the common goal of protecting the health

and safety of our members in the U.S. and Canada.

With that, I introduce to you Dr. Baker of Harvard University.

(Applause.)

DR. BAKER: Thanks very much, Rod.

It is a pleasure for me to be able to address this group and share with you today some concerns I have regarding the health hazards of painters and other IBPAT members who work with solvents and other toxic materials in their work.

Painters, as you may know, have one of the most hazardous jobs in this country today, and today I wish to report to you some of the experiences that we have had working with some of your local unions and your excellent International Health and Safety staff, who are conducting a study of health hazards in the paint trades.

As you may know, your International recently received a large grant from the National Cancer Institute, and competed very successfully with 22 university groups and seven other Unions in this process.

It has been a pleasure to collaborate with your union in the past, and we are committed to working with you in the future to address the difficult problems that confront many of your members. As a result of our efforts, it's quite clear to me that there are significant health problems among painters. Despite important improvements that have occurred over the recent past in workplaces as a result of the Occupational Safety and Health Act, there are many sections of the U.S. work force that really have not reached the desired level of health and safety.

In view of the wide variety of hazardous materials to which painters and allied trades-workers are exposed, many have not achieved a healthful working situation. Nevertheless, important strides have been made. The educational materials which your union's International Occupational and Health and Safety staff developed in cooperation between Marilyn Larson and your union's Occupational Health Department, directed by Rod Wolford, are exceptional, in my view. In fact, we have invited Mr. Wolford and Ms. Larson to lecture at Harvard University for the past two years to share these materials with our trained professionals in occupational safety and health.

Furthermore, as part of our collaboration with your union, we have been involved in a number of health surveys in Springfield, Massachusetts; Denton, Maryland; Boston, Massachusetts; Fort Worth, Texas; and, most recently, in Memphis, Tennessee.

In all these locations it has been clear to us that significant health problems continue to exist as a result of daily exposure to toxic materials, particularly solvents, in the paint trades.

As Rod mentioned, I'm particularly concerned about the effects of these materials on the nervous system. We now know that there is a condition which has been referred to as "chronic painters' syndrome" or "toxic encephalopathy," which results from prolonged, excessive exposure to organic solvents contained in paints and other materials used by painters. This condition is very difficult to diagnose, and it's often overlooked. It's important that workers experiencing the early signs of this condition seek prompt medical attention.

As you saw in the videotape which your union has assembled, some of the early signs here are excessive memory loss, unexplained mood changes, persistent difficulties with concentration, and hand-eye coordination. These early warning signs of possible long-term disability should not be overlooked.

In my view, you, as union leaders, serve as the eyes and ears of your union to convey this message to your members and to have a role in preventing disease and disability of the type that we are seeing throughout this country.

Although we know this condition does exist and that some members of your union have been severely disabled as a result of this, we do not know the extent of the problem throughout your membership. Therefore, more research is needed, more research of the type in which we are now involved with your International staff.

As was mentioned earlier, often this condition and others related to work go unrecognized by local physicians. This typically results from a lack of training of physicians in the area of occupational medicine and a reluctance on the part of some physicians to become involved in dealing with work-related problems.

For this and other reasons, I'm sure that many of you have had difficulty in identifying local resources in your communities to assist you in work-related problems. For example, we were in Memphis, Tennessee, working with one of your locals there and with your International staff in that large metropolitan area, heavily industrialized one, with a major medical center and we were unable to identify one physician who was specially trained and able to deal with occupational health problems.

For these reasons and others, we have been pleased to make ourselves available to your union and to your International to answer questions and evaluate medical information about individual members who appear to have health problems from their work.

Some of my associates and I will be here during this Convention at the IBPAT/OSH booth in the exhibit area, along with your International's Health and Safety staff, and we'll be happy to

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Some of my associates and I will be here during this Convention at the IBPAT/OSH booth in the exhibit area, along with your International's Health and Safety staff, and we'll be happy to discuss these matters with you further, if you wish.

We have also been pleased to work with your union to develop informational materials which can be used by local physicians and which will also be available in the health and safety booth.

In addition to disorders affecting the brain and nervous system, we have seen skin problems, liver disorders, cancer, and lung conditions clearly occurring among your members as a result of their daily work exposures.

All of the conditions which we have observed can be prevented. It is clear that as a result of the efforts of researchers in this country and abroad, we now know much more than we did ten years ago. It's essential that, based on this knowledge, intensive efforts must continue to educate workers and to develop a cooperative activity to eliminate excess work-related disease.

I have been particularly impressed by your International Union's efforts to work cooperatively with paint contractors and paint manufacturers through the National Joint Safety and Health Committee. The fact that this Committee exists is a testimony to the farsightedness of persons in your Union and in other groups within the painting industry toward achieving communication on health and safety issues. This dialogue must continue and we are pleased to be involved in this activity.

The past few years have been very difficult times for occupational safety and health in this country. As Dr. Bingham pointed out earlier, the shortsighted cuts of the Reagan Administration have significantly jeopardized our efforts. Valuable programs have been terminated, and, for example, training of professionals in occupational safety and health has been jeopardized by the attempts of the Administration to cut funding for programs to train doctors,

nurses, industrial hygienists and health professionals to deal with occupational health and safety problems. We appreciate very much the assistance that your union and other unions have provided in lobbying Congress to have the funding for our programs restored. We look forward to your help in the future in this important area of influencing the legislative process.

I look forward to working with you in the difficult times ahead, and I am particularly impressed with the dedication and competence of the members of your International's occupational health and safety staff. They continue to serve as an example to others in organized labor and to occupational health and safety professionals in the universities and the government who are striving toward the same end. Clearly their efforts have been benefited many workers, not only in the painting trades, but also in other aspects of U.S. industry.

Another important example of this lies in the recent efforts of your International staff to improve the OSHA standard for control of asbestos in the construction industry. In my view, your excellent occupational safety and health program represents a unique resource which deserves continued support.

Finally, I must leave you with some personal experiences that illustrate the difficulties of the task ahead. In Memphis, Tennessee, two weeks ago, I talked with a 37-year old spray painter and his wife about his health. I was surprised to note his age, because he seemed at least ten years older than he looked.

He said that he was constantly fatigued, unable to remember things, extremely irritable, unable to concentrate, and no longer enjoying the hobbies of fishing and outdoor activities which he pursued since his youth.

His wife was even more concerned than he, and both were worried that chemicals at work were causing the condition which now no longer improves when he's away from his job.

Another painter, a 30-year old woman from Boston, asked me whether she should consider having children while continuing to work with paint solvents.

A third painter, a 25-year old man in Fort Worth, was concerned about the hazards of his work and asked me whether he should continue to work in a job where he was exposed to these materials.

Finally, a 66-year old retired painter in Memphis, who is now suffering from profound memory loss, requires constant care from his wife, who asked me if his condition could have been prevented by the use of some of the protective measures now in place in the workforce to reduce exposure to lead, solvents and other toxic materials. These protective measures were not in effect during her husband's active working life.

All of these workers and their spouses deserve answers to these difficult questions. The medical issues are complex and require much more study. The health study in which we are now collaborating with your International Union will only begin to answer some of these difficult issues.

My colleagues and I at Harvard are committed to working with you in the future and look forward to meeting and talking with you today at this Convention.

Thank you very much.

(Applause.)

DIRECTOR WOLFORD: As you can see, major problems still confront us, and many things can be done, but we do have strong allies.

Before moving on to the last speaker for this morning, Dr. Selikoff, I would like to make—

BROTHER WRIGHT: Could
Dr. Baker a question?

DIRECTOR WOLFORD: If
fine with you.

GENERAL PRESIDENT
Surely.

DIRECTOR WOLFORD
Microphone No. 2.

BROTHER WRIGHT:
Camden, New Jersey,

Two weeks ago I left work
day night, and I got home early Sund
morning, and I had whiskey on my breath and lipstick on my collar and a motel key in my pocket.

Do you think you could send my wife a letter telling her that when I told her I didn't know what was happening, it was—

(Laughter and applause.)

DIRECTOR WOLFORD: Dr. Baker doesn't want to handle that one, so he's leaving it to me.

(Laughter.)

And I'm willing to answer it. I think that it's very important—well, it's easy to joke about the issue, but, at the same time, I think that it's important to recognize that this is a very, very, extremely serious issue.

When unions were first formed, their purpose was to improve the quality of life for working men and women, and that challenge has been met in the past with wages and better working conditions, and that's fine. But what the hell do they mean if you don't have the health and well-being to do anything with them? And that, I think, is basically the problem.

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GENERAL PRESIDENT DUVAL: Surely.

DIRECTOR WOLFORD: We call on Microphone No. 2.

BROTHER WRIGHT: Eddie Wright, Camden, New Jersey, 1171.

Two weeks ago I left work on a Friday night, and I got home early Sunday morning, and I had whiskey on my breath and lipstick on my collar and a motel key in my pocket.

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(Applause.)

I believe sometimes that a joke, or some reference in regard to this, helps to reduce some of the tension that underlies the seriousness of the problem with which we are faced. This problem is so serious, I can't explain to you how serious it is. But I can tell you that it is significant, and it means the future for every working man and woman in the paint trades.

It really is not a joking matter, but I understand that many people will feel like joking simply because they cannot control the problems, that they do not see the way of controlling the problem, and in some ways, that's the way of escaping it, but I'm telling you, we have got to face this problem, and we need to.

And that, I think, is my answer in regard to the overall question, because yes, I bet we could get you a letter if you needed it, but by the same token, I think it's important that we also look at the other sides of the issue, too, and take some real concern in an issue that just now is being faced.

(Applause.)

We are ready to move forward now, and we are going to go on to a speaker who, in my opinion, is probably the person who launched us in our effort, along with S. Frank Raferty.

S. Frank Raferty began the decade of job safety, and in it he introduced Dr. Irving Selikoff, and Dr. Irving Selikoff performed the ground work, the basis, the bedrock that gave us a leg to stand on. Without Dr. Selikoff, we wouldn't have had a leg to stand on with regard to what we are doing.

Many of us may remember Dr. Selikoff as a person who examined 2,000 some Delegates during the 23rd General Convention in Los Angeles. What Dr. Irving Selikoff found out about us ten years ago, what he learned about the health hazards we are exposed to in our trade, let to the medical ground work which enabled us to design a health and safety program second to none in the Labor Movement.

As Professor of Medicine and the internationally known Director of the Environmental Sciences Laboratory at Mt. Sinai Hospital in New York, Dr. Selikoff is renowned for bridging the gap between medical science and the working men and women in the Labor Movement.

In 1979 the AFL-CIO cited Dr. Selikoff with the Philip Murray-William Green award, the highest honor the American Labor Movement can bestow.

We were proud to have been the organization that nominated him for that award.

He has devoted his professional life to identifying and diagnosing the health hazards of the workplace, and he has been responsible for the most significant contributions to health studies in our trade.

Dr. Selikoff's work at our 1974 Convention lives on. You are seeing the results today. He shared his wisdom with us once more in Chicago five years ago, and we have continued to follow his advice.

His wise counsel continues to nourish our own health and safety program, and is directly connected to the results you see.

We are honored to have him with us today. Would you please welcome, Dr. Irving Selikoff.

(Standing ovation.)

DR. SELIKOFF: Thank you very much. I'm pleased to see so many old friends from, as Rod says, Los Angeles, Chicago.

Mr. Duval, Mr. Wolford, Mr. Burkhardt, Dr. Bingham, and one very good friend who's not here, Bud Raftery, I'd like to admit to what Mr. Wolford said about the problems by reviewing what happens when they're not controlled.

Parenthetically, you mentioned the problem of cutting off budgets. I was wondering about that because I'm a member of the National Cancer Advisory Board of the National Cancer Institute, and it's been of interest to me that in the last three years, the budget, the research budget of the National Cancer Institute of our country has been cut 25 percent below 1974.

May I have the first slide, please. And can we have the lights out. Can we have all the lights out.

This is the first case of asbestosis that was ever seen. It was a man, Dr. Montague Murray, in 1898, London. He said he was very short of breath, had been working for ten years in one of the new, new industry, new asbestos factories in London. And the next year he died, suffocated, couldn't breathe.

A post-mortem was done, and that is a slide that one of my colleagues at the Charing Cross Hospital in London retrieved from their pathology files, and it's typical of the asbestosis cases we see today, the scarring all over, the asbestos bodies in the center, and so forth.

Several years later the British Parliament was reviewing their workers' compensation regulations, and they asked Dr. Murray, "Should we add this new problem asbestos to the things that are worthy of compensation?" like lead, and mercury and so forth.

And Dr. Murray said, "No."

Next slide, please.

Dr. Murray said, "No." He said, "Now that we know that this can happen, obviously it's not going to happen any more. Since we know that inhaling this dust can kill you, it's not going to be allowed."

The British Parliament took his advice and did not include asbestos as one of the things for which there would be workers' compensation. That was reasonable for 1906 because if it could kill you, clearly it would be prevented.

Now, in the years since, we learned a great deal. Here, for example, is one of the things that—looking at a post-mortem, you're looking down at the inside of a chest. The lining of the chest sometimes became scarred, the pleura.

Now why this happens, we still don't know. It's peculiar among the dusts. It doesn't happen with silica; it doesn't happen with coal; it doesn't happen with aluminum. For reasons we don't know, as I say, the lining of the chest frequently becomes scarred when there has been asbestos inhaled.

Next slide, please.

Sometime that scar becomes so thick, as in this case, that the lung can't move anymore and the person literally dies, unable to breathe. Next slide, please.

Now, that was pretty much what we knew until the early 1930s when we got our first bad surprise. Kenneth Lynch, a professor of pathology at the Medical University of South Carolina reported a very unusual case. A man who had asbestosis, scarring, who also had lung cancer, and he said, "You know, it might well be an association between the two." Next slide, please.

In the following years, ten years later, another unusual case was reported by another doctor. The pleura, the lining of the chest, in another worker exposed to asbestos had become malignant. That's this white material here. Next slide, please.

And then post mortem, this was what was seen. Again, you're looking down at the post mortem table. This white material is the cancer. The lining of the chest in our lingo is the mesothelial lining, a technical name. Therefore, when it becomes malignant, we call it a mesothelioma.

Now, in the past this was terribly rare. How rare? Well, nobody really

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Now, in the past this was terribly rare. How rare? Well, nobody really knows because it was never categorized in the International classification of causes of death. Somewhere around 110,000 deaths. And all of a sudden, in the year '40s and '50s the lining of the chest began to be found in workers who were exposed to asbestos to become malignant—mesothelioma. Next slide, please.

This can also happen with the lining of the abdomen. Here, for example, is a worker, construction worker, who has been exposed to asbestos, and his whole abdomen is swollen—next slide, please—with mesothelioma.

Now, by the early '60s, these cases kept being reported in many trades. For example, there wasn't a single study done of deaths among painters that didn't show an increase of cancer, and nobody knew why. But that was seen from the year 1950s on; painters were dying more of cancer than were other people of the same age.

In order to see whether this was really the case, a study was done of the pipecutters, because we knew they were exposed to asbestos, the insulators. Here, of course, is a pipe coverer. Next slide, please.

In the New York area on January 1, 1963, there were 1,117 men in the two small locals in that area. When they were examined, half had abnormal X-rays, more than 50 percent. But it was interesting that of the 725 men, with less than 20 years in the trade, youngsters, most had normal X-rays. It was only after the 20-year point that most of the X-rays became abnormal—the so-called 20-year rule.

Nothing happens to youngsters. They come in as apprentices when they're 17, 18, 20 and they live perfectly well until they're 45, 50, 55, and so forth.

Now, with this knowledge of the 20-year rule, a list was made of every

man who was in these locals on January 1, 1943.

Next slide, please.

And they—we then saw what happened to them over the next 20 years. This is what happened: 195 deaths were expected. 253 occurred. Instead of 32 deaths of cancer, there were 95. Instead of 6 deaths of lung cancer, there were 42.

Dr. Lynch had been right. One out of every 5 of these men dies of lung cancer. And there were deaths in excess of mesothelioma, cancer of the stomach, the colon, the rectum, and so forth.

Next slide, please.

By 1982, two years ago, of these original 632 men, 532 were now dead instead of 358 who should have died. Once more, instead of 64 deaths of cancer, there were 238. Instead of 16 deaths of lung cancer, there were 105. Instead of no deaths of mesothelioma, there were 50. And there were excess deaths of cancer of the esophagus, the colon, the rectum, the stomach, and so forth.

Next slide, please.

When we looked at the entire membership of the pipe coverers in the United States on January 1, 1967, there were on that day 17,800 men, and we followed to see what happened over the next 10 years. This is what happened:

Instead of 1,659 men dying, 2,271 died. Instead of 320 deaths of cancer, there were 995. Instead of 106 deaths of lung cancer, there were 486. Again, one out of every five men dies of lung cancer. Instead of no deaths of mesothelioma—in general, that never occurs—there were 175. And, again, deaths of cancer of the esophagus, the stomach, the colon, the rectum, the kidney, the larynx, the mouth, the tongue, the sinuses and so forth.

And so it became clear that people who were exposed to asbestos inhaling these little mineral fibers were dying in vast numbers of cancers.

Some, of course, died of scarred lungs—asbestosis—in this case 168 over those 10 years.

Next slide, please.

So that the first case of asbestosis was seen in 1925. Large studies knew by 1931 that this could happen, it could be fatal. Lung cancer was known by 1935; pleural mesothelioma by 1943; peritoneal mesothelioma by 1954, and so forth.

Therefore, we knew that in 1924 that inhaling these fibers could kill you. Now we've done a lot of research since. Many things have been found. I've shown you some of them. But really what we've been doing is simply describing how many different ways the fibers can kill you. We knew this in 1924.

Next slide, please. Now this is what we used to see. This is a worker with asbestosis gasping for breath. We put a tube in his throat so he'd have a little more air to breathe, and it took about eight years to die. Gradually, less and less breath, and so forth. This doesn't happen much anymore. Now the deaths occur much more rapidly—next slide, please—because now the deaths are mostly of cancer. Here's a construction worker shortly after being told he had mesothelioma. Next slide, please.

And this is eight months later. We no longer have the eight years. We now have the eight months. Next slide, please.

Now during this time, we also learned something else. We learned, for example, that smoking could give lung cancer. The great American Cancer Society studies show that if you smoked, you have much more lung cancer than if you did not smoke. In fact, the more

you smoked, the more lung cancer you had.

Well, what we have since found is that when asbestos is inhaled, it makes this already very high catastrophe even worse. Next slide, please.

This, for example, is a construction worker mixing asbestos cement, and he's inhaling the fibers through his cigarette. Next slide, please.

When we studied the asbestos workers in their union, we also studied 73,000 men very much like them in the American Cancer Society study that was going on at the same time. Next slide, please.

This is what we found: For men who were not exposed to asbestos and didn't smoke cigarettes, their chance of dying of lung cancer was 11 per 100,000 per year.

If, on the other hand, they were exposed to asbestos, it was five times as much, 58.

If they smoked but didn't work with asbestos, it was 122.

If they had both asbestos and smoking it was 601—again, five times as much, but now five times an already very high level of cancer. Next slide, please.

Moreover, we learned something else, and it's a surprise to me that this information is not being more widely distributed.

If a man has been exposed to asbestos and is smoking, if he stops smoking within five years or so, his chance of dying of cancer of the lung is about one-third or one-half compared to those of his buddies who continue to smoke. We can reverse the risk—next slide, please—to some extent.

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So that the first case of asbestosis was seen in 1925. Large studies knew by 1931 that this could happen, it could be fatal. Lung cancer was known by 1935; pleural mesothelioma by 1943; peritoneal mesothelioma by 1954, and so forth.

Therefore, we knew that in 1924 that inhaling these fibers could kill you. Now we've done a lot of research since. Many things have been found. I've shown you some of them. But really what we've been doing is simply describing how many different ways the fibers can kill you. We knew this in 1924.

Next slide, please. Now this is what used to see. This is a worker with stosis gasping for breath. We put a tube in his throat so he'd have a little more air to breathe, and it took about eight years to die. Gradually, less and less breath, and so forth. This doesn't happen much anymore. Now the deaths occur much more rapidly—next slide, please—because now the deaths are mostly of cancer. Here's a construction worker shortly after being told he had mesothelioma. Next slide, please.

And this is eight months later. We no longer have the eight years. We now have the eight months. Next slide, please.

Now during this time, we also learned something else. We learned, for example, that smoking could give lung cancer. The great American Cancer Society studies show that if you smoked, you have much more lung cancer than if you did not smoke. In fact, the more you smoked, the more lung cancer you had.

Well, what we have since found is that when asbestos is inhaled, it makes this already very high catastrophe even worse. Next slide, please.

This, for example, is a construction worker mixing asbestos cement, and he's inhaling the fibers through his cigarette. Next slide, please.

When we studied the asbestos workers in their union, we also studied 73,000 men very much like them in the American Cancer Society study that was going on at the same time. Next slide, please.

This is what we found: For men who were not exposed to asbestos and didn't smoke cigarettes, their chance of dying of lung cancer was 11 per 100,000 per year.

If, on the other hand, they were exposed to asbestos, it was five times as much, 58.

If they smoked but didn't work with asbestos, it was 122.

If they had both asbestos and smoking it was 601—again, five times as much, but now five times an already very high level of cancer. Next slide, please.

Moreover, we learned something else, and it's a surprise to me that this information is not being more widely distributed.

If a man has been exposed to asbestos and is smoking, if he stops smoking within five years or so, his chance of dying of cancer of the lung is about one-third or one-half compared to those of his buddies who continue to smoke. We can reverse the risk—next slide, please—to some extent.

In this group we also learned something else. This is when you die of asbestosis. Nothing in the first 20 years, and then it begins to go up. Next slide, please.

For lung cancer, the same thing. The difference between the number that occurred, the number you would expect, nothing for the first 15 or 20 years, and then the remarkable increase that we see. Next slide, please.

The same thing is true for mesothelioma, nothing the first 20 years, and then it begins to climb.

Asbestos-exposed workers don't die when they're 20, 25, 30; they die when they're 50, 55, 60.

Among the pipe coverers, two-thirds are dead befor the age of 65. They don't know what to do with their pension funds.

(Laughter.)

Next slide, please. And the whole problem in this long period, what we're seeing now, the disease we're seeing now is due to our failures of the past and the exposure that are occurring now are going to result in the disease of the future. Next slide, please.

Here, for example, is one such case. This is a man, very nice man, Mr. Weirst, who had a mesothelioma. That's this white material on your left over here. I was asked to see him at the Bethesda Naval Hospital because he was a naval pilot, and they were hoping that something might be done. Next slide, please.

An operation was done and, as expected, the fibers of asbestos were found in the lung. Well, where did the naval aviator get his asbestos to give him that cancer? When you spoke to him, you found, yes, he had the mesothelioma in 1977; he had retired from the Navy in 1966, and—next slide, please—he had left the Navy after 30 years or so as a test pilot; he had entered the Navy in 1939 when he graduated from Rutgers in New Jersey;

and then he tells you that in '37, in order to make some money to go to school, he had worked for six weeks in an asbestos factory, and there he was, 40 years later, dying of mesothelioma, and he has since passed away. Next slide, please.

The long incubation period, the false sense of security.

The next lesson we learned is from this dirty old factory in Paterson, New Jersey. In 1940 the Navy began to get materials for rebuilding our new Navy, and they came to Paterson and asked them to send up a plan to make asbestos insulation. Other plants were making electronic gear, steel plate, and so forth. Next slide, please.

From 1941 to 1945, this plant employed 933 men. This is the E Award ceremony. There's the Navy brass in the background. Remember the E Awards in 1942? They did a good job.

These 933 men have been followed since, and this is what happened: Because of wartime conditions, some men worked for only a month, a week, two months, three months. Some worked until the plant closed in '54. If they worked more than two years, they had much more cancer than if they worked for a month or two. But even less than one month of work, provided you saw what happened over the next 30 years, was more than enough to double the cancer risk. Next slide, please.

So you don't need much. All you need is a brief exposure, and then live long enough afterwards. Next slide, please.

We got our second piece of bad news in 1968. Dr. Harries, a good doctor at the Royal Navy Dockyard in Davenport, reported four cases, five cases of mesothelioma.

Now what was interesting was that not one was an asbestos worker. They were a welder, a rigger, a laborer, an electrician, a sheet metal worker. Next slide, please.

The import of this was striking to all of us. It must be, of course, to painters all over the country because it's meant that any work in a shipyard and in the United States, this was immensely important because in World War II, we employed four-and-a-half million men and women in our yards from 1941 to 1945.

Four-and-a-half million men worked in our yards in all parts of the country with no protection, with asbestos exposure.

Next slide, please.

And one look at the inside. It went, by the way, in 1943 to 1,750,000 men and women in November of '73 in our shipyards.

Next slide, please.

And, obviously, everyone was inhaling the next one's dusts, fumes, vapors, and so forth. There was no way to escape this exposure.

Next slide, please.

At the present time, we are now seeing almost a thousand mesotheliomas a year, 800 to be exact, from our failures in the shipyards in World War II.

We're now seeing roughly, oh, some 2 to 3,000 lung cancers as a result of that failure of not controlling that problem.

With this information, we began to look all over the construction trades. For example, how many times have you people seen somebody mixing asbestos cement? Nobody told the steamfitter, nobody told the electrician. He's wearing a mask; he's on good behavior because I'm around, otherwise, he wouldn't be.

Next slide, please.

Here's the spraying of the World Trade Center. They found it was cheaper to actually spray the asbestos into the air on the seal as fireproofing.

Next slide, please.

And this, as you can see, they do a very good job.

Next slide, please.

Because much of it does get on the beams.

(Laughter.)

Next slide, please.

This is what the ironworker got.

Next slide.

Next slide.

Next slide.

Next slide.

There are three-and-a-half million men in the construction trades at any one time in our country. All other trades, for example, brake repairwork, there are over a million men who have been doing brake repair and brake maintenance for the 150 million cars and trucks we have on the road, and nobody told them that the brake dust has about 50 percent asbestos and that the should vacuum it out instead of blowing it out.

Next slide, please. Or, for example, these new trades, the—after World War II, when we began to do drywall construction and left the plasterers to their own devices, nobody told your men that spackling compound contained 12 to 15 percent asbestos.

I venture to say that there is no man in this hall who now doesn't have asbestos in his lungs.

Next slide, please. Or the marked use, the growth of the use of asbestos cement products, about two-thirds of all asbestos is used in asbestos cement.

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Next slide, please. Or the marked use, the growth of the use of asbestos cement products, about two-thirds of all asbestos is used in asbestos cement.

Next slide, please. As a result, from 1940 to 1980, we exposed in our country somewhere over 27 million workers to significant amounts of asbestos. Of those, some 20 million are now alive.

Next slide, please. In these trades, in the construction trades, shipbuilding, insulation work, powerhouses, chemical plants, refineries, automobile maintenance, steam locomotives, et cetera, we now have approximately 9,000 excess cancer each year; and we'll have that at least until the year 2010. Somewhere around one death of cancer, one excess death of cancer occurs every 58 minutes in our country, and a problem that was know in 1924.

Next slide, please. Here again is a mesothelioma. That's this white cancer around the lungs. You can see why death occurs. The lung is shrunken.

Next slide, please. With this information, we had our third piece of bad news. In 1960, Dr. Wagner, a very capable pathologist in South Africa, said, reported that he had seen 47 cases of mesothelioma.

Remember how rare this was? At Mt. Sinai, we saw one every ten years, and this young whippersnapper came along and said, "I've seen 47 in five years."

We didn't believe him. Dr. Stewart of the National Cancer Institute flew to South Africa to see the slides, Dr. Wagner was right. There was mesothelioma all over there.

He was also very clever. He went and visited the surviving next-of-kin of these men who had died, and he found that in 47—45 out of the 47, there had been opportunity 30, 35 years before for some asbestos contact, not very much. Very often, it was just 35 years before playing on the heaps outside of a mine, et cetera, very light contact, telling us for the first time that you didn't need much asbestos to cause cancer. You needed enough to start it at one point. Then it grows on its own.

Next slide, please. With this information, Dr. Newhouse, a very good epitheliologist at the London School of Hygiene, looked at the 76 cases of mesothelioma, the files at the London Hospital. Most were 60, 65.

She visited the residents' children; and of the 76 cases, 31 had worked with asbestos.

That was no surprise. Nine, however, had never worked with asbestos but simply had lived in the household of an asbestos worker. These were women, wives who had washed their husbands' clothes when they came home from work, the way your wives do.

Eleven had simply lived within a half mile of one of the plants in London, again raising the question that you didn't need much asbestos to cause cancer.

Next slide, please. We've gone to construction workers' houses, taken the settled dust from the door jambs.

Next slide, please. And this is what you see in the construction worker's house—

Next slide, please—when you take the air sample itself.

Next slide, please. This is what's in the air of a construction worker in our country—next slide, please—brought home on the clothes. Here, for example is one case, Barbara Gurrie (phonetic), a very nice young woman.

This is a normal X-ray taken in 1974. Why? Because her father died of lung cancer, her mother died of mesothelioma. They X-rayed the whole family. She, thank God, had a normal X-ray.

Next slide, please. However, three years later, she also got mesothelioma. That's the cancer, the white material that you see here on your left.

And she came to Mt. Sinai because she didn't want to die. She was 35 years old. She had two children. Her husband didn't want her to die. He was angry.

And she told us that when her dad came home from the shipyard in Quincy, her mother would take his coveralls, shake them out before putting them into the wash, and the kids would be playing on the floor nearby. Nobody thought twice about it, and there she was, 25 years later with her mesothelioma.

Unfortunately, we couldn't save her, and she did die.

Next slide, please. We've been looking at the wives and children of the workers in that factory in Paterson. After 20 years, one out of—one percent of all deaths have been due to mesothelioma. The number of lung cancers among the wives and children have been about doubled.

Next slide, please. The whole problem of family contacts—now the problem is compounded with a new situation, a situation in which you now find yourself and which construction workers all over the country, all construction workers now find themselves.

Because in the period from 1900 to 1980, we put 30 million tons of asbestos in place in our buildings, out ships, our locomotives, our chemical plants, our refineries; and 30 million tons is there; and it's got to be maintained.

It's got to be repaired. It's got to be renovated. It's got to be demolished, et cetera.

Next slide, please. The whole problem of maintenance and repair.

Next slide, please. That's all right. This is a, this is a policeman; and he's sitting in the police station very angry because the asbestos in the ceiling dirties his desk each morning when he comes in.

Next slide, please. We don't know

what to do about that. You see this in virtually every basement. This asbestos paper, fragmented, co loose, kids playing nearby.

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Two weeks ago, the Prudential Insurance Company announced that it was going to spend $30 million to remove the asbestos from their building in Boston.

Unfortunately, the GSA and the Prudential have much more money than the rest of us.

Next slide, please. The first problem then that we had, as we concurred, was that we began to produce asbestos in factories, and we saw disease there. We then saw disease when people began to use it.

Now the problem is going to be what do we do with the asbestos in place? What do construction workers do? Because somebody is going to have to manage this.

Next slide, please. There are various ways of handling it. Here's one. At a court hearing not so long ago, Dr. Harmon, who is a good physician, the medical director for the largest shipyard in the world, the Newport News Shipyard Building Company, I had written them several years before, a couple years before saying that we were worried about shipyards and they might really look into it.

He was then asked at trial, "Well,

she didn't want to die. She was 35 years old. She had two children. Her husband didn't want her to die. He was angry.

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He was then asked at trial, "Well, what did you do?"

He said, "Well, we X-rayed some men. We found—"

"And what happened?"

"Well, we found that they had asbestosis."

"Well, when you found that the shipyard workers at Newport News had asbestosis, what did you do next?

"We stopped X-raying them."

(Laughter.)

Well, that's one thing to do.

Next slide, please. Now what is going to happen? You all know the terrible litigation problems that now exist. Dr. MacEvoy, who is Professor of Economics at Yale, was asked by the insurance industry to calculate how much it was going to cost the insurance industry.

He said, "I don't know."

After three months of study, he said, "It's going to be somewhere between $40- and $80 billion."

Next slide, please. Dr. Johnson, who is Professor of Economics at Syracuse, said, "Well, that's all well and good. That's what it's going to cost the insurance companies."

How much is it going to cost the rest of us, the United States people, in medicare, medicaid, Social Security, and so forth? And he's come up with the figure that it's going to cost us in the next 40 years over $300 billion for what wasn't done from 1924. And think of the human suffering that those numbers represent.

Next slide, please. And I'd like to conclude. Well, I want to include one statement. Then I'll have an addendum, another broken promise.

The first is that the statistics I've been showing you really remind us of an

old saying in medicine that vital statistics are human, with the tears wiped off.

And now, if I have another couple of minutes, Mr. Duval, I would like to talk about another broken promise; and that is the promise of workers' compensation.

You know, do any of you remember Gauley Bridge? Does that name ring a bell with any of you?

In 1934-35 a disaster occurred in our country. In Gauley Bridge, a town in West Virginia, the Union Carbide Company decided to use a bend in the river to build a tunnel through a mountain and use it to make electricity.

It took the pass through the tunnel that would give it the highest amount of silica, because they could then use the silica to sell, and it was almost pure silica.

They employed more than 3,000 men, came from all over the country, from the hills of West Virginia, from New England, from the south, to work for $3.00 a day to dig this tunnel, with no precautions, no masks, no ventilation.

We don't know what happened to these 3,000 men. We know that at least 600 died of acute silicosis, and this was an immense disaster.

In 1935-36, it led Frances Perkins, under President Rooselvelt, to begin to establish worker safety laws in our country; and we were given a promise that there was going to be safety for the workers in our country.

That promise has not been kept. Workers have gone to work, as I've just shown you, with these asbestos-exposed workers, believing that somebody was taking care of things. All they had heard about Assistant Secretaries of Labor and industrial hygienists and state Health Departments and the Public Health Service and inspectors and company departments and company physicians, somebody was looking at things.

There was no somebody, and you have seen for one material what happened in that regard.

But we had a second promise. The second promise was, "If by chance you will be injured, if you will be harmed, if you will be hurt, if you will become diseased, we'll take care of things. There will be workers' compensation. You won't be able to sue the employer; so recourse only will be the workers' compensation laws; but at least you'll be getting something."

That was immediately challenged, and it went to the Supreme Court, because it said that workers were being made second-class citizens. They would be the only group in our country who would not have the protection of the common law.

They could not go to court. They could—if they were insured, they could not sue for redress. They couldn't use the, what our democracy had established for us in the common law over 500 years ago.

And the Supreme Court said, "Well, it's not necessarily unconstitutional; because there's a quid pro quo. Yes, they can't sue, and they can't go to court, and they don't have these rights; but in exchange, they have certainty of compensation, at least adequacy of compensation, and speed of compensation."

Well, the quid has disappeared; and the quo remains. They don't have compensation. Among the asbestos-exposed workers, only 5 percent have been given compensation.

They don't have speed. They don't have certainty. And they don't have adequacy. The only thing they have is the inability to seek their rights.

This is now a national disgrace. The workers' compensation system in our country is in disarray. Everybody

agrees. Even the insurance industry agrees. Even the employers agree to this, as well. Everyone agrees there is now need for change.

And so we have had broken promises. We have had the broken promise that things would be safe. And now we have the broken promise that if disease occurs, that the worker, or more often, his widow, his family, will be taken care of.

It's my hope that with the leadership your Union now has, with Mr. Duval, with Mr. Wolford, with Mr. Burkhardt, with the highly competent people you are working with, like Dr. Baker, like Dr. Bingham, that you are going to begin to reverse this trend.

Really, again, I would say that vital statistics are human beings with the tears wiped off.

Thank you.

(Standing ovation.)

GENERAL PRESIDENT DUVAL: Well, you know, this Brotherhood has spent millions of dollars on this program, and a great deal of that because of the help our friends up here, and believe me, these people have spent their entire life on what they believe in, and they are probably the finest friends that we have ever, ever had in the history of our Brotherhood, and I think, again, how about let's stand up and let them know what we really think about their efforts on our behalf.

(Standing ovation.)

Well, you have seen what we have done and what we must continue to do. I'm confident that our next decade of job safety will be even more productive than the one we have had.

We'll call on Brother Leber for announcements.

BROTHER OBERLEITNER: Mr. Chairman, Mike Oberleitner, Local 781.

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We'll call on Brother Leber for announcements.

BROTHER OBERLEITNER: Mr. Chairman, Mike Oberleitner, Local 781.

We want to compliment these people that gave this wonderful program this morning and set it up, but there's just one little error that was in the film strip. That listed Local 781 in Boston, Massachusetts. We have nothing against the City of Boston, or the members and the Brothers from Boston, Massachusetts, but, for your information, Local 781 is in the great City of Milwaukee, Wisconsin.

Thank you very much.

(Laughter and applause.)

GENERAL PRESIDENT DUVAL: Thank you, Brother.

GENERAL VICE PRESIDENT LEBER: The Finance Committee will meet today, after the afternoon session in the Adams Room on the Terrace Level. That's the Finance Committee will meet today after the afternoon session in the Adams Room on the Terrace Level.

Jim Stinson, Chairman of the General Secretary-Treasurer's Report Committee, asks that all members of that Committee report to the Hemisphere Room immediately upon this noon adjournment. That's the Committee for the General Secretary-Treasurer's Report will meet in the Hemisphere Room immediately upon adjournment.

The Fourth and Sixth District Dinner Party will be held tonight, Tuesday. Buses will leave at 6:30 p.m. from the Terrace Level. The Fourth and Sixth District Dinner Party will be held tonight and the buses will leave at 6:30 p.m. from the Terrace Level.

A reminder to the Fifth District delegates that the Fifth District Dinner will be held tonight, 8:00 p.m., in the Jefferson-Lincoln Room on the Concourse Level.

Those delegates that need a copy of Pamphlet No. 1, there are some at the end of the podium here; so if you don't have that pamphlet, No. 1, there are some available at the end of the podium.