

# Senza Sordino

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## MUSIC MEDICINE

Although orchestra musicians have been plagued for years by occupationally related health problems, many of which have been noted in these pages, such problems have only recently begun to receive serious and widespread attention from the medical community. A review of literature relating to occupational diseases of instrumental musicians, compiled by Susan E. Harman and published in the *Maryland State Medical Journal* in June 1982, lists 71 sources, the earliest dating from 1874 but the vast majority written since 1950.

A wide range of dermal, neural, muscular, skeletal, and cardiac ailments is apparent from reviewing this literature: afflictions symptomized by pain, inflammation, tension, soreness, curling, drooping, swelling, cramping, numbness, weakness, stiffness, and fatigue, all of which can lead to loss of the control needed to perform on a musical instrument. Among the maladies noted are fiddler's neck, flutist's neck, bassoonist's left index finger, violinist's jaw displacement, horn player's palsy, cymbal player's shoulder, tuba lips, guitar nipples, harpist's cramp, even contagious cryptococcus fungal growth in bagpipes [not likely to be a problem in orchestras], and that favorite of journalists everywhere: cello scrotum.

Musicians have often been reluctant to admit to and deal with such problems, hoping that maybe such ailments will cure themselves and simply go away, fearing that long-established performance habits may be causing their problems and that they will have to alter their technique, and often facing physicians who have little knowledge about or sympathy for musicians' medical problems and who simply advise giving up musical activity.

Things are looking up.

As noted in the August 24-31, 1984, issue of the *Journal of the American Medical Association*, "communication between musicians and medical practitioners over the past few years is leading to consolidation of isolated experiences into a coherent body of knowledge." The increasing interest of the medical profession is evident in special conferences held in the last several years to explore "music medicine."

ICSOM president Melanie Burrell, who served on the board of the 1984 "Biology of Music Making" conference in Denver and assisted in the planning of the conference, reports on that event. Doug Howard, Dallas Symphony ICSOM delegate, reports on "The Medical Problems of Musicians," a conference held in Aspen. "Sforzando!: The String Player's Stress Points and Their Relief," a conference held by the American String Teachers Association 22-24 June 1984 in Evanston, Illinois, was not attended by an ICSOM delegate.

These conferences, and the whole subject of music medicine, have received considerable attention through articles in the *American Music Teacher*, *The Instrumentalist*, *American Medical News*, the *Journal of the American Medical Association*, in newspapers in Hartford, Denver, and San Francisco, and in other periodicals.

Two primary areas of concern have emerged. There is a need to develop *preventive measures*, a need to understand and develop healthy ways to practice and perform based on sound physiological knowledge; there are misconceptions about what is actually done physiologically to produce desired technical and musical results on different instruments. And in order to provide *therapy* for existing health problems, there is clearly a need to identify and systematically classify musicians' ailments.

Some work is already being done. Massachusetts General Hospital (Boston) has examined and treated some 400 musicians complaining of hand, arm, and shoulder problems. Other facilities treating musicians are the Cleveland Clinic and the University of Colorado School of Medicine. Drs. Paul Brown, F. J. Bejjani, and Steven Stuchin are studying hand problems of musicians at the Hospital for Joint Disease in New York City. Dr. Bejjani is also founder and research director of the Orthopaedic Center for the Arts, a privately funded treatment and research center in New York. Musicians must hope for continuing development of such centers for research and improved medical care.

Musicians can take an active role in this process, but as Doug Howard notes in his report, an inadequate sample was obtained in one study because of limited musician response. ICSOM will be doing its own in-house survey, formulated and soon to be distributed to all ICSOM orchestras by the recently established committee on music medicine. All information gathered will of course be confidential, and full musician participation is encouraged.

### THE BIOLOGY OF MUSIC MAKING, 1984

A conference entitled "The Biology of Music Making," sponsored by the Denver Center for the Performing Arts, the University of Colorado at Denver and Boulder, and the World Federation of Neurology, was held in Denver July 8 through 12.

Some 300 music educators, performers, biological scientists, psychologists, physicians, music therapists, and professionals in related fields came together to share their knowledge. From the violist who could no longer play because of psychological blocks, to the cellist who was tested with bio-feedback electrodes, to the pianist working on techniques to prevent injury, the conference encompassed the gamut of processes involved in making music.

Dr. Frank R. Wilson, an assistant clinical professor of neurology at the University of California at San Francisco School of Medicine, was chairman of the 1984 conference and the man responsible for organizing and coordinating the event.

The opening of the conference was devoted to the art of musicians. Margaret Rowell, celebrated cellist, teacher, and lecturer, demonstrated with young students the concept of playing *through* the hands to gain technical mastery without creating

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interference by the hands and arms in the search for musical expression. Joseph Robinson, principal oboe of the New York Philharmonic, fascinated the assemblage of doctors, teachers, and musicians with his demonstration of the fine art of oboe playing in creating shapes and colors of notes, breathing technique, interpretative art of playing, and problems of isometric tension creating physical disability. Milton Babbitt, among other celebrated names in the electronic music world, presented concepts of this new technology in its relationships to musical value. Finally, the co-founder of the Dorothy Taubman Institute of Piano reviewed the evolution of piano study pedagogy and espoused the need for new teaching techniques to prevent pain and injury among pianists.

The body of the conference was presentation of papers and panel discussions by experts in psychology and medicine. In addition to the anatomy of parts of the body used in music making, there were presentations on brain mechanisms and the neurology of language, emotions, and music; a review of stress and performance anxiety literature; vocal performance as it relates to control mechanisms, neurological disorders, and training techniques; the use of biofeedback technique and high speed photography in the study of skilled performance; brain function in studies of metabolic responses to various forms of sensory stimulation; mechanical problems of instrumentalists—dental, upper extremities, hand.

Panel discussions included wide ranging-topics relating music and medicine, research and methodology in performance and pedagogy, and differing methods of coping with tension, pain, and stage fright. Workshops demonstrating these techniques allowed conference participants to experience varied kinds of therapy including biofeedback to remove left-hand tension, Alexander technique to decrease physical limitation by body in movement, myotherapy to alleviate pain, methods of removing individual blocks that impede the creative process, techniques of removing problems of technique and stage fright, and use of the Feldenkrais method to reduce muscular effort in music learning and performance.

A conference as all-encompassing as "the Biology of Music Making" highlights the need to educate physicians, psychologists, musicians, leaders within professional arts organizations, teachers, and students about the complex problems that are being recognized now as music medicine. *Of vital interest to performing musicians is the process by which study and research begin to effectively serve their health and medical needs.* Will medical clinics such as those in Boston, Cleveland, and Denver proliferate so that musicians all over the country can find relief for performance-related disabilities? The old concept that musicians are neurotic individuals who indiscriminately complain of pain and tension is gradually being dispelled within the medical profession. Clearly the move in the future must be to address the prevention of injury and the treatment of existing problems.

Melanie Burrell  
Denver Symphony Orchestra

#### OVERSIGHTS AND ERRORS

Apologies to the members of the committee which examined audition practices and abuses and which laid the groundwork for the code of ethical audition practices published in the last issue. Gratitude for much hard work is due to Brad Buckley (St. Louis Symphony Orchestra), chair; Penny Anderson (Pittsburgh Symphony Orchestra); Michael Nutt (Los Angeles Philharmonic); and Gordon Peters (Chicago Symphony Orchestra).

The summary of the Philadelphia Orchestra settlement should have stated that seniority pay remains at \$10 for, not per, 5 years of service.

## CONCERN OVER WIDESPREAD USE OF BETA-BLOCKERS

The July 1982 issue of *Senza Sordino* presented news of a study of the use of beta-blocking drugs like propranolol (Inderal) to alleviate the symptoms of stage fright. The use of these drugs for this purpose has been widely reported and was explored at the medical conferences noted in this issue, where concern was expressed over their indiscriminate use. Lew Waldeck of the AFM Symphony Department also expresses concern, reporting that Inderal is apparently being sold on the streets around performance centers in some cities and that some conservatory dispensaries are distributing beta-blockers to students requesting medication for stress.

The June 22, 1984, issue of the *Medical Letter on Drugs and Therapeutics* notes that propranolol "is usually well tolerated but is potentially dangerous in patients with heart disease or asthma, since even low doses can cause bradycardia, congestive failure, or life-threatening bronchospasm. Fatigue, depression, nightmares, and impaired sexual function are fairly common adverse effects of continued use."

Dr. Frank Wilson, in a paper entitled "Inderal for Stage Fright?," further notes that Inderal can lower blood pressure to levels that cause fainting, can complicate the management of diabetes, can alter the body's reaction to agents used for general anesthesia, and has caused fatalities in individuals who have suddenly discontinued its use.

The advice given in the *Senza Sordino* article still holds: **The indiscriminate use of this drug involves considerable risk; it should only be taken under competent medical supervision.**

If you have never used it, don't take Inderal or any pill offered to you by a non-physician as an aid for dealing with nervousness. If you have Inderal, don't give it to anyone else to use. Whether you use it or not, urge your colleagues, students, and friends to observe these admonitions.

## THE 1984 ASPEN CONFERENCE

The second Aspen conference, "The Medical Problems of Musicians," was held 26-30 July 1984 in conjunction with the Aspen Music Festival and co-sponsored by the Cleveland Clinic Foundation. Co-directed by Dr. Alice Brandfonbrener, director of student health services for the Aspen Music School and staff physician with the Northwestern University Health Service, and by Dr. Richard Lederman, staff physician in the Department of Neurology at the Cleveland Clinic, the 1984 conference focused on medical problems of wind instrumentalists and singers. The 1983 conference was devoted to the problems of pianists and string players.

Steven Horvath, Ph. D., director of the Institute of Environmental Stress at the University of California, Santa Barbara, told of his studies of cardio-pulmonary responses in brass instrument players, particularly horn players. He found this group to be extraordinarily healthy from the standpoint of the cardiovascular system. Their pulmonary functions suggested that brass instrumentalists had larger vital lung capacities, residual volumes, and expiratory flow rates than non-musicians. However, these players exhibited a greater than average incidence of abnormal heart beats. While Dr. Horvath was not overly concerned about this phenomenon, he did stress the need for further testing and the need to get players of other wind instruments involved in his program.

Dr. David Cugell of the Northwestern University School of Medicine, who spoke about "Breathing Function in Wind Instrumentalists" and "The Effects of Aging on Pulmonary Func-

tion," has developed a method of measuring the relative respiratory contributions of the rib cage and the abdomen under a variety of playing conditions. According to Dr. Cugell, these studies may have considerable potential value for wind instrument players and teachers.

Three doctors from the Department of Otolaryngology (ear, nose, and throat) and Communicative Disorders at the Cleveland Clinic addressed the conference. Dr. Harvey Tucker, department chairman, spoke on the "Normal Structure and Function of the Upper Airway." His colleague, Dr. Howard Levine, addressed "Abnormalities of Structure and Function of the Upper Airway in Wind Players," noting tremendous internal pressures generated in some wind instrument players, particularly in the double reeds. These pressures sometimes lead to "loss of seal," the failure of the soft palate to close off the nasopharynx, which results in air escaping through the nose and an inability to produce the intended musical sound. Other problems he has studied include the massive dilation of the sides of the neck or hypopharynx, a phenomena known among wind players for hundreds of years but never before noticed by the medical profession.

"The Effects of Aging on Hearing Function" was discussed by Richard Nodar, Ph. D., also from the Cleveland Clinic. The issue of sound-induced hearing loss as it relates to symphony players was not discussed in depth; the only remedy suggested was the use of ear plugs, which has certain drawbacks for the performer.

Arthur Benade, Ph. D., professor of physics at Case Western Reserve University in Cleveland, Ohio, delivered a technical paper entitled "Interactions Between the Player's Windway and the Instrument's Air Column." Other topics covered by the conference included the effects of allergies and allergic problems on wind instrument playing, the effects of aging on neuromuscular functions, neurological problems in wind players, and the effects of wind playing on the teeth, gums, and other oral tissues.

In addition to the medical people who presented papers, several Aspen Music School faculty members participated in a round-table discussion. These included Leonard Sharrow, principal bassoonist of the Pittsburgh Symphony; Raymond Mase, trumpeter with the American Brass Quintet; and Richard Killmer, professor of oboe at the Eastman School of Music. Another conference highlight was the appearance of Philip Farkas, distinguished professor of music at Indiana University and former principal horn with the Boston, Cleveland, and Chicago orchestras, who spoke on "Breathing Techniques and Problems in Wind Players." Dr. Farkas focused primarily on some of the medical conditions he had to face during his own playing career, particularly asthma and heart problems.

It is encouraging to see the medical profession taking a greater interest in the fledgling field of music medicine and it is hoped that conferences such as the one in Aspen will continue. However, Dr. Lederman, conference co-director, told of the difficult time the Cleveland Clinic Foundation has had assembling a pilot survey of the extent and types of problems encountered, mainly because many musicians failed to respond to a questionnaire sent out by the clinic. Only 380 responses were received out of 1,245 questionnaires distributed. This 30% response rate is not sufficient to provide an accurate sample. If we musicians are going to fully benefit from this new-found interest in our medical problems, we must be more willing to co-operate in an open exchange of information with the medical community.

*Doug Howard  
Dallas Symphony Orchestra*

## MUSIC ASSISTANCE FUND ORCHESTRAL FELLOWSHIP UPDATE

During the 1983-84 season, the Music Assistance Fund Orchestral Fellowship Program enjoyed its most active period, with five fellows participating in the program. Cellist Richard Brown continued his fellowship with the Buffalo Philharmonic; violinist Lesa Terry assumed the fellowship chair at the Atlanta Symphony; violinist Velda Kelly inaugurated the Detroit Symphony fellowship chair; violinist Karen Tidwell inaugurated the program in Washington, D.C., at the National Symphony Orchestra; and violist Richard Spencer began his fellowship with the New York Philharmonic. All five players are continuing with their respective orchestras for 1984-85. There is encouraging interest from other orchestras to offer additional fellowship chairs. The Music Assistance Fund welcomes inquiries and is happy to discuss in detail implementation of the program.

The Music Assistance Fund, an independent charitable trust, was founded in 1965 for the specific purpose of encouraging talented instrumental musicians in various American minority populations to pursue professional careers in this country's symphony orchestras. The Orchestral Fellowship Program was initiated in 1976 to provide the opportunity to advanced string players to gain the highest quality experience in the performance of orchestral repertory.

After an initial screening, applicants are evaluated by personal interview and audition before a committee of musicians assembled by the ICSOM representative in or near the applicant's place of residence. Upon passing the initial audition, the prospective fellow is recommended to a participating orchestra. A second audition before the music director and audition committee of that orchestra is then arranged, and fellowships are awarded upon their approval. Eligibility is limited to string players not under contract with orchestras designated as major or regional by the American Symphony Orchestra League.

The fellowship recipient, who comes under the direct supervision of his or her section principal, attends all rehearsals and performances of the host orchestra during the regular subscription season and in turn receives all courtesies and privileges of regular orchestra members, including a stipend equal to the minimum pay scale. Membership in the appropriate union is required of all fellows, and each orchestra must file regular reports on their progress.

The Music Assistance Fund will make a grant to a participating orchestra of up to 75% of the fellowship costs, not to exceed \$15,000.

Success of this program is the result of a national effort on the part of ICSOM members, music directors, orchestra personnel managers, and individual orchestra musicians, who aid in the identification of potential fellows and who serve as teachers and role models. The Fund expresses appreciation to the following ICSOM representatives who have generously given their time and expertise to the program: Donald Whyte (New York Philharmonic), Catherine Compton (Detroit Symphony Orchestra), Gary Smith (St. Louis Symphony Orchestra), Lawrence Bocarner (National Symphony Orchestra), Frank Primerano (Buffalo Philharmonic Orchestra) and Michael Moore (Atlanta Symphony Orchestra).

*Daniel Windham, Administrator  
Music Assistance Fund  
Orchestral Fellowship Program*

## PRESIDENT'S COUNCIL MEETS IN CHICAGO

by ICSOM President Melanie Burrell

The President's Council met for the first time in Chicago on December 3, 1984. The initiation of this new forum offered an opportunity to test the worthiness of the concept that ICSOM would profit by the infusion of new ideas and new people to focus on the ICSOM of the future.

The participants represented expertise in orchestral committee affairs as well as in the creative ability to produce thought-provoking discussions on where our needs are and how we will continue to serve our member orchestras. The all-day meeting allowed time to review ICSOM's current concerns and activities: significance of diminishing American orchestra recording opportunities; repercussions of widespread economic problems in our orchestras; continued need for understanding the role of orchestra committees in relationship to their constituencies; the study of the effect of excessive sound levels on orchestra musicians; the survey of ICSOM orchestra musicians relating to medical problems induced or exacerbated by performance; study of the complexities of instrument transportation; insurance amalgamation possibilities among orchestras.

There was a sense of urgency as the Council presented some thoughts about ICSOM and as we started to digest the ramifications of some of those ideas:

*"We should take ICSOM to the orchestras."* We were electrified by the possibilities of expanding, nationally, a network of meetings for orchestras with like interests or problems, or of bringing together orchestra committee representatives for discussions of how to work more effectively.

*"We should computerize our vast amount of information and contract clauses to enable orchestras to have immediate access to a data bank via modem."* Additionally, the ICSOM Directory could be contained and updated in that bank, saving tremendous amounts of time and energy in the production of that document.

*"We should consider a long range study project to produce strategic planning on goals and objectives."*

Ideas and long discussion of orchestra committee relationships and responsibilities completed a session whose imprint by the newly formed President's Council was clear and convincing. The aftermath produced comments from participants just as clear and convincing:

*"a great brain-storming forum"*

*"orchestras to meet together on the most important level as an organization of people and orchestras working together"*

*"ICSOM stretching forward to the future"*

*"tremendously influenced to hear committee chairpersons with so much commitment and expertise"*

The President's Council has made its mark. We express our sincerest acknowledgement to participants Ralph Curry (Cleveland Orchestra), Paul Ganson (Detroit Symphony), Donald Koss (Chicago Symphony), Ellen McGlone (San Antonio Symphony), Rip Prétat (Milwaukee Symphony), ICSOM chairman Frederick Zenone, and ICSOM president Melanie Burrell.

**The San Antonio Symphony and the Utah Symphony have been accepted into AFM Strike Fund membership by Strike Fund trustees as of early December, 1984. Congratulations to these new members of the AFM Strike Fund!**

## LIAISON COMMITTEE MEETS IN NEW YORK

The ICSOM executive committee and representatives of the Major Orchestra Managers Conference met in New York on November 19, 1984, to continue the dialogue established in meetings held since 1982.

All ICSOM officers attended. Managers at the meeting were Henry Fogel (National Symphony), Ernest Fleischmann (Los Angeles Philharmonic), Stephen Klein (Denver Symphony), Stephen Sell (Philadelphia Orchestra), Gideon Toeplitz (Houston Symphony), and Albert K. Webster (New York Philharmonic).

Agenda items included possibilities for multi-employer life insurance coverage, dealing with workplace malaise, and use of audition résumé tapes. A joint sub-committee, consulting with hearing specialists, will study technical aspects of sound problems on stage and in the pit.

## SAINT LOUIS HAS PHYSICAL FITNESS PROGRAM

Currently 88 members of the Saint Louis Symphony Orchestra and employees on the staff of the Saint Louis Symphony Society are taking advantage of an arrangement whereby the Society pays up to \$200 annually toward a physical fitness program of the participant's choice. Saint Louis Symphony Society executive director David Hyslop initiated the program in the fall of 1981 with the cooperation of the orchestra committee. The orchestra's management was concerned with the extent, both in number and seriousness, of health insurance claims, particularly for an orchestra whose average age at that time was 41. At first, the society undertook to pay for memberships in the YMCA. We received excellent cooperation from the Y in diagnosing our needs and facilitating use of their various programs. The program has since been expanded to include any established course or regular activity offering cardio-vascular benefits, including membership in health and fitness, tennis and swimming clubs. Funds for this program come directly from the society's operating budget, on the model of many major corporations.

The decision to participate in a fitness program, as well as the choice of activity, is an individual matter. There has been no pressure to participate and no review of how frequently individuals work out at their chosen activity. The annual maximum of \$200 can be applied toward individual or family programs; 18 people now use it toward family membership in the Y.

Since this program was initiated there has been a noticeable decline in health insurance claims and in premiums, which actually went down in one year and are now rising at a slower rate than in other orchestras, according to Hyslop.

While the program is not at this time a contractual benefit and is dependent for its continuation on the good will of the management, there would appear to be compelling reasons, both financial and in terms of morale, to carry it on. If other orchestras are interested in a program of this kind, our committee would be happy to provide further information.

*Bill Martin*

*Saint Louis Symphony Orchestra  
Musicians' Committee*

### 1984-1985 SYMPHONY WAGE CHART

The first column of figures below shows the minimum weekly wage and, where applicable, the minimum weekly wage for players with maximum seniority benefits. A plus (+) indicates that such career service benefits are in addition to other over-scale payments, a minus (-) that this pay is absorbed into any over-scale payments. The second column expresses these wages as an annual guarantee. Electronic media guarantees are not calculated in the chart data. Please see the accompanying article.

Orchestra	Weeks	Weekly minimum salary + maximum seniority benefit	Annual guaranteed salary + maximum seniority benefit
Alabama	37	\$380.	\$14,060.
Atlanta	52	550.—575. (-)	28,600.—29,900.
Baltimore	52	550.—570. 563.—583. (+) 620.—640.	31,203.—32,243.
Boston	52	830.—880. (-)	43,160.—45,760.
Buffalo	42	485.—505. (-)	20,370.—21,210.
Chicago	52	830.—860. (+)	43,160.—44,720.
Cincinnati	52	685.—725. (-)	35,620.—37,700.
Cleveland	52	780.—800. (+)	40,560.—41,600.
Dallas	52	640.—655. (+)	33,280.—34,060.
Denver	41	621.—631. (+)	25,461.—25,871.
Detroit	52	700.—720. 780.—800. (+)	38,480.—39,520.
Florida	34	355. 370.	12,325.
Grant Park	9½	548.25	5,208.
Honolulu	38	383.78	14,584.
Houston	52	590.—615. 630.—655. (+) 510.—520.	31,720.—33,020.
Indianapolis	48	520.—530. (+)	24,720.—25,240.
Los Angeles	52	810.—860. (+)	42,120.—44,720.
Louisville	38	318.80	12,114.
Milwaukee	46	580.—590. 607.50—618. (+)	27,312.50—27,812.50
Minnesota	52	709.—715. 735.—741. (+)	37,544.—37,844.
National	52	28 wks. @ 680.—780. 24 wks. @ 755.—855. (+)	37,160.—42,360.
New Jersey	125	serv. @ 78.58 + 108. (+)	9,822.— 9,930.
New Orleans	37	12 wks. @ 543. 25 wks. @ 522.51	19,578.
New York	52	810.—835. (+)	42,120.—43,420.
North Carolina	37	491.—507. (+)	18,167.—18,759.
Oakland	148	serv. @ 62.50 per serv.	9,250.
Oklahoma	32	400.—410. (+)	12,800.—13,120.
Oregon	39	511.90	21,500.
Philadelphia	52	830.—865. (+)	43,160.—44,980.
Phoenix	39	450.	17,550.
Pittsburgh	52	750.—790. (+)	39,000.—41,080.
Rochester	48	505.50—525.50 (+)	24,264.—24,764.
St. Louis	52	620.—652. 670.—702. (+)	33,540.—35,204.
St. Paul	40	756.	30,250.
San Antonio*	38	440.	16,720.
San Diego	38	445.	16,910.
San Francisco	52	800.—825. (+)	41,600.—42,900.
Seattle	44	26 wks. @ 485.—505. 18 wks. @ 515.—535. (+)	21,880.—22,920.
Syracuse	44	416.15	17,062.53
Toledo*	36	A cont. 230 serv.—920 <sup>1</sup> (+) B cont. 130 serv.—520. <sup>1</sup>	12,000.—12,920. 6,000.— 6,520.
Utah	52	475. 490.	25,110.
Chicago Lyric*	17	770.—785.40	13,090.—13,351.80
Kennedy Center..		703.73 Opera/Ballet 590. Musicals	no guarantee
Metropolitan Opera*	48 <sup>1</sup>	825.70 <sup>2</sup>	39,633. <sup>3</sup>
N.Y.C. Ballet*	28 <sup>1</sup>	670. <sup>2</sup> —675. <sup>2</sup> (+)	19,270. <sup>3</sup> —19,410. <sup>3</sup>
N.Y.C. Opera*	26 <sup>1</sup>	607. <sup>2</sup>	15,872. <sup>3</sup>
S.F. Ballet		98 perf. @ 113.50 90 reh. @ 22.50 per hr.	13,348.
S.F. Opera*	20	800.	23,100. <sup>1</sup>

This annual mini-chart of orchestra wages has been prepared by Henry Shaw.

### LEGEND FOR SYMPHONY WAGE CHART

San Antonio\*—1983-84 figures.  
 Toledo\*—<sup>1</sup>Seniority pay—\$4. per service.  
 Chicago Lyric\*—Seniority pay, 2% of min. weekly wage for all musicians with 10 years of service.  
 Met. Opera\*—<sup>1</sup>Plus 4 weeks Supplemental Unemployment Benefits at ½ salary. <sup>2</sup><sup>3</sup>Does not include rehearsal pay above contract allowance.  
 N.Y.C. Ballet\*—<sup>1</sup>Includes 2 weeks S.U.B. <sup>2</sup><sup>3</sup>Does not include rehearsal pay.  
 N.Y.C. Opera\*—<sup>1</sup>Includes 4 weeks S.U.B. <sup>2</sup><sup>3</sup>Does not include rehearsal pay above contract allowance.  
 San Francisco Opera\*—<sup>1</sup>Does not include 85 hours of rehearsal pay.

### SOME CHANGES IN OUR WAGE CHART

For many years *Senza Sordino* published a comprehensive chart of wages and working conditions of its member orchestras. As the chart grew to unwieldy proportions, its publication was assumed by the AFM. *Senza Sordino* has continued to publish an abbreviated chart at about mid-season.

It is difficult to provide an accurate comparison of orchestras on such a mini-chart. Which items from master contracts can be meaningfully compared? In past years the chart listed the minimum weekly wage and the guaranteed annual salary, which in some cases included an electronic media guarantee (EMG). However, the EMG has become an increasingly less appropriate figure for comparison.

Initially, EMGs represented an advance payment for recording and television sessions, extra pay for extra services and additional product. Currently however, television (and radio) production often involves no extra services, and pay is only for additional product. Depending on the orchestra, EMG may or may not cover certain media work. Radio rates may vary from orchestra to orchestra. Recording, which usually does involve extra services, has declined. In short, EMG figures now represent many unknown variables, and misleading comparisons may result from providing such figures.

For most orchestras who have them, EMGs represent maximums paid rather than minimums earned, while orchestras without EMGs sometimes earn as much or more through media activity than orchestras with EMGs. The income of the orchestras that earn by far the most from media work (Chicago with recording and radio, the Metropolitan Opera with television and radio) are not shown on the chart because neither orchestra has an EMG. And while wages actually earned each year through media activity might provide some meaningful comparison, such figures are not available at mid-season.

To provide more accurate comparisons of wages and workloads, we are discontinuing publication of EMG figures, which may or may not represent expanded workload and additional product, and we are adding (when applicable) seniority pay figures, which represent no additional workload or product. [Although the term "seniority pay" is widely accepted, we use it with reluctance because it may incorrectly imply a bonus for age rather than a recognition of commitment to career with an orchestra. "Career commitment pay" might be more appropriate.]

For those orchestras whose musicians receive a payment based on years of service, hyphenated figures are given indicating entry-level scale and maximum seniority scale, usually reached at 20 years. A plus (+) indicates that seniority compensation is paid in addition to personal salary, a minus (-) that such pay is absorbed into other over-scale payments.

Further details about seniority pay increments, electronic media guarantees, and other payments can be obtained from the annual AFM wage chart.

Thanks to Fred Zenone for preparing an explanation of our new wage chart format.

**SETTLEMENT SUMMARIES**

*Settlements are reported in greater detail in the ICSOM bulletins which are sent immediately to member orchestras; basic summaries and interesting new provisions are noted in Senza Sordino. Orchestras are encouraged to file bulletins as a basic source of information.*

Musicians of the **Florida Symphony Orchestra** returned to work November 27, 1984, following a one-week strike brought about when the FSO board of directors unexpectedly withdrew its 3-year contract offer, agreed upon at the negotiating table, leaving only the first year in place. The original 3-year offer, already ratified by the musicians on November 20, was reinstated, and a suit filed by the union with the NLRB charging the society with unfair labor practices was dropped. Conditions of the contract are retroactive to October 2, the start of the FSO season.

Length of season increases from 32 weeks to 34-37-39. Wages (were \$342/week, \$10,944/year) increase to \$355/370 — \$388/420 — \$420/470 in half-season increments, increasing annual minimums to \$12,325 — \$14,774 — \$17,380. Seniority pay is new in the third year: \$1 per week per completed year of continuous service, payable in one year increments beginning with the third year of service.

Other notable provisions: 1 week vacation to be supplemented beginning in second year with an additional floating vacation week; cap on sick leave removed; full insurance coverage paid by management on all instruments played in the orchestra; new artistic advisory committee established; commitment made to work toward a pension plan.

FSO musicians feel the new contract represents a major advance in season and salary, and appreciate the support of orchestra members, the local union, local media, AFM Symphony Department, and all the ICSOM orchestras who sent Mailgrams and letters.

**Louisville Orchestra** musicians voted on December 15,

1984, to accept a 5-year proposal, ending a strike which began October 8. Details will appear in the next issue.

Musicians of the **New Orleans Philharmonic Symphony** agreed November 21, 1984, to further amend their current contract in the face of an accumulated deficit of \$3.5 million. The 1984-85 season (the second year of a 2-year contract) is reduced from 38 to 37 weeks for 80 full-time musicians (up from 79). Wages (were \$543/week, paid for the first 12 weeks) are reduced to \$522.21 (\$19,578 annually): pay for any 2 weeks of the season may be postponed until June 30 but must be done so for all employees of the society.

The first year of the next contract will be 38 weeks long for 80 full-time musicians earning a minimum wage of \$543.41; these provisions are not re-negotiable. Effective immediately in the amended agreement are the establishment of a crisis committee including musicians, guaranteed musician representation on a search committee for executive director and music director should vacancies occur, and *ex officio* musician membership on the board of directors finance committee.

**San Francisco Symphony** musicians ratified a new 3-year contract on December 10, 1984, ending a strike begun November 24. Wages (were \$725 plus \$35 EMG) increase to \$800 — \$845/855 — \$905/915, all plus \$35 EMG. Annual lump-sum seniority payments increase substantially to \$550 (10-14 years), \$775 (15-19), \$1,000 (20-24), \$1,225 (25-19), and \$1,350 (30 or more). Pension after 30 years at age 65 (was \$14,500) increases to \$18,000 in the third year, available to any qualifying musician who retires during the contract; supplementary payment to past retirees is also increased. Increases were achieved in long-term disability, health, life, and instrument insurance.

An added floating relief week brings total vacation to 10 weeks; management will hire extra players to facilitate this vacation agreement. Sabbatical leave (6 months at 2/3 salary) is now available to 3 musicians annually (was 2). With 2 exceptions annually, there is a limit of 6 consecutive days without a day free of any use of the orchestra.

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