

Labor Occupational Health Program

MONITOR



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Labor Occupational Health Program MONITOR

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On the Cover:

Modern offices appear clean, safe, bright, and healthy. But indoor air pollution, often worse in the most modern buildings, is just one of the hazards office workers face. More on indoor pollution on pp. 6-7. (Photo: Job Safety and Health.)

New Monitor Format

This is the first issue of LOHP's newsletter, **Monitor**, in its new format.

Since the July-August, 1981 issue, budget cuts have forced LOHP to issue **Monitor** on an occasional basis, as an insert in another Institute of Industrial Relations publication, **Labor Center Reporter**. Beginning with this issue, however, **Monitor** is resuming regular bimonthly publication in a format close to our original, although somewhat reduced in size. We hope to be able to expand the number of pages over time.

All subscribers as of August 1981, have received each 1982 issue of the **Labor Center Reporter** in which **Monitor** inserts appeared, and are also receiving this issue. If you are such a subscriber, we will be asking you to renew soon. New and renewal subscriptions are now available for \$10/year (for five issues per year; we will omit one summer issue). Bulk subscriptions are also available, at a reduced rate.

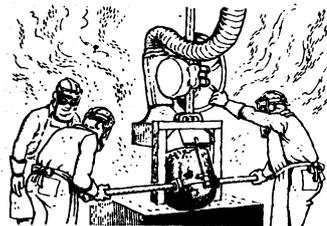
We look forward to continuing **Monitor** as a timely and useful publication. LOHP would appreciate any comments or suggestions from readers; short letters responding to articles or giving points of view on health and safety issues will be considered for publication in our "From the Readers" column.

New LOHP Manual on Foundries

The Labor Occupational Health Program has just issued **A Guide to Health and Safety Laws for California Foundries**, a 75-page paperback manual. This pocket-size guide is primarily a summary, in clear and readable language, of all important Cal/OSHA standards (General Industry Safety Orders) applicable to foundry work, arranged by topic. The book also explains how Cal/OSHA operates and workers' rights under the Cal/OSHA law. It is available for \$2.50 postpaid from: Labor Occupational Health Program, 2521 Channing Way, University of California, Berkeley, CA 94720.

LOHP also continues to distribute a wide variety of health and safety publications. Write for a publications list.

A GUIDE TO HEALTH AND SAFETY LAWS FOR CALIFORNIA FOUNDRIES



JUNE COOPERMAN
LABOR OCCUPATIONAL HEALTH PROGRAM

AROUND LOHP

LOHP Welcomes New Staff

LOHP recently welcomed two new members to its professional staff.

Patricia Quinlan, who received her M.P.H. degree in Environmental Health/Industrial Hygiene from the U.C. Berkeley School of Public Health in June 1982, has joined the staff as Industrial Hygiene Coordinator. Her duties will include technical assistance to unions, management, and individuals, particularly in such LOHP focus industries as foundries, chemicals, agriculture, and white collar. She will also supervise industrial hygiene students who work as LOHP interns in carrying out IH surveys, and will provide technical review for future LOHP materials.

Ms. Quinlan has previously worked as a Business Representative for SEIU Local 400, San Francisco; an Occupational Health Educator with the Public Media Center, San Francisco; and an Industrial Hygienist with both the San Francisco General Hospital Occupational Health Clinic and Cooper and Clark Consulting Engineers, Richmond, California.

Lela Morris, R.N., M.P.H. has joined the staff as Continuing Education Coordinator. She will have responsibility for establishing continuing education courses in health and safety for industrial hygienists, nurses, physicians, and other health professionals in the community. Her position is funded by the National



Pat Quinlan



Lela Morris

Institute for Occupational Safety and Health (NIOSH), which recently designated the University as an Educational Resource Center to conduct various types of professional education.

Ms. Morris received her B.S. degree from the University of Washington, Seattle, and her M.P.H. in Health Education from the U.C. Berkeley School of Public Health. She is also a Registered Nurse. She has worked as Health Education Consultant with the OCAW Local 1-5 Health and Safety Committee; as a Program Coordinator, developing educational programs for East Bay Health

Providers High Blood Pressure Task Force; as an Instructor and Continuing Education Consultant in Health Sciences/Health Education at Merritt College; and as Clinic Manager for the District of Columbia Community Health Administration, where she was responsible for training, supervision, and coordination of medical, nursing, and auxiliary personnel.

Ms. Morris also served as a consultant with LOHP in early 1982, conducting a survey involving joint labor-management health and safety programs.

“Right to Know” Conference Draws 150

Over 150 union and management representatives, professionals, students, and others attended a full-day conference, “Your Right to Know About Hazards on the Job,” in Berkeley on October 1, 1982. Co-sponsored by LOHP and the State Health Department’s Hazard Evaluation System and Information Service (HESIS), and endorsed by numerous unions, the conference focused on the new California “right to know” law, the Hazardous Substances Information and Training Act (SB 1874).

Peter Weiner, representing the California Department of Industrial Relations, provided a historical review of California’s efforts to pass the legislation. He traced its origins to public reaction to the alleged “coverup” of data on the toxic effects of the pesticide DBCP, which came to light in 1977. Weiner also contrasted California’s strong “right to

know” law with federal OSHA’s own proposed “right to know” standard, which he said has been watered down considerably under the current OSHA leadership, and has been long delayed. The federal standard, Weiner said, would actually exclude most workers and would give overly broad protection to data claimed by manufacturers to be “trade secrets.”

DIR staff attorneys Abby Ginzberg and Ellen Widess gave an overview of the new California law, and explained how employees and unions can enforce it. Ginzberg suggested that California workers’ new rights can usefully be remembered by using the acronym “MABEL.” Workers have rights to: (m) access to medical records; (a) accident prevention programs and specialized training provided by employers; (b)

NLRB complaints; (e) access to exposure data; and (l) access to the employer’s Log 200 of illnesses and injuries. Widess explained the new duties of manufacturers to provide, and of employers to keep and make available, Material Safety Data Sheets (MSDSs) for chemicals in the workplace. MSDSs will be required for a list of 700 toxic materials as of March 1983, she said.

In the afternoon, conference participants attended various workshops on techniques for using the new law.

Conference materials have been collected by LOHP and published as a paperback handbook. It is available for \$10 (postage included) from: LOHP, 2521 Channing Way, Berkeley, CA 94720. Make checks payable to: The Regents of U.C.

“COSH” Groups: Where Are They Now?

by Laura Stock

“COSH” groups (local area Committees or Coalitions on Occupational Safety and Health) have played an important role in making health and safety one of the crucial labor issues of our times. COSH groups were initiated in the 1970s in many places, offering local unionists a place to come together and work on issues of common concern and to draw on the talents of volunteer experts. In COSH groups, unionists work side by side with doctors, lawyers, industrial hygienists, and labor educators on a range of issues, from challenging conditions in a single plant to fighting for political reforms for the benefit of all workers in the region. In this article, LOHP takes a look at COSH groups in the '80s—where are they now?

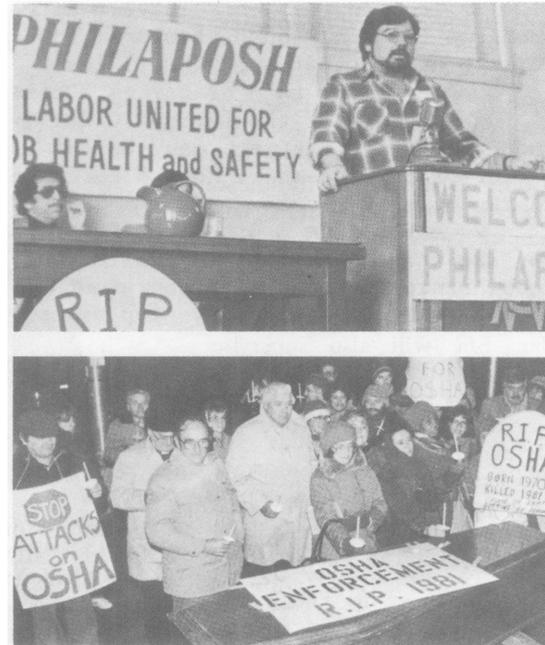
GROWING STRONG

According to a sampling of a dozen COSH groups around the country, the COSH movement is alive and growing. Since the first COSH was established in Chicago in 1972, the number of groups has increased dramatically. At last count there were 28 of them, covering almost every area of the U.S. from the Southeast to Alaska. There are similar groups in Canada. (See, for example, Monitor's report on the Windsor, Ontario group in vol. 9 no. 2, March-April, 1981, p.4.)

In times of high unemployment, inflation, and runaway shops, one might believe that health and safety activism would take a back seat to struggles for job security and higher wages. But in fact, many COSH groups now report an upsurge in interest in health and safety, including an increase in their membership and in participation by union locals. For example, over the last four years MassCOSH (Massachusetts) membership has gone from 13 locals to 80, MaryCOSH (Maryland) has grown from 12 locals to 40, and SantaCOSH (Santa Clara Valley, CA) has increased from no locals to 25.

COSH members point to a number of reasons for this growth. First, there is an increased public awareness about health and safety. Public reports of skyrocketing cancer rates in industrialized states, of occupationally caused sterility and birth defects, of toxic spills and dumps, and of increasing numbers of work-related accidents have made it harder to ignore the need for improvements in occupational health and safety conditions. In addition, as a CACOSH (Chicago) newsletter points out, “[In these hard times], we have to be more vigilant than ever about conditions on the job. One of the first things management tries to cut back on is maintenance costs, and that means more fumes, noise, and dust. Workers are shifted around to jobs they are unfamiliar with and untrained for, and that means more accidents.” (February-March, 1982.)

Workers are also affected by drastic cuts in OSHA and its health and safety enforcement. Statistics compiled by the AFL-CIO in 1981 illustrate the effect of the Reagan administration on OSHA activities: willful citations were down 71%; serious citations down 30%; penalties down 44%; follow-up



PHILAPOSH is a large and successful group in Philadelphia, a highly industrialized area. Since its “RIP for OSHA Enforcement” in 1981, PHILAPOSH has been creative and effective in finding new funding sources for its own work. (Photos: Safer Times.)

inspections down 69%. In the words of a TennCOSH (Tennessee) member, “Workers are being pushed harder, placed more at risk. Yet, they have less recourse through OSHA. So, to protect themselves they have to turn more to their own organizations and to COSH.”

ISSUES OF THE '80s

While the '80s have brought a proliferation of COSH groups, they have certainly not brought uniformity to the movement. Each COSH has maintained its own distinct character and activities. Most groups provide a core of similar services, such as worker training and technical assistance. Beyond these basics, however, individual groups have developed activities geared to meet the needs of their own areas. Also, groups vary considerably in their access to financial support and other resources. Some of the older, more established COSH groups in industrial regions, such as Philadelphia and Chicago, have paid staff and their own scientific and training equipment, allowing them to provide an impressive array of services and political activities. In contrast some groups have only an office and a phone, relying exclusively on volunteers. These smaller groups often focus on only one or two issues at a time. In an area where many technical resources are available through government and university programs (such as the San Francisco Bay Area), the COSH group is less likely to focus its attention on providing technical services and more likely to concentrate on political issues.

Specific conditions in each region may dictate the focus of its organization. In New Jersey, one of the most industrialized states in the nation, toxic chemicals are a primary concern. In Tennessee, a state with a largely rural and unorganized workforce, efforts are made to guarantee protection from discrimination for workers active in health and safety struggles. In the Santa Clara Valley of California ("Silicon Valley"), whose high-technology industry is largely unorganized, the COSH group has been an active supporter of union organizing drives. In Massachusetts, where the hospital, educational, and technical industries have large numbers of service workers, MassCOSH has organized strong hospital and clerical projects as well as an active women's committee. In Rhode Island and Maryland, where workers have been hit with challenges to workers' compensation benefits, COSH groups have helped organize resistance to the erosion of this important right.

Some issues cut across geographical lines. Virtually every COSH group is involved in trying to win a "right to know" law on local or state levels. Such laws guarantee workers access to information about hazards they face on the job, together with relevant medical and exposure data. Some groups have built broad-based "right to know" coalitions which address both workplace and community environmental needs. One example is the Solidarity Coalition in Massachusetts, which includes MassCOSH, the AFL-CIO, Fair Share, Sierra Club, Public Interest Research Group, and Friends of the Earth. CONNECTICOSH (Connecticut) successfully sponsored a right to know bill in their state legislature recently; other COSH groups have been instrumental in the passage of such laws in other states.

The increase in workplace automation has made new technology another common focus for COSH groups across the country. The New York and Massachusetts groups, for example, have special committees dealing with video display terminal (VDT) hazards. In other areas, such as Tennessee and California's Santa Clara Valley, COSH members are monitoring the influx of high-tech industries and keeping abreast of new information about their hazards.

FEELING THE PINCH

The fact that most COSH groups remain so active is particularly remarkable given that funding is increasingly difficult to find. Over the past four years, several COSH groups were funded under the federal OSHA "New Directions" program. The Reagan administration has drastically cut these funds. PHILAPOSH (Philadelphia), for example, suffered a 92% cut over the past year. As a result of cuts in this and other funding sources, COSH groups have lost many paid staff, and have had to drop such projects as a clerical committee in Rhode Island and an occupational health clinic in Tennessee. Now they have had to focus much of their energy on increasing their revenue by such means as charging fees for services, seeking new funding sources (such as United Way), new recruiting, and increasing membership dues. Though this funding crunch has forced groups to limit the number of projects taken on, a positive result has been the move toward self-sufficiency and toward solidifying a base among local unions. In describing their innovative campaign to use the United Way Donor Option, PHILAPOSH has said, "[We] no longer rely on dependable government or foundation grants which place restrictions on activities. Instead, PHILAPOSH depends on the continued support of workers and unions. As a result, we are accountable to the labor movement in the programs and activities we undertake." (June-July, 1982 PHILAPOSH Safer Times.)

An unfriendly political climate and limited finances have also forced COSH groups to redefine their goals and priorities and to look closely at how they are going to use their scarce resources. Two questions on the agenda of many COSH groups across the country are:

- How should their constituency be defined? Some groups feel strongly that the strength and effectiveness of COSH organization comes from its commitment to the union movement, and that COSH groups must continue to emphasize maintaining a strong labor base. Others feel that in order to survive, they must begin to expand their ties to include more professional and environmental groups, particularly around such issues as the right to know and industrial pollutants both inside and outside the plant gates.

- Should there be more national coordination among COSH groups? At a recent regional East Coast COSH conference, MaryCOSH called for joint activity around federal cutbacks and national attacks on health and safety. Other groups agree that a coordinated nationwide COSH could push for national legislation on such issues as the right to know as well as provide much-needed support for various local battles. Some groups feel equally strongly that, especially in times of limited resources, a COSH group's first responsibility must be to its own local fights for health and safety, and that COSH groups are so varied in terms of issues and membership that there may not yet be a basis for national organization. In the words of a TennCOSH member, "We relate well to NCOSH (North Carolina), which is also dealing with a rural, unorganized workforce. How much do we have in common with groups in highly unionized and industrialized states?"

Though the debate about how to relate to each other continues, all groups agree that some form of contact and communication between COSH groups is essential. Although it has been years since a national meeting of COSH groups has been convened, many organizations work together and draw upon one another's experiences. For example, New Jersey COSH and PHILAPOSH are jointly involved in a right to know campaign. WisCOSH (Wisconsin), a relatively new group, has distributed a survey to other COSH groups requesting assistance in setting up a union outreach program, asking "Why should we re-invent the wheel?" Few COSH groups' offices go without fact sheets and newsletters from their sister organizations.

UNIONS ARE THE KEY

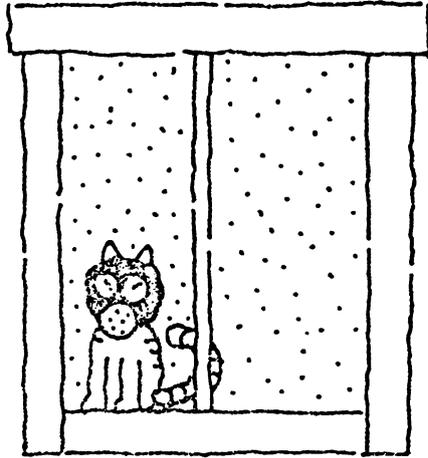
The '80s have brought severe cuts and a less than perfect climate for health and safety, yet it is encouraging to see that COSH groups are doing more than surviving. They continue to build union support and to wage successful struggles for improved health and safety. Along with others, COSH groups have won right to know laws in 14 states and cities across the nation. They have provided technical and legal assistance, educational material and training to countless unions in such areas as medical testing, collective bargaining, workers' compensation, toxic substances, video display terminals, and asbestos.

The work of COSH groups is particularly important in the '80s as they must pick up the slack left by OSHA and other health and safety organizations no longer able to continue their work. How well the COSH movement is able to meet this challenge is, ultimately, up to the labor activists and their unions, whose commitment is what makes or breaks a COSH group.

Indoor Air Pollution

The new state government building (Bateson Building) was hailed as a "milestone in energy efficiency." Within one year of occupancy, many employees were complaining of nausea, itching, sore throat, headache, dizziness and respiratory ailments.

The San Francisco Social Services Department building was also designed for energy efficiency. Within one month of use, employees were sick with eye and throat irritations, shortness of breath, chest tightness and headache.



The above are just two examples of indoor air pollution. This problem has recently been recognized as a major health hazard. With the advent of air-tight buildings, constructed with energy conservation in mind, indoor contaminants have become a serious problem. Contaminants which once would have been released into the outside air are now being contained and possibly recirculated many times throughout buildings. Ironically, the most energy efficient buildings are the biggest offenders because they have the least amount of energy exchange with the outside. Closed systems, combined with the ever-increasing number of chemicals used in building materials, pose new problems which are little understood and which are made worse in some situations because design and occupancy recommendations have been ignored. For instance, partitions have been used to make space for two offices where only one was intended. Or copy machines placed in small closed spaces without any ventilation can increase the contaminants in one area. Lastly, jurisdiction is a problem. No one is sure whose responsibility indoor air pollution should be. Many different organizations and departments have been involved on various levels, though no one group or department has been given primary responsibility for research or regulation.

HEALTH EFFECTS OF COMMON INDOOR POLLUTANTS

| POLLUTANT | SOURCE | POSSIBLE HEALTH EFFECTS |
|--|--|---|
| carbon monoxide nitrogen oxides (NOx) | gas stoves, furnaces, autos combustion byproduct, gas stoves, heaters | headache, nausea, unconsciousness headache, nausea, pulmonary edema |
| radon (a radioactive gas) | building materials, groundwater, soil | low level effects not known, high level effects include cancer |
| asbestos formaldehyde | fireproofing, insulation foam insulation, particle board plywood, tobacco smoke | asbestosis, cancer respiratory irritation, sensitization, nausea, headache, suspect carcinogen |
| hydrocarbons and other organic chemicals particulates (dust, pollens, bacteria) | copiers, liquid paper, aerosols, floor and furniture polish tobacco smoke, fibrous materials, combustion products, aerosols | respiratory irritation, nausea, headache, eye irritation allergic reactions, respiratory irritations, rashes |

Health Effects

As can be seen from the previous chart, there are numerous health effects which can be attributed to indoor air pollution. They range from annoyance and irritation to more serious, and possibly long-lasting, effects. The most common reactions are allergic type responses: coughing, watery itching eyes, throat irritations, bronchitis and rashes. Other acute responses include headache, nausea, fatigue and inability to concentrate. Ongoing problems can include sensitization of individuals to particular chemicals. In the sensitized individual, the immune system becomes reactive to even small quantities of the contaminant so that when they are in contact with the chemical, they can be constantly irritated by it. This reaction occurs more often to people with a history of allergies but can also happen to those with no previous problems. Cross sensitization (reactivity to a number of different chemicals resulting from overexposure to one) can also occur. Other effects include the possibility of increased cancer from long term exposure to some chemicals, such as asbestos, radon and possibly formaldehyde.

What Can Be Done?

The issue of indoor air pollution poses a unique challenge. Traditional industrial hygiene approaches typically reveal low levels of contaminants--generally below accepted standards. Nonetheless, several buildings have posed such health problems for workers inside, major ventilation changes have had to be made before they could continue to be used. Furthermore, it may be the case with more and more new buildings currently being constructed unless attention is paid to the issue of indoor air pollution.

Approaches to this problem are threefold:

- **control of office and building materials**, especially those which are suspect carcinogens;
- **increase air exchange with the outside** so that there is adequate ventilation and recirculation. It has been shown that in many buildings where there have been problems, improving the ventilation system has solved the problem;
- **more research on this issue.** There need to be ongoing studies which would establish the long term health effects associated with indoor air pollution by evaluating not only individual pollutants but also the health effects resulting from their interaction. There also needs to be research into more effective control mechanisms for indoor air pollution (i.e., better filtration systems and effective building design which allows adequate outside air exchange.

- Chris Eitel, LOHP
- Pat Quinlan, LOHP Industrial Hygienist

Indoor Air Pollution

California Coalition Seeks State Standard

A recently-formed committee has begun to deal with the issue of indoor air pollution here in California. This coalition of individuals and organizations has developed plans which include (1) submitting a petition to Cal/OSHA for the development of a standard on indoor air pollution; and (2) convening a conference on the subject of indoor pollution in the early part of 1983 in the Bay Area.

A draft of the petition has been prepared and will be submitted to the Standards Board in the very near future. This petition requests that the Standards Board "promulgate a comprehensive regulation which will ensure workers protection from indoor pollutants."

"Due to the complex nature of the problem," the petition continues, "the standard should both provide for adequate ventilation and control the use of office and building materials which may pose a threat to workers' health. . . . In the area of ventilation the standard should include recommendations for minimum acceptable ventilation rates at least as stringent as

those (of) the American Society of Heating, Refrigeration, and Air-conditioning Engineers (ASHRAE) . . . (These) prescribe (1) outdoor air quality acceptable for ventilation; (2) minimum ventilation rates for various indoor environments based on type of space and its use; and (3) criteria for reduction of outside air quantities when treated recirculated air is available."

"In regards to building materials and office products," the petition says, "standards would be established to limit the emission of pollutants from these materials. Cal/OSHA should examine the current standards for known indoor pollutants such as radon; asbestos; formaldehyde; and combustion products like nitrogen oxides and carbon monoxide. . . . Additionally, Cal/OSHA should consider establishing levels for other indoor pollutants for which no current standard exists (e.g., tobacco smoke and other particulates.)"

The Indoor Air Pollution Coalition has been working closely with LOHP. For more information about the Coalition, the petition, or indoor pollution, contact LOHP at 415/642-5507.

OSHA Announces "Voluntary Protection"

by Chris Eitel

On July 4, 1982, federal OSHA announced the implementation of three new Voluntary Protection Programs. These programs, called "PRAISE," "STAR," and "TRY," are designed to promote cooperative labor-management health and safety efforts in the workplace.

According to OSHA head Thorne Auchter, they have two objectives. For employers, he said, the voluntary programs "will provide an opportunity to abate hazards more quickly and without undue government interference." For employees, he said, the programs will produce "continuous monitoring of workplaces and quicker correction of hazardous worksites."

In contrast to Auchter's enthusiasm, some labor organizations have expressed suspicion and concern. AFL-CIO Safety and Health Director George H. R. Taylor, commenting on the OSHA announcement, said the agency "has seriously jeopardized the rights of workers by eliminating general scheduled inspections. Employee complaints may also be reduced as a result of the program." The United Steelworkers of America Safety and Health Department is also worried that "corporate good faith is a key element if programs are to work, and labor and the USWA are dubious that it will be usually forthcoming."

The first industry participation in the federal programs was announced on July 9, 1982. Ortho Diagnostic Systems, Inc., a Raritan, New Jersey medical equipment manufacturer and subsidiary of Johnson and Johnson, was approved for participation in the PRAISE program. In the Labor Department release, there was no mention of union participation or approval. Currently, there are ten participating workplaces representing a total of six employers: 1 in STAR, 5 in TRY, and 4 in PRAISE.

WHAT DO THE PROGRAMS DO?

These voluntary compliance programs are to be administered through joint labor-management health and safety committees or through a management initiated structure that "the relevant union does not object to." Non-unionized workplaces will also be offered the option of participating in one of these programs. In exchange for establishing these cooperative programs, worksites will be exempt from general scheduled inspections. However, Auchter has stated that these programs are not meant to replace OSHA enforcement and that participating firms must still comply with all OSHA safety and health regulations. The agency also remains responsible for investigating worker complaints. However, if there is a voluntary program at their workplace, workers will be queried about whether or not they have used their internal systems to resolve the problem prior to calling OSHA.

Features of the three programs are described below:

STAR - This is the most comprehensive program, covering both health and safety (except in construction, where only safety will be included.) It is aimed at firms who are leaders in injury, illness, and accident prevention, and it will highlight high-hazard industries. The standards for participation in the program are high, and there must be a history of an effective

program already in place. A participant must have a three-year average for both injury incidence and lost workday case rates which is at or below the national average for their industry (measured according to Log 200 data.) Programs relying on labor-management or management initiatives which include supervisory accountability and employee participation will be eligible for STAR. It is expected that, because of the high standards for participation, many more industries will apply than will be eligible. STAR participants will only be evaluated every three years.

TRY - For those companies that do not qualify for STAR, the TRY program is intended to "determine the effectiveness of alternative safety and health systems and to provide an opportunity for participation by employers who want to cooperate closely with OSHA to improve their health and safety performance." Applicants' Log 200 data should have an injury incidence rate or lost workday case rate for the most recent three years which is at or below the national average for their specific industry, or show a downward trend, or indicate methods to be used for achieving the goals. Programs will be evaluated annually and if results warrant, they will be shifted to the STAR program. Health and/or safety may be covered in TRY programs; high-hazard industries may be included; and programs may be based on labor-management or management initiatives which include "some form of employee participation." There is no clear indication of the need for a pre-existing health or safety program.

PRAISE - This program is directed toward employers in low-hazard industries who have (1) a lost workday case rate at or below the national average for the private sector (currently 3.9 per 100 workers), and (2) both a lost workday case rate and an injury incidence rate at or below that of their specific industry over the most recent five years. This program will cover safety only. There is no formal evaluation of PRAISE participants. Injury incidence and lost workday case rates, however, will be reviewed annually.

WHAT ARE LABOR'S OBJECTIONS?

The 1970 OSH Act provided workers with the right to complain and achieve action. Labor's major objection to these new programs is that the new reliance on joint labor-management voluntary compliance implies a lessening of emphasis on enforcement activity. Even though Thorne Auchter claims this shift is not a lessening of enforcement, but a chance to concentrate on the really hazardous worksites, the fact remains that participation in these programs removes general scheduled inspections and surprise visits as a power that OSHA maintains. The fact that workers who do complain to OSHA will be questioned about whether they went through their voluntary compliance committee first, could easily be taken as a form of intimidation used against workers for exercising their rights. Also, joint committees, unlike OSHA, are not required to protect anonymity.

There is also fear that these committees or the union could be held liable for worker injury or illness because of their health and safety responsibilities. However, specific union protection can be provided through indemnification clauses in the contract and through "good faith efforts" in exercising



explicit and implied powers regarding health and safety. (An indemnification clause frees the union of liability, and demonstrating a "good faith effort" is a defense that can be used if the union is sued.)

It must be remembered that OSHA cannot legally turn over its regulatory functions to a non-regulatory body. Thus, even if a voluntary compliance health and safety committee is used to solve health and safety problems at the workplace level, complaint rights to OSHA must still be upheld and utilized as needed.

Another concern with the voluntary compliance program is its reliance on Log 200 data to determine initial and ongoing participation. There might be a temptation for companies to under-report accidents and illnesses even more than is already done, thus presenting a false picture of a firm's ability to monitor its own health and safety and participate in one of the programs.

The establishment of these programs in non-unionized workplaces raises an additional set of issues. It is thought by some individuals that these programs will take away the main protection unorganized workplaces have—surprise and general scheduled visits by OSHA—and give, in trade, a program which may have only the appearance of monitoring health and safety. And, of course, OSHA's inclusion of non-union shops has caused labor to question the agency's fundamental sincerity in obtaining full worker participation in its voluntary compliance programs. The issue is raised: how can a non-union workforce select representatives and participate freely on a committee without fear of discrimination?

EXAMINING THE CRITERIA

Despite the reservations expressed by labor, many unions will be considering the possibility of entering into OSHA Voluntary Protection agreements. Each union must decide for itself whether to reject the concept for its shortcomings or to take part in shaping this "trend of the future." Based on years of union experience, there are basic criteria which have been found to be essential in order for joint labor-management health and safety committees to function effectively. Unfortunately, none of these criteria have been incorporated into the OSHA program. Thus, it is up to individual unions to ensure that these criteria are included in any agreement that is reached.

In general, a union should seek to ensure that the joint committee has the authority and power to perform its stated purpose—to protect the health and safety of workers. Fundamental rights of the committee ideally should include the right

to know (about hazards on the job), the right to participate equally (in meetings, walkaround inspections, etc.), and the right to refuse (to do work which the committee has found to be excessively dangerous). The following checklist includes some questions to help a union in evaluating the potential effectiveness of a joint labor-management health and safety committee:

1. Are the basic rights of the committee clearly stated and incorporated into the collective bargaining agreement? Any rights guaranteed under the law or agreed to in the voluntary compliance agreement should be reinforced in the union contract. Make sure union liability protection is included.
2. Are there at least as many representatives on the committee from labor as there are from management? Are the labor representatives chosen by the workers?
3. Do management representatives have real power or influence in the company? Don't settle for token management involvement!
4. Is there an agreement for maintenance of a separate union health and safety committee? Even though OSHA won't recognize a union-only committee as appropriate for the voluntary compliance program, that committee can provide important preparation and backup protection for union members of the joint committee.
5. Is there an agreement for handling disputes so that stalemates can be avoided?
6. Is there a clearly established mechanism for referring worker complaints to OSHA if the internal compliance program doesn't work?
7. Is there enough training and education provided the committee members so they can adequately perform their function? Is there access to Industrial Hygiene and other technical advisors as needed?
8. Is payment for committee time guaranteed to the workers?
9. Is participation in the federal program the best option available for your particular workplace? There are various state plans which may be better. Check and see if your state has a plan.

Clearinghouse



PAMPHLETS

Health and Safety Contract Language for Operators of VDTs/CRTs has recently been published by the Massachusetts Coalition for Occupational Safety and Health (MassCOSH). The booklet provides union members who work with these new devices with model contract language they can introduce into negotiations. Areas addressed include VDT design and inspection; work area standards; rest periods for operators; and eye examinations. Copies are available for \$1.00 (plus 50¢ for postage) from MassCOSH, 134 Chestnut St., Springfield, MA 01103.

Community Right to Know: Hazardous Materials Disclosure Information Systems, A Handbook for California Communities and Their Officials was released by Golden Empire Health Systems Agency, a health planning organization in Sacramento. This 144-page handbook discusses options for developing and implementing hazardous materials disclosure systems through local ordinances. Many communities have become involved in this area recently, broadening the concept of "workers' right to know" laws and applying the idea to the entire community on the local level. The handbook summarizes disclosure ordinances across the country, provides suggestions on hazardous materials to be included or exempted in an ordinance, presents manual and computerized possibilities for managing the disclosed data, discusses public education on disclosure, and identifies the specific cost of various program designs. The appendices contain a model local ordinance developed by the California Governor's Office as well as a bibliography and other useful information. The handbook is available for \$8.50 postpaid from: Golden Empire Health Systems Agency, 827 7th St. #441, Sacramento, CA 95814.

AUDIOVISUAL

Radiation on the Job is a new slide kit and organizing package for workers and unions concerned about the health effects of job exposure to radiation. The kit

consists of 67 slides and a written commentary covering the types of jobs where workers are exposed, the known medical effects of radiation exposure, and what can be done both by workers on the job and by unions. Also provided are backup data and references for further reading. Supplied with the kit is a model union resolution on radiation, originally submitted to the AFL-CIO Convention by many local unions in 1981. The resolution advocates that government reduce the exposure limit to 0.5 rem/year and adopt several other safeguards.

The kit, with its accompanying materials, is available for \$50 from: Radiation and Health Labor Project, 2720 N. Marshfield, Chicago, IL 60614. This group can also supply speakers to give presentations at meetings of unions and other organizations. For information, write Tony Webb, Project Director, at the address above.

First Line of Defense: Health and Safety Committees at Work is a new 17-minute slide/tape show for use in teaching local unions how to set up and improve health and safety committees. It uses actual stories of two local unions, one in a battery plant and one at a utility company, to give an overview and start discussion of the functions of union committees. Interviews with committee members illustrate how the committees conduct workplace surveys, communicate and keep records within the union, get information from the employer and other sources, and get management to correct hazards through grievances and use of OSHA rights. Photography is by Earl Dotter; the script was written by Matt Witt and Andrea Hricko. The show is available for \$100 from: American Labor Education Center, 1835 Kilbourne Place N.W., Washington DC 20010.

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BACOSH Discusses Standards in the 80's

The Bay Area Committee on Occupational Safety and Health (BACOSH) has initiated a project to increase union involvement in the OSHA standard-setting process and legislative issues. BACOSH held a general meeting and workshop on November 8, 1982 in San Francisco focused on political action at both the federal and California levels. Approximately 35 attended the session, which was chaired by Cal/OSHA Attorney Abby Ginzberg.

Guest speaker Jeanne Werner, Cal/OSHA Legal Counsel and once an assistant to former federal OSHA head Eula Bingham, discussed the relationship between federal and Cal/OSHA, empha-

sizing the importance of California's current legal efforts to retain the right to adopt standards more stringent than those of federal OSHA. [These efforts, thus far successful, will be reviewed in the next issue of *Monitor*.] Werner also offered advice on testifying before the Cal/OSHA Standards Board and establishing contacts for legislative action. She urged unions and unionists to become more involved in the standards-setting process, so as not to allow employers to dominate the process by default. Unions can have a real impact, she suggested, if they remain consistently involved in every step of the process, even though it moves slowly and efforts to get a particu-

lar standard adopted may take years.

The second speaker, Julianne Sum, Industrial Hygienist with International Brotherhood of Electrical Workers Local 1245 in the Bay Area, emphasized that unions have an important role as watchdogs after new standards are adopted, to make sure that employers comply. She mentioned California's new "Right to Know" legislation as a case in point.

After small group discussions, many of the participants volunteered to become involved in ongoing BACOSH activities.

For more information on BACOSH, its activities, and future meetings, write BACOSH at: 2872 Sargent Avenue, San Pablo, CA 94806.

WORKERS' COMPENSATION

A Conference for Workers and Trade Unionists

Sponsored by the Labor Occupational Health Program and the Center for Labor Research and Education, Institute of Industrial Relations, University of California, Berkeley

- **FEBRUARY 25-26, 1983 (FRIDAY AND SATURDAY)**
- **U.C. BERKELEY CAMPUS**

On February 25-26, 1983, LOHP and the Center for Labor Research and Education will co-sponsor a conference on Workers' Compensation for all interested workers and trade unionists.

Guest speakers, as well as LOHP and Labor Center staff, will review the present California compensation structure and discuss the changes recently made by AB 684, passed in the 1982 legislative session. There will also be a "walkthrough" of the system—how it actually works.

There will be workshops addressing specific issues such as: stress, rehabilitation, the right to sue, and the connection between workers' compensation and occupational disease.

A panel of unionists will explain what they have done within their unions' structure to address the workers' compensation issue: legislation, worker assistance programs, presumptions, etc.

Contact LOHP at (415) 642-5507 for more details on location, registration fees, etc.

Two New Slide/Tape Shows from LOHP

DANGER: PCB'S!



PCB's, or polychlorinated biphenyls, are insulating fluids found in electrical equipment such as line transformers. Most electrical workers have some contact with them, and PCB spills and accidents have made headlines. PCB's can damage the liver and the skin. Some research also suggests that they may cause cancer.

LOHP's new slide-tape show explores the hazards of PCB's. Produced in conjunction with International Brotherhood of Electrical Workers Local 1245 in the San Francisco Bay Area, the show features interviews with electrical workers who often understand better than management that careless attitudes towards PCB's must change. The narrator summarizes the nature of the hazards and methods of dealing with them.

Danger: PCB's! consists of 74 slides and an accompanying tape. It is available from LOHP at the address below for \$100, including shipping and handling.

PINK COLLAR



Another new slide-tape show from LOHP considers health and safety in the world of today's office. The clean, bright, modern office, with its video display terminals and climate-controlled environment can conceal a host of occupational hazards. The growing numbers of office workers, most of them women and many of them minorities, suffer chemical exposures, hazards associated with vdt's, eye and back strain, and the stress that accompanies rapid, routine work with little chance for advancement.

Pink Collar consists of 94 slides and an accompanying tape. It is available from LOHP at the address below for \$100, including shipping and handling.

Order from: LOHP, 2521 Channing Way, Berkeley, CA 94720.

Please enclose prepayment. Make checks payable to: The Regents of U.C.

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