

# Labor Occupational Health Program MONITOR



*In This Issue:*

• **TRANSIT WORKERS**

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## On the Cover:

*The working conditions of transit drivers often subject them to stress, noise, heat, and vibration. Drivers have alarming rates of high blood pressure and other diseases. Poorly designed seats and buses can also mean chronic back and musculoskeletal strains. And every job in a transit system—from clerical to maintenance—comes with its own set of hazards. In May, LOHP and Bay Area transit unions sponsored a health and safety conference for workers throughout the regional transit system. See the story on page 3. LOHP also recently participated in a federally-funded study of transit hazards; there is a report on page 6. (Photo: MUNI bus in San Francisco, by Joshua Rotsten, San Francisco Public Utilities Commission.)*

# Labor Occupational Health Program MONITOR

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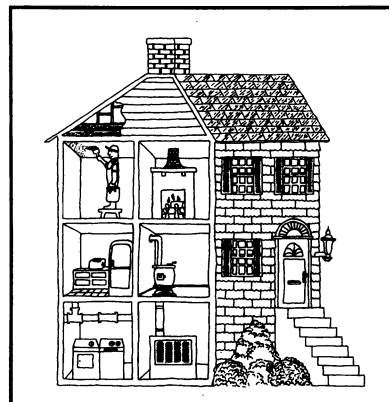
## 'Asbestos in the Home' Conference in September

On Saturday, September 20, 1986, LOHP's Continuing Education component will co-sponsor a day-long community conference, **Working and Living With Asbestos in the Home**. Designed for anyone concerned with the issue of asbestos hazards in residential buildings—homeowners, building managers, real estate agents, architects, building inspectors, contractors, and tradespeople—the conference will show participants how to identify the presence of asbestos in a home, how to determine whether it presents a health hazard, and what protective measures to take.

Registration is \$25.00 (including study materials and refreshments). Location is the University of San Francisco, McLaren Building, Room 250 (on Fulton St. between Masonic and Parker) in San Francisco. Time is from 8:30 am to 4:00 pm.

Other co-sponsors of the conference are the American Lung Association of San Francisco and the Indoor Air Quality Program of the California Department of Health Services.

Asbestos is an insidious carcinogen which has taken the lives of more than 100,000 workers who manufactured and installed asbestos products during the first half of the twentieth century. The health effects of inhaling asbestos dust in industry and construction are well known. Less clearly understood are the health risks faced by residents and tradespeople exposed to low levels of asbestos dust while living or working in homes. Conference speakers and discussion will cover sources of asbestos in homes; health effects of exposure; legal, regulatory, and liability



—U.S. CPSC/ EPA

issues; and methods of prevention and control.

The conference has been planned by an advisory committee composed of representatives from the sponsoring organizations as well as from Cal/OSHA; Region IX of the Environmental Protection Agency; the State Compensation Insurance Fund; the California State Building and Construction Trades Council, AFL-CIO; and the California Association of Sheet Metal and Air Conditioning Contractors. The Office of Public Service Programs, University of California, San Francisco, also assisted.

For more information, including registration details, contact LOHP's Continuing Education Coordinator, Lela Morris, at (415) 642-5507.

*"On the Move for Health and Safety"*

## Spring Conference Targets Transit Workers' Health Problems

by **Darryl Alexander**  
LOHP Labor Coordinator

On May 9 and 10, 1986, over 75 members of transit unions from all over California gathered at the Transport Workers Union Local 250A hall in San Francisco to confront the issue of hazardous conditions in their work.

Every day, thousands of Californians earn their living as drivers on city buses, streetcars, and trains; as mechanics at transit garages and maintenance depots; as agents at bus and subway stations; and as clericals at transit district offices. Their jobs are not always as safe or as healthy as they could be. Every job in a transit system comes with its own set of potential health and safety hazards.

The conference, **On the Move for Health and Safety**, was co-sponsored by the Coordinating Council of Bay Area Transit Unions, the University of California's Labor Occupational Health Program (LOHP), and the San Francisco city government's Center for Municipal Occupational Safety and Health (CMOSH). The intent was to share information about the latest medical and research findings on hazards to workers involved in every aspect of the transit industry, and to discuss coordinated statewide union action to press for more protective laws and standards.

Those attending heard their coworkers report on a host of problems: stress, hypertension, and back

problems among drivers; buses with bad brakes and suspensions; buses which catch fire; chemical exposure in maintenance and repair yards; and even physical assaults on station agents. But there was also discussion of the real gains which many California transit unions have made by fighting for safer workplaces through contract negotiations, Cal/OSHA complaints, publicity campaigns, and political action.

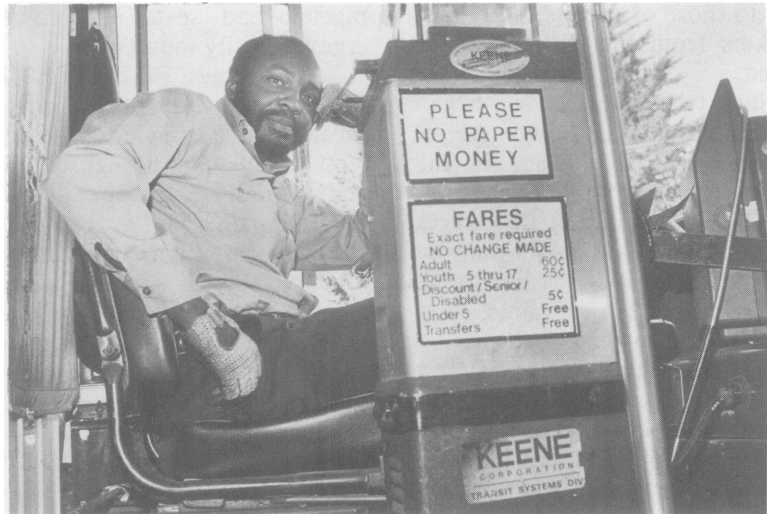
### BAY AREA UNIONS WORK TOGETHER

For several years, the Coordinating

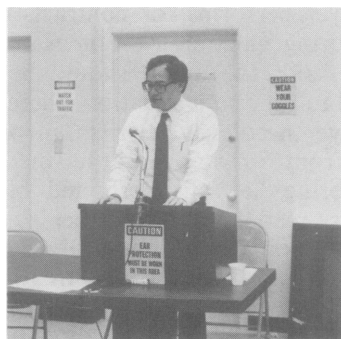
Council of Bay Area Transit Unions has been concerned about the serious disabling hazards facing drivers. The Council's health and safety subcommittee, under the direction of Ray Antonio (TWU Local 250A) and Richard Lofsted (Amalgamated Transit Union Local 265), has developed contacts and shared information with other transit unions internationally as well as with researchers in the field. Antonio and his union also cooperated in the recent study of stress and hypertension among San Francisco drivers. (See related story on page 6.)

The subcommittee has held two previous health and safety conferences

*continued on page 4*



*MUNI operator in San Francisco. (Photo: Joshua Rotsten, San Francisco Public Utilities Commission.)*



*Among the guest speakers at the conference were (left to right): June Fisher, M.D., Director of San Francisco's Center for Municipal Occupational Safety and Health; Art Luby, National Legislative Director of the Transport Workers Union, Washington, D.C.; and John Froines, Ph.D., of the Southern California Occupational Health Center at UCLA. (Photos: Patricia Quinlan.)*

## TRANSIT CONFERENCE

*continued from page 3*

for Bay Area drivers. This year, it was decided to hold a new conference with an expanded scope, addressing the problems of other transit workers in addition to those of drivers, and inviting workers from the entire state of California.

According to Lofsted, "[We] began to hear more and more horror stories of sick and injured workers in the garages and stations." There were reports of faulty ventilation in garages as well as in MUNI and BART subway stations; asbestos dust from brake linings; irritation from paints; and stress among station personnel.

"We realized that drivers weren't alone," Lofsted continued. "Other transit workers were exposed to potentially disabling injuries and illnesses. The only way to confront what we saw as a growing epidemic was to bring all kinds of transit workers from all over the state to discuss the problem."

To get a broad picture of union experiences with health and safety problems throughout the state, the Coordinating Council worked with LOHP to survey transit unions and conduct worksite inspections at selected Bay Area facilities. Patty Quinlan, LOHP's industrial hygienist, and one of her students, Anne Katten, accompanied business agents in tours of barns, garages, stations, and offices. Quinlan found "a long list of problems ranging from improper labeling and storage of chemicals to poor air quality." (See story on page 8.) An analysis of these surveys was instrumental in fine-tuning the conference agenda.

### FIRST DAY

On the first day of the 1986 conference, Quinlan gave a first-hand account of hazards in transit facilities, punctuating her talk with slides taken during the walkaround inspections.

Dr. June Fisher of CMOSH reviewed health problems, including the irritating and damaging effects of commonly-used paints and solvents in shops and garages; the dangers of chronic asbestos exposure from brake work; and the toll which stress takes on drivers, station agents, and office workers.

Dr. David Thompson of Stanford University graphically illustrated how poor seat and steering wheel design can cause disabling back and musculoskeletal problems. (Office workers and station agents have parallel problems with badly designed office chairs.) Fortunately, according to Dr. Thompson, these problems can be avoided by replacing bad seats and chairs with ergonomically sound ones.

John Froines, Ph.D., of UCLA and the Southern California Occupational Health Center, reviewed health problems which can be caused by diesel fumes and by toluene diisocyanates (TDI) in paints.

Fran Schreiber, health and safety director for the state Building and Construction Trades Council, gave advice on using Cal/OSHA effectively—how to write thorough complaints, how to be persistent in pressuring the agency for inspections, and how to petition for better standards and regulations.

Concluding the first day was a presentation on stress by Lee Schore of the Center for Working Life. She emphasized that the solution to stress does not lie with the individual, but rather with union pressure on management to eliminate stressful working conditions and work practices. Following Shore's talk, participants broke into workshops to discuss occupational hazards and their solutions trade by trade.

### SECOND DAY: UNION ACTION

Union approaches to protecting workers' health were the focus of the second day. Dr. Fisher opened the session with a talk urging union involvement along with the employer in selecting appropriate medical monitoring for workers. There are risks if an employer performs, or contracts for, monitoring unilaterally. For example, Fisher said, the union should be involved to prevent a situation where the employer needlessly restricts an operator from driving because medical monitoring has misinterpreted blood pressure readings. Also, Fisher added, medical monitoring should always go hand-in-hand with proper treatment strategies.

Tom Rankin, legislative director of the California Labor Federation, gave a report on labor's efforts to secure better California workers' compensa-

tion legislation—a law that would provide better benefits, more timely awards, and less litigation.

Later, a panel of local transit union representatives described their attempts to take action against health and safety problems and to secure better contract language.

Ray Antonio (TWU Local 250A) began with the saga of his local's "impossible dream." With a long checklist of serious health and safety complaints, the local pressed management to begin tackling them. The local finally succeeded in setting up a structure, defined in the contract, which calls for joint labor-management cooperation on the issue. The plan includes unit-by-unit participation by union members in identifying the hazards that need correction. According to Antonio, this "bottom up" approach is being used as a model by transit unions and transit authorities all over the country.

Richard Lofsted (ATU Local 265) told a compelling story of personal as well as local involvement to get better buses and equipment for Santa Clara drivers. A victim of painful hip and back disorders caused by bad seat design, Lofsted related how the local had confronted management as far back as 1976 with the problems of unsafe buses and operator injuries. There were numerous concerns. Some of the Santa Clara buses caught fire. And in cooperation with a local chiropractor college, Lofsted's local surveyed its membership and found that 80% of the operators complained of chronic back problems. Frustrated by management's insistence that everything was "hunky-dory," the local decided to take the problem to the public through the newspapers. The strategy proved effective; management ultimately bought safer equipment. The local also negotiated contract language calling for a joint labor-management health and safety committee.

Lofsted cautioned, however, that "all the language in the world won't guarantee a resolution to the problem... If a committee doesn't have teeth, you have to gum them [management] to death." But Lofsted said he is encouraged by the recent increased local and national involvement by transit unions in health and safety questions.

"If you want to know what they did with those buses that caught fire in Santa Clara, well, they sold them to us!" joked Lauren Suhd of United





*Drivers are not the only transit employees whose jobs subject them to health and safety hazards. (Photo: Joshua Rotsten, San Francisco Public Utilities Commission.)*

is required to give the local a plan for correcting each hazard, and a time by which the hazard will be eliminated. According to White, this process has begun to work after much union initiative and pressure, but "it hasn't been easy and we've got a long way to go."

## NATIONAL STRATEGY

Representatives from the International Offices of ATU and TWU rounded out the conference with a nationwide perspective and strategy. One was Art Lubey, TWU's legislative director, who was involved in 1983 in obtaining funding from UMTA for the San Francisco stress/hypertension study. Lubey warned that UMTA's new interest in privatization of public transit systems has resulted in abrupt withdrawal of their support for health studies. In addition, he said, transit workers will suffer if public systems are privatized. The higher turn-overs in private systems mean there would be "no way to track occupational diseases" among transit workers. Lubey also stressed TWU's commitment to workers' "right to know."

Lubey's comments were echoed by a panel of International representatives, including: Ken Foster of the Canadian ATU; Chuck Yelkey, a Vice President of the ATU; Mel Stoppard, also an ATU Vice President; and Larry Martin from TWU.

Ray Antonio and Richard Lofsted closed the conference with the promise of further statewide action. Plans are in the works for a possible joint labor-management health and safety conference and for the formation of a statewide committee.

Transportation Union Local 23 in Santa Cruz. Bad brakes, poor bus suspensions, temperature problems, and breakdowns plagued the Santa Cruz drivers. The local was also aware of stress and back problems. The leadership had to take action.

"One of the things we found is that we had to do our homework," Suhd said. "We had to make sure that the people who ran the district were accountable to us." The local recruited a physician to support its case for better seats and worked out a political strategy to back the election of a transit district Board of Directors "more favorable to working people." The local also negotiated unique contract language that gives drivers broad flexibility in scheduling work time. Drivers can now "drop" a work day or otherwise reduce their schedule without losing benefits or seniority, which Suhd believes has been a major factor in

reducing stress. There is now also a worker-oriented employee assistance program that helps drivers with serious personal problems like alcohol or substance abuse.

Linda Miyahira of UTU Local 1741 commented on the problems of school bus drivers in San Francisco. They are saddled with the added responsibility of children whose parents often aren't home when they leave the bus.

"You name it, we've got it—eye irritation, asbestos in subway stations, and back problems," Hank White commented. White is a member of ATU Local 1555, which represents BART station agents and train operators in the Bay Area. The local has taken on a series of health-related issues, from lack of restroom facilities to poor indoor air quality. White said that the local has a health and safety committee which meets with management to discuss problems. Management



*(Photo: Patricia Quinlan.)*

# Study Finds High Blood Pressure in San Francisco Transit Drivers

by Patricia Quinlan

LOHP Industrial Hygienist

A new study in which LOHP staff participated confirms what many transit drivers have known for some time—that they and their co-workers often suffer from high blood pressure (hypertension). The probable cause is the stressful nature of their jobs—difficult schedules, shift work, short staffing, lack of adequate restrooms and break facilities, poorly designed equipment, and environmental stressors such as noise and chemical pollutants.

The study, funded by the federal Urban Mass Transit Administration (UMTA), began in 1981 and has not yet been completed due to funding cuts. But preliminary results clearly show that operating a bus or streetcar in today's American cities may be hazardous to a driver's health.

## BACKGROUND

Medical and nursing staff at the Center for Municipal Occupational Safety and Health (CMOSH) at San Francisco General Hospital conduct biennial physical exams for San Francisco Municipal Railway (MUNI) transit drivers. (MUNI is San Francisco's city-owned transit agency, operating diesel and electric buses, streetcars, cable cars, and a subway system.) During these exams, the staff noted a high rate of hypertension in the drivers. Together with the drivers' union (TWU Local 250-A) and MUNI management, CMOSH staff were concerned because high blood pressure can cause more serious cardiac, kidney, and vascular diseases, including strokes. A review of medical literature uncovered studies in other countries (England, Denmark, Sweden, Norway, and Russia) which also showed transit drivers suffering from high rates of hypertension.

Two CMOSH physicians, Dr. June Fisher and Dr. Linda Morse, with the support of the union, management, and the city retirement system, decided



San Francisco MUNI streetcar operator.  
(Photo: Images Unlimited.)

to study the issue in greater detail. They wanted to uncover the causes of the hypertension and to explore ways of controlling the sources of the problem, such as redesigning jobs. Fisher and Morse felt that there were multiple risk factors contributing to the increased incidence of hypertension. In 1981, they received a grant from UMTA for a hypertension study focusing on the MUNI drivers.

To conduct the study, Fisher and Morse drew upon the occupational health resources and staff available at the University of California's Berkeley and San Francisco campuses and at Stanford University. Among U.C. units participating were the Northern California Occupational Health Center (NCOHC) and the Labor Occupational Health Program. It was decided to use a multidisciplinary approach and to divide the study into five components: epidemiological, physiological, environmental, anthropological, and ergonomic.

The task of the *epidemiological* component was to ascertain the extent of hypertension among drivers and to attempt, by means of questionnaires and

other methods, to look at certain personal characteristics (age, race, etc.) which may render some drivers more susceptible to hypertension than others. The *physiological* component was to develop quantitative, objective, physiological measures of stress and to determine what events most contribute to adverse physiological changes. The methods used by this component included monitoring physiological functions of drivers (such as blood pressure, heart rate, and stress hormones in urine samples) both on and off work as well as during short hospital stays.

The task of the *environmental* component was to look at the levels of noise, carbon monoxide, and lead in the work environment and to evaluate their effects on drivers' health. (Some studies have linked these agents to hypertension.) The *anthropological* component was charged with exploring the relationship of cultural factors to the development of hypertension. Finally, the *ergonomic* component was to evaluate the physical design of the drivers' work areas and to study performance demands and performance constraints in the drivers' jobs (using theories of information processing).

## EPIDEMIOLOGICAL FINDINGS

The epidemiological component was led by Dr. Leonard Syme and Dr. David Ragland of U.C. Berkeley's School of Public Health. It has now completed the first phase of its work, a retrospective study which statistically confirms what the CMOSH staff originally believed—that drivers do suffer from high rates of hypertension.

Data was compiled from the medical files of drivers seen in the CMOSH clinic from August, 1978 to December, 1982. The researchers compared male MUNI drivers (1077 blacks and 433 whites) with three control groups. The first was a group of 3444 black and white males in the National Health and Nutrition Examination Survey (Hanes II). The second was a group of 228 males from the Alameda Stress and

Hypertension Control Program Survey. (In both of these groups only employed persons were counted, in order to control for the generally superior health found in working individuals.) 381 new MUNI drivers undergoing medical exams as part of the pre-employment process constituted the third control group.

For purposes of the study, hypertension was defined as: (a) systolic blood pressure greater than or equal to 140, and/or (b) diastolic blood pressure greater than or equal to 90. The study examined five age ranges: 20-29; 30-39; 40-49; 50-59; and 60-64. For all age ranges with the exception of the 40-49 category, the drivers' rates of hypertension were higher than those of the control groups.

Another comparison was made between working black MUNI drivers and black pre-employment driver candidates. Once again, working drivers had higher rates of hypertension. (Whites were excluded in this comparison because there were very few whites among the pre-employment driver candidates.)

A final aspect of the epidemiological component was to obtain extensive cross-sectional data on 1300 working drivers, including assessment of lifestyle, behavior, and Type A/B personality. Interviews and medical tests were used to gather this information, and the results are still being analyzed. Specific occupational factors such as length of employment, types of ve-

hicles driven, routes, shifts, and scheduling practices will also be examined.

## OTHER COMPONENTS

To date, the physiological component has collected data on a group of drivers, including 24-hour blood pressure and heart rate as well as 24-hour urine samples analyzed for stress hormones. The researchers also accompanied the drivers during work, recording minute-by-minute the severity of nine variables, including passenger-driver interaction, traffic, weather, noise, and vibration. They also collected data during brief hospital stays. The results are still pending due to funding cuts which have delayed completion.

The environmental component, led by NCOHC Director Dr. Robert Spear with the assistance of LOHP's Patricia Quinlan, has completed ambient monitoring for driver exposure to carbon monoxide, lead, and noise. (These agents were chosen because there are indications in the scientific literature that they may be linked to increased rates of hypertension and cardiovascular disease.) Monitoring was conducted during the normal work shifts of drivers on specific runs. Initial findings have revealed levels of CO, lead, and noise to be within the permissible occupational exposure limits. However, it is still possible that the levels of lead and noise measured in the work

environment, while within the occupational limits, may be high enough to be stressors. The lead levels may need to be looked at more closely, since they were somewhat higher than ambient environmental levels as measured by the federal Environmental Protection Agency. Researchers are also looking at blood lead levels and will be comparing them with an appropriate control group. The noise data must be correlated with data from the physiological component in order to determine what, if any, effect noise may have.

The ergonomic component was directed by Dr. David Thompson of Stanford University. It was also curtailed somewhat due to funding cuts, but did contribute valuable assistance to MUNI regarding work station design. For example, the ergonomic researchers recommended a different driver seat design, improved instrumentation, and better placement of bus mirrors to improve the drivers' rear and side vision. As a result, some of these modifications were made in new buses which MUNI bought. Both union and management regard the changes as important factors in relieving physical stress and information overload. It is hoped that the changes will help reduce hypertension as well.

At present, the CMOSH researchers are seeking additional funding to complete the many unfinished aspects of the study.

## Pendergrass is New Federal OSHA Chief

On May 21, 1986, the U.S. Senate confirmed the administration's appointment of John A. Pendergrass as assistant secretary of labor for occupational safety and health. In the post, Pendergrass will serve as head of federal OSHA.

Pendergrass, 60, is a certified industrial hygienist and safety engineer. Before his OSHA appointment, he was an employee of 3M Corporation for 22 years, most recently in a health and safety management position. Prior

to his 3M career, he worked as an industrial hygienist for the Tennessee Valley Authority, Boeing, and American Cyanamid.

Pendergrass is expected to increase OSHA's emphasis on health issues. He told the press recently that "the health aspects [of OSHA] are very important," although this is "not to denigrate safety."

The AFL-CIO and some members of Congress expressed concern during the confirmation process that Pendergrass

would have a conflict of interest because 3M has sued OSHA over certain provisions of the cotton dust standard. Pendergrass told a Senate committee, however, that he will absent himself from OSHA deliberations on policy matters that involve 3M.

Pendergrass succeeds Robert A. Rowland, who resigned as OSHA head last year. In the interim, Patrick Tyson has been acting administrator of the agency. Tyson has now left OSHA to join an Atlanta law firm.

## LOHP Surveys Bay Area Transit Hazards

Prior to this spring's transit health and safety conference, Bay Area transit unions invited LOHP to inspect a variety of local transit worksites to get a first-hand look at the potential hazards which workers there face. During March and April, 1986, Patty Quinlan, LOHP's industrial hygienist, and Anne Katten, a student intern, visited station agents' booths, maintenance yards, BART train cabs, and buses, listening to worker complaints and surveying working conditions.

Their findings, passed along to the Coordinating Council of Bay Area Transit Unions, were instrumental in designing the agenda for the spring conference.

Among their observations were the following:

- **Station Agents.** BART (regional rapid transit) and MUNI (San Francisco bus, streetcar, and subway) agents were interviewed.

Vulnerability to abuse and attack from patrons is seen as a major safety hazard. Agents express fear of reprisals from management if they defend themselves. Booths become too hot and stuffy if they are kept closed for security. Agents feel especially vulnerable when opening or closing a station.

Many agents report problems with temperature extremes, noise, vibration, electrical shocks from machines, and excess fluorescent light. Uncomfortable booth seats and furniture are also mentioned. Many agents experience stress, allergies, headaches, tiredness, and back problems.

Station air quality is also a concern. Air is often stale. Station fans may be dirty and poorly maintained. In some stations, agents report eye and respiratory problems, and there is a sooty deposit on walls and equipment. Some agents suspect that vapors and particles from vehicles may be vented into their booths. Air sampling in these stations has not detected specific contaminants as yet.

In some stations, pigeon droppings or malfunctioning bathroom cess-pumps cause foul odors and health concerns.

Chemicals are used in stations, spe-

cifically pesticides and graffiti cleaner. Some agents have not been notified before spraying, despite the "right to know" law. Some have experienced nausea which may be related to chemical exposure.

MUNI stations have no break rooms or staff restrooms. BART break rooms and staff restrooms are cold, and they smell.

Understaffing in some stations requires work shifts up to ten hours, without breaks.

- **Maintenance Workers.** The shops visited are run by BART, MUNI, and AC Transit (East Bay bus system). They vary considerably in how well they are equipped and maintained.

Good ventilation is especially important in engine repair and fueling areas because diesel fuel vapors and diesel exhaust contain carbon monoxide and other toxic chemicals. One engine repair shop has hanging, movable local exhaust hoods than can easily be hooked to bus exhaust pipes, while in another shop the exhaust system doesn't fit the newer buses, and a third shop has no local exhaust system at all.

Welding and chromium plating also require good ventilation.

Solvents are found in many operations. Xylene, methylene chloride, and glycol ethers are used in graffiti removal, degreasing, cleaning, and printing processes. Good ventilation and skin protection are needed. In several of the shops workers have recently started using gloves for degreasing operations, but the particular gloves used may not work for all the chemicals involved. In some shops rags, parts, or brushes soaked with solvents are kept in closed containers, but in other places they are left out, contributing to fire hazards and air contamination.

Paints containing lead are still used quite extensively. Painters can suffer lead exposure, as can body shop workers when sanding off old lead-based paint. Food is sometimes left in areas where lead soldering is done.

Paint spray booths are provided at some shops, but not at others. When booths are provided, some seem to be

checked regularly for proper air flow while others are not properly maintained.

In some body work and painting, cartridge respirators are used. Some respirators and other protective gear are stored in places where they can become contaminated or damaged. Some workers using respirators have not been tested for proper fit. Air-supplying respirators are supposed to be used in some painting jobs (in enclosed areas, and with toxic paints), but are not always found.

While new bus brakes do not contain asbestos, some old bus brakes do, and adequate precautions are not always taken for mechanics' protection. (All asbestos brakes have reportedly been removed from BART trains.)

Other maintenance facility concerns include tripping and slipping hazards; electrical dangers; burns; moving vehicles; and dangerous hydraulic lifts.

- **BART Train Operators.** Most operators interviewed feel that cab ventilation is inadequate. Noise, vibration, temperature extremes, poor lighting, and electrical dangers are also of concern.

Three-fourths of the operators report back problems. All say they have experienced stress and eyestrain.

Half the operators feel their seats are uncomfortable. There are also complaints about breakrooms.

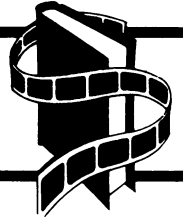
- **San Francisco School Bus Drivers.** The most common hazards cited are noise from children, vibration from the buses and from poor roads, traffic, uncomfortable bus seats with little back support, frequent lifting, and exhaust fumes in the bus yard.

The most common health complaints are stress, tiredness, back problems, eyestrain, headache, and allergies.

Other concerns include smoking in the drivers' breakroom, sunglare in the bus, and lack of management responsiveness to drivers' complaints. One concern expressed is unique—fears about the effects of driving through the radiation area of a federal research laboratory.



# Clearinghouse

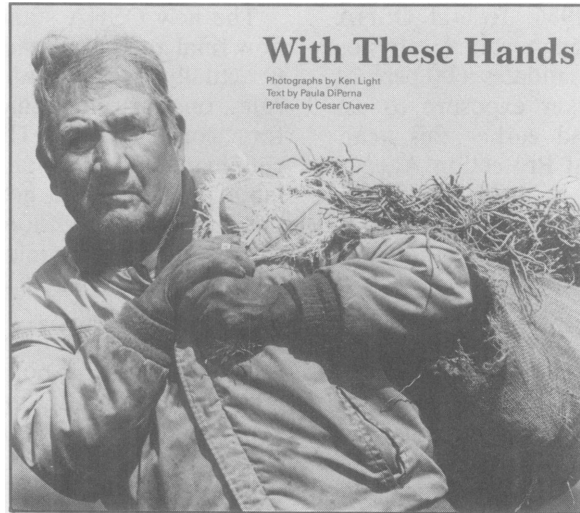


## “With These Hands” Features Farmworker Photos

The lives and labor of farmworkers throughout the U.S. are movingly illustrated in **With These Hands**, a new, 115-page paperbound album which features dozens of eloquent black-and-white photographs by Ken Light.

Light, who has been LOHP's photo consultant for many years, is an award-winning photographer of workers and workplaces. His style echoes the tradition of the great socially-conscious American photographers of the early twentieth century, among them Lewis Hine and Dorothea Lange. For this book, Light travelled all over the country, photographing workers in fields and migrant labor camps in California, Oregon, Texas, Florida, North Carolina, Ohio and several other states.

The book includes a number of thoughtful essays by Paula DiPerna on farmworkers and their problems—pesticides, poor camp housing, child labor, immigration troubles, ripoffs by growers and labor contractors, even indentured servitude. The essays and Light's photographs illuminate and reinforce each other. There is also a



short preface by Cesar Chavez, president of the United Farm Workers.

As Light explains in his introduction: “Through these essays I hope the viewer can see and feel a small part of the humanity of the people who ‘with these hands’ daily contribute the labor that feeds America. Although these photographs will not compensate for years of neglect, my wish is for them to serve as a heartfelt cry that there

remains among us a great injustice yet to be answered.”

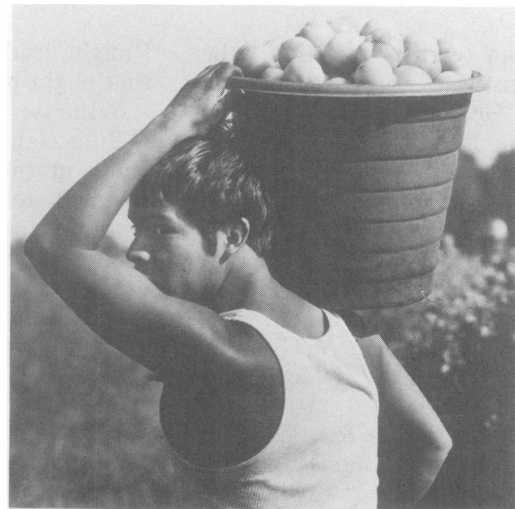
Royalties from the book are donated to the National Farm Worker Ministry in Oakland, California.

**With These Hands** is available for \$9.95 in many bookstores. It may also be ordered at that price directly from the publisher The Pilgrim Press, 132 West 31st St., New York, N.Y. 10001.

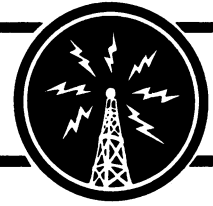
—Gene Darling



*“Break in the Fields.” Rio Grande Valley, Texas, 1979. From With These Hands. (Photo: Ken Light.)*



*Tomato picker, Florida, 1982. From With These Hands. (Photo: Ken Light.)*



## *OSHA, EPA Act*

### **New Federal Curbs on Asbestos**

In mid-June, 1986, federal OSHA issued its new, long-awaited asbestos standard, which mandates a 90 percent reduction in worker exposure to asbestos fibers. And earlier this year, the Environmental Protection Agency (EPA) proposed a new regulation which, if adopted, would end asbestos use in the U.S. entirely within ten years.

In announcing OSHA's standard, Labor Secretary William E. Brock said it will "substantially increase protections for over 1.3 million workers and reduce their risk of cancer and other serious disease." The new standard sets a permissible exposure limit (PEL) of 0.2 fibers per cubic centimeter, a dramatic reduction from the 2 fibers per cubic centimeter permitted by OSHA's former standard, which was adopted in 1976. The new exposure limit is identical to an emergency temporary standard which OSHA attempted to issue in 1983, but which was struck down by a federal appellate court.

The new OSHA standard, which is now final and has already taken effect, is actually two substantially identical rules, one for general industry and one for construction. Their adoption culminated a decade-long battle among labor, industry, and government over the degree of protection which OSHA should require. Organized labor originally pushed for a PEL of 0.1 fiber per cubic centimeter.

The new standard has been challenged in court by both industry and labor. The AFL-CIO mounted a legal challenge because OSHA failed to include in the standard a short-term exposure limit to reduce peak exposures. According to an AFL-CIO representative, "Workers... can be exposed to high levels of asbestos in jobs of short duration with no protection required." The AFL-CIO has other objections as well, including the fact that protective clothing and regulated areas are required only when exposure reaches the PEL, rather than being required at the lower "action

level" of 0.1 fiber per cubic centimeter. (The "action level" does trigger other requirements of the standard, such as medical examinations and training.)

The standard continues federal OSHA's traditional policy of requiring employers to reduce asbestos exposure through the use of engineering controls to the extent feasible. An earlier OSHA draft of this standard, which met strong criticism, had proposed allowing employers to meet the standard through "any feasible combination" of engineering controls, work practices, and protective equipment.

Meanwhile, the proposed EPA ban on all uses of asbestos will require a year or more to become final, and could be substantially modified. As originally drafted, it calls for an initial ban on asbestos in pipes, flooring and roofing material, and heat-resistant clothing, followed by a phaseout of other uses of asbestos by about 10 percent per year.

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## *BellSouth, OMB Want Changes*

### **Federal VDT Reproductive Study Approved**

Despite an earlier rejection, the National Institute for Occupational Safety and Health (NIOSH) in June received conditional administration approval to begin a controversial study of adverse reproductive effects which may be linked to the use of video display terminals.

The study, long in the planning stages, proposes to look at the connection, if any, between VDT work and miscarriages, birth defects, and reduced fertility.

In December, 1985, the federal Office of Management and Budget (OMB) vetoed the study after reviewing the proposed protocol. OMB said that the study had "major design flaws" which

"might lead to spurious correlations that might be incorrectly interpreted."

Witnesses at a Congressional hearing in June claimed that OMB rejected the study at the urging of BellSouth, a regional telephone company whose employees were to be among the groups examined. Barbara Easterling, executive vice president of the Communications Workers of America, charged at the hearing that BellSouth feared lawsuits or workers' compensation claims if the study were to establish a connection between VDT use and reproductive problems.

In reversing its earlier position and approving the proposed study, OMB required NIOSH to correct certain

"methodological deficiencies" in order to "improve the validity" of the findings. Among the OMB conditions are elimination of certain questions about stress and fertility, along with a requirement that NIOSH obtain corroboration through medical records when adverse reproductive effects are reported by study subjects.

Dave LeGrande, CWA's safety and health director, noted that OMB's proposed conditions are "exactly the points proposed by BellSouth."

A NIOSH spokesperson said that the agency has not yet decided whether to proceed with the study under OMB's restrictions, but that to do so would make the results "less credible."

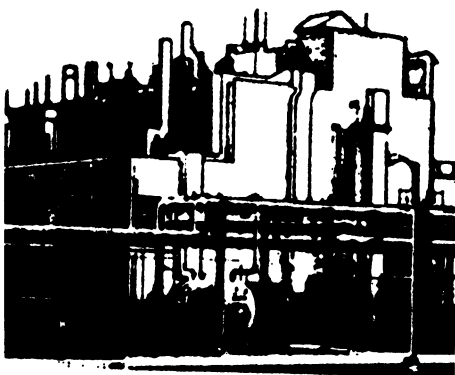
## LABOR DEPT. QUESTIONS NEED FOR SOME BODY PARTS

According to the *Washington Post*, unidentified sources in the U.S. Department of Labor have told the newspaper that the agency is considering reducing federal workers' compensation for the loss of certain "nonessential" body parts.

The Labor Department administers the Federal Employees Compensation Act, a workers' compensation system for civilian federal workers. An employee who loses an organ through a work-related injury is entitled to a lump-sum payment in addition to receiving medical benefits and reimbursement for lost time. More than a dozen parts of the body are presently included on the lump-sum payment list.

The *Post* said that Susan R. Meisinger, deputy undersecretary for employment standards in the agency, is proposing the elimination of the lump-sum payment for seven body parts considered unnecessary for the production of income. Under the proposal, the lump-sum payment would be dropped for the loss of the penis, one testicle, one breast, one kidney, one lung, the larynx, and the tongue.

Mike Urquhart, president of Local 12 of the American Federation of Government Employees, told the *Post* that the union will fight the change.



## California Workers' Compensation Update

(For earlier coverage of efforts to reform the California workers' compensation system, see *Monitor*, May-June, 1985.)

Workers' compensation developments in the California Legislature have been moving rapidly:

- The AFL-CIO's major 1985 benefit increase bill was passed by the Legislature but vetoed by Governor George Deukmejian last fall. That left 40 states and the District of Columbia paying higher benefits than those in California.

- As the 1986 session opened, employer groups introduced a new proposal which was labeled a "reform" but which had features limiting payments to injured workers and their survivors. That bill died in committee.

- Adding fuel to the debate is a 300-page report on the workers' comp system, two years in the making, which was released in February, 1986 by Senator Bill Greene (D.-Los Angeles), chairman of the Senate Industrial Relations Committee. The report completes the work of a joint study by Senate and Assembly members that was launched in 1983. Greene emphasized that the report's recommendations are by staff, not legislators, and called the report a "starting point for a process of discussion, debate, and negotiation."

- On July 10, 1986, Senator Greene introduced a major reform package based in part on recommendations from the joint report. The bill (SB 1617) represents Greene's attempt at political compromise after 80 hours of direct negotiations between organized labor and employer representatives. As subsequently amended, SB 1617 mandates significant increases in maximum benefit levels for temporary disability and automatically pegs future benefit levels to changes in the State Average Weekly Wage (SAWW). It also calls for establishment of a six-member joint Labor-Management Workers' Compensation Commission, with responsibility for revising the permanent disability rating schedule and overseeing operation of the state workers' comp system.

The Commission would also determine priorities for projects to be funded by a proposed Workplace Hazards Prevention and Education Fund. The Fund, financed by Cal/

OSHA penalties, would serve as a grants program for employer and employee organizations which seek assistance in establishing effective injury and illness prevention programs. Such programs are required for all employers under SB 1617.

SB 1617 eliminates the so-called "power press" exemption, which allowed certain workers to sue their employers for unsafe work conditions, and it puts a ceiling on penalties against small employers for serious and willful misconduct. It also contemplates a vastly expanded administrative role for the state Division of Industrial Accidents. Yet no mechanisms exist to assure adequate funding or staffing of the Division.

The author's intention is that many of the bill's provisions would reduce litigation in the system. But some opponents argue that injured workers' rights could be compromised by these features, which restrict access to independent medical and legal services. Furthermore, the bill contains no significant incentives for reducing administrative costs within insurance companies.

At press time, no interest group has come forward with strong praise or support for the bill, while some express strong opposition. Both labor and employer groups are approaching the issue cautiously; neither formally endorses the bill. Statewide insurers have adopted a "wait and see" approach. Rehabilitation service providers have backed away from initial opposition after assurances that some language will be clarified. Applicants' attorneys and the industrial medicine lobby vigorously oppose the bill and are trying to raise "war chests" to kill it before it goes any further.

—Glenn Shor

**Late development:** In mid-August, the California Labor Federation reported that its negotiations with employer groups on SB 1617 have broken down. Tom Rankin, the Federation's research director, told *Monitor* that "it's over for this year."

## California Adopts First Workplace Ventilation Standard in U.S.

On June 26, 1986, the California Occupational Safety and Health Administration (Cal/OSHA) adopted the nation's first workplace ventilation standard. The new Minimum Ventilation Standard for Buildings is designed to address the growing problem of indoor air pollution.

Adoption of the regulation by the Cal/OSHA Standards Board was hailed as a victory by a broad-based trade union group which has been lobbying for such a standard for nearly four years. The Indoor Air Pollution Coalition, composed of California unions and health professionals, initially petitioned Cal/OSHA for a comprehensive ventilation standard in December, 1982. The Coalition, which has received extensive technical assistance from LOHP, subsequently organized grassroots support for a standard and coordinated testimony at hearings. Representatives of several of the unions involved in the Coalition also served on the advisory committee which Cal/OSHA appointed to develop the standard.

Workers in newer, so-called "tight" buildings throughout the world have reported health problems which appear to be associated with the quality of building air. Many such buildings are insulated and sealed far more efficiently than buildings of the past in an

attempt to conserve energy, and sometimes the ventilation is also reduced. A "tight" building may be filled with contaminants such as new construction and furnishing materials, cleaning fluids, cigarette smoke, and chemicals used daily in offices and other types of workplaces.

Many health and safety experts believe that the combination of poor airflow and these contaminants has led to the phenomenon of "sick building syndrome." Employees working in buildings of this type have displayed symptoms ranging from slight statistical increases in respiratory disease all the way to sudden, large-scale outbreaks of dizziness and fainting. Improving the ventilation has often solved health problems.

The Coalition originally asked Cal/OSHA for a broad standard, including both minimum ventilation and concentration limits for specific contaminants likely to be found in workplace air. The Standards Board rejected the portion of the petition dealing with specific contaminants. But in May, 1983, it accepted the concept of a ventilation standard. The appointment of an advisory committee, hearings, and a process of political compromise extended over a period of years.

The new standard requires that a building ventilation system be turned

on during regular working hours and that it be maintained to operate as designed, supplying the quantity of outdoor air which was called for by the State Building Code at the time the original building permit was issued. (The Code's requirements have changed over the years.) The employer must inspect the ventilation system annually, correct problems within a reasonable time, and keep inspection and maintenance records. The records are to be made available for examination by Cal/OSHA, by employees, and by employee representatives.

The standard will take effect in approximately three to six months, after it is reviewed by the state Office of Administrative Law and then published.

According to Patricia Quinlan, LOHP's industrial hygienist and advisor to the Coalition, pressure will continue for Cal/OSHA standards on specific contaminants. The California Labor Federation, AFL-CIO, a participant in the Coalition, has introduced a measure in the 1986 legislature to require further research into such standards. Quinlan said that additional Coalition efforts to deal with the problem are continuing through the Indoor Air Quality Program of the state Health Department and through other state administrative agencies.

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