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UNIVERSITY OF CALIFORNIA  
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## DIRECTOR'S REPORT

### Overview of Labor Occupational Health Project

Donald Whorton, M.D.

This column, like this newsletter, is the first of hopefully a long series which deals with Occupational Health and Safety problems for the workers of Northern California. The purpose of this column is to provide a forum in which the actions and intentions of the project can be discussed and disseminated.

The Labor Occupational Health Project of the Center for Labor Research and Education, Institute of Industrial Relations, University of California, Berkeley, will seek to develop new and innovative methods for cooperating with and working with unions, labor-management groups, and workers for the expressed purpose of eliminating or reducing the impact of health and safety hazards in the workplace. Although our major emphasis will be on controlling the causes of occupational disease, we will also be concerned with safety. A death or disability is just that, regardless whether the cause was a traumatic event or insidious environmental contaminant. We must strive to reduce both types of hazards.

The receipt of a Ford Foundation grant provides an opportunity unparalleled in this country for an educational institution to be able to offer and provide a broad range of services and expertise for the unions and workers of Northern California. The Project will combine educational programs, data collection, research services, and technical assistance in order to attempt to breach the enormous gap between the places of work where the health and safety hazards occur and the scientific laboratories and facilities where resources exist to document and control worker exposures to such hazards.

The Occupational Safety and Health Act of 1970 has provided renewed impetus for developing solutions of the workplace hazards, whether they be safety or health. The stories of asbestos and vinyl chloride are clear indications that environmental pollutants may have severe and tragic effects for those exposed. Serious industrial accidents now exceed 10 million per year. In the past month, I have seen the broken bodies

of three severely injured workers from accidents arising from violations of simple, well known and appreciated safety practices. A fourth worker was dead at the accident scene. The size of inspection corps and the degree of effectiveness of the Federal and various state agencies to reduce the problem has been less than encouraging. There has been a feeling by some that once the law was passed the government would correct the problems. Experience has shown that if unions and workers want the workplace made safer and healthier, they must become actively involved.

The Project plans to develop, with the assistance of labor, appropriate educational, research, and technical assistance, which can be used by workers and their representatives to develop their own organizational skills and capacities for carrying out continuing programs which improve their control over occupational disease and injuries. Specifically, the Project is developing educational activities concerning how to set up local health and safety committees. These committees will need to know the laws, regulations, standards, administrative procedures, and how to use existing and proposed contracts for health and safety matters. Specific courses for specific hazards or problems will be developed for those workers needing such.

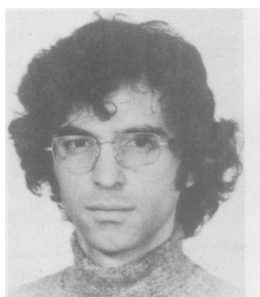
The Project will begin to identify the major occupational health and safety resources so that we can provide you with vital information or resources. This would include legal and arbitration decisions, union contract language, other union actions, as well as scientific technical information.

This newsletter will play an important role in our educational and informational plans. It will allow for a wide dispersment of information as well as a forum for discussions. We hope to make it informative, useful and pertinent to your problems.

The Labor Occupational Health Project will develop methods to provide technical assistance for those who need it. The Project also will develop over this next year several research and demonstrative projects to show what specific scientific methods are available to identify health hazards, as well as how to eliminate them.

The staff as energetically started to work on the Project. Speaking for all the staff, we are anxious to be able to work together with you in order to reduce the health and safety hazards of your employment.

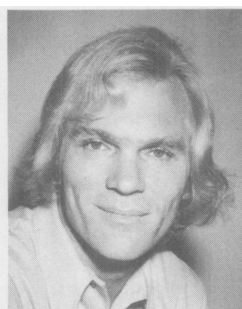
**DONALD WHORTON, M.D., M.P.H.**



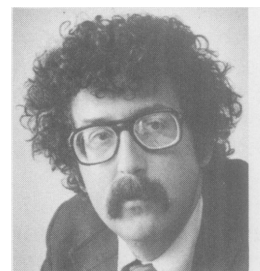
Don was certified in internal medicine at Johns-Hopkins University. He is presently practicing in the emergency ward of a Baltimore hospital affiliated with Johns-Hopkins, and will assume full-time responsibilities as Project Director in July, 1975. He will also be introducing occupational health materials into the Johns-Hopkins educational curriculum for physicians and para-medical trainees. Don was a Robert Wood Johnson Foundation's Clinical Scholar from 1972 through June 1974, during which time he earned an M.P.H. He was a co-ordinator of the Medical Committee for Human Rights' occupational health program, and has written a number of worker education articles on occupational health.

**BOB FOWLER**

Bob is our Labor Coordinator. He was Health and Safety Director for IAM Local 1781, Burlingame, in addition to full time Health and Safety Committee Chairman at United Airlines Maintenance Base, San Francisco Airport. He has developed and implemented many worker education programs. Bob has collective bargaining experience as well as heavy exposure to the grievance procedure. His seven years in the construction trades as a member of Carpenters Local 2203 coupled with the last seven years in the Machinist union have given him a head start in identifying and resolving organized labor's real problems in Occupational Health and Safety.



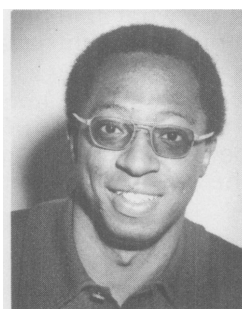
**PHILLIP L. POLAKOFF, M.D., M.Env.Sc.**



Phil is a resident in occupational medicine at U.C. School of Public Health, Berkeley. He recently finished two years service with NIOSH, where he was involved in most of the current and on-going research and field investigations of worker occupational health problems, on the international as well as on the domestic scene. He has published a number of materials on both the technical and social implications of occupational health hazards, and has lectured to a great many worker groups all over the country.

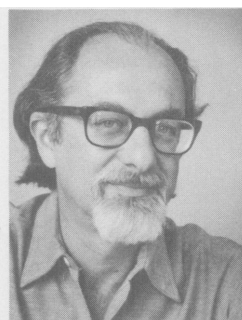
**MORRIS E. DAVIS, J.D., M.P.H.**

Morris is the Editor of the Labor Occupational Health Project Monitor and coordinator of the clearinghouse functions of the Project. He presently serves as Administrative Consultant to the West Berkeley Health Center and is a lecturer in Health Law, Medical Ethics, and Third World Health



Perspectives. He is currently developing course materials related to labor relations and the delivery of health services. Morris received his law degree from the University of Iowa in 1970 and an M.P.H. degree in 1973 from the University of California (Berkeley) School of Public Health. He also serves as the managing editor of a new publication entitled **The Journal of Black Health Perspectives**.

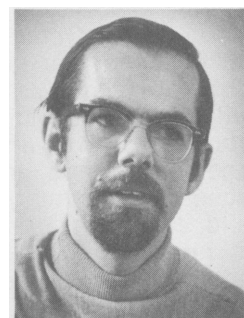
**LEO SEIDLITZ, Ph.D.**



Leo is our Coordinator for Science and Research. He has a Ph.D. in Physics. He started his working career as a machinist (UAW) and has been working as a medical physicist at the U.C. Medical Center in San Francisco since 1968. Leo is a charter member of the AFSCME local at the Medical Center and was its delegate to the San Francisco Labor Council. He has been active in assisting workers and unions with a variety of occupational health problems and is a member of the Bay Area Committee for Occupational Safety and Health (BACOSH).

**GENE DARLING**

Gene is the new secretary of the Labor Occupational Health Project and will also help produce the newsletter. Gene was formerly a library assistant on the Berkeley campus. Since 1972 he has been Recording Secretary of AFSCME Local 1695, a union of U.C. campus employees. He has also been active in support for the United Farmworkers. His interest in Occupational Health and Safety grew out of the realization that even U.C. campus clerical workers run into dangerous conditions on the job, from lighting and ventilation problems to stress.



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*The opinions expressed in the MONITOR represent the views of the Authors, and not necessarily those of the Institute of Industrial Relations.*

## HEALTH AND SAFETY SHOPTALK

### Form a Local Health and Safety Committee

Bob Fowler

It can truly be said that the formation and maintenance of a safety and health committee is a vital activity and membership service of a local union. Such must be recognized by local union leadership since their primary concern is centered around the physical well being and the very life of members during at least one-half of their waking hours. No employer, government agency, or other organization, can assume the same kind of responsibility for safeguarding the lives and health of its members as the union itself.

An active safety program offers a union a good opportunity to demonstrate to its members the value of union membership. It can be used as an important device for winning and increasing membership loyalty, if the union actually delivers on safety and health matters, and if it gives adequate information to its members about what it has achieved.

One of the primary objectives of the Labor Occupational Health Project is to encourage the formation of union health and safety committees and to provide guidance to those committees in the form of printed educational materials, specialty schools, seminars, conferences, workshops and consultant services. We feel it is of the utmost importance that organized labor be well versed in all phases of health and safety, from the early identification of safety and health problems or violations in the workplace, to the application of procedures available to rectify the problems, i.e., offering input on proposed government standards; negotiating proper contractual provisions; and having representation on standards, appeals, and Workmen's Compensation boards.

### The Laws Can Help

The climate has never been better for the formation of union health and safety committees now that there is a legal obligation on the part of the employer through the OSHA Act of 1970 and the Cal/OSHA Act of 1973. Even though many may assert that the laws are presently somewhat ineffective, employers are still threatened with the possibility of an inspection and are becoming more and more aware of the positive input labor offers in the identification of violations in the workplace.

The laws were passed as an effort "to assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources." The law places the emphasis on the total health of the worker. In addition to physical safety in the workplace, the law provides for standards relating to the use of toxic substances which could cause occupational disease or have harmful effects on workers, their ability to function and their general well being. However, these new laws have not been given adequate funds or personnel to enforce the provisions. Therefore, they will fulfill their purpose only if unions throughout the country learn how to use the laws and are vigilant in getting them enforced.

### The Union Must Act

A practical means of dealing with any specific responsibility is for the union to establish a committee for

that purpose. Therefore, unions have always needed Safety and Health Committees, although, for many reasons, those that have existed often were not active or effective. One reason is that these committees have frequently been labelled "joint union-management safety committees," often being totally dependent on management attitude towards its program, even to the point of selecting those workers to represent the union. Local unions should have Safety and Health Committees which are administered and controlled solely by the union and completely independent of any co-existing joint union-management committees. This, of course, does not mean that a union committee should not have a close working relationship with a joint union-management committee, or that many or all of the union committee members might not also be the union representatives on such joint committees.

### Establish Authorized Representative

All local unions should designate a safety coordinator, and his responsibilities should include the following:

1. Establish communication with the Federal OSHA Area Director and State Cal/OSHA officials.
2. Become familiar with National Institute of Occupational Safety and Health (NIOSH) representatives.
3. Make contacts with Cal/OSHA health officials.
4. Be designated by the union as the authorized safety and health representative of the membership and notify the employer of his authority.
5. Become knowledgeable of the provisions of Public Law 91-596 (Occupational Safety and Health Act of 1970) and State Law AB150 (California Occupational Safety and Health Act of 1973). Use the provisions of the laws to resolve safety and health problems, note specifically Section 5 (A) (1) of the Williams-Steiger Act which reads as follows:

"Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."

Likewise, note the following sections of the Fenton Bill (AB150) for California residents under Chapter 3:

6400. Every employer shall furnish employment and a place of employment which are safe and healthful for the employees therein.

6401. Every employer shall furnish and use safety devices and safeguards and shall adopt and use practices, means, methods, operations, and processes which are reasonably adequate to render such employment and place of employment safe and healthful. Each employer shall do every other thing reasonably necessary to protect the life, safety, and health of employees.

6402. No employer shall require, or permit any employee to go or be in any employment or place of employment which is not safe and healthful.

6403. No employer shall fail or neglect:

(a) To provide and use safety devices and safeguards reasonably adequate to render the employment and place of employment safe.

(b) To adopt and use methods and processes reasonably adequate to render the employment and place of employment safe.

(c) To do every other thing reasonably necessary to protect the life, safety, and health of employees.

6404. No employer shall occupy or maintain any place of employment that is not safe and healthful.

6. Notify the employer in writing of each and every recognizable safety and health problem.

7. Research all past accidents to establish what in fact has been injuring people. Trends will develop from this type of study.

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## WORKPLACE ACTIVITIES

### Screening Airline Workers

Rich Jackson, IAM Local 1781

On July 17, 1974, our Local Lodge 1781, International Association of Machinists and Aerospace Workers, in cooperation with the Center for Health Studies, conducted a pilot study on our shop stewards.

What we hoped to find from this study was some correlation between hazardous work areas and the man's health. For example, we felt that a man working in the sheet metal shop where there is a lot of noise, would sustain some hearing loss.

We wanted our stewards to take the initial test to see if we could discover which areas of the United Air Lines facility at SFO Airport were the most hazardous in terms of the members' health.

The tests given included: Blood pressure readings, Audiometer (hearing) tests, pulmonary function and vision test. We tested 67 stewards at this meeting. Of the 67 tested we found that 42 had hearing problems. These 42 will be re-tested to determine if they have permanent damage or if they just had threshold shifts from being exposed during their work shifts.

There were nine stewards who were found to have pulmonary problems and two of these were of a serious nature. These nine will be given sputum tests, which is placing saliva into a test vial for five mornings and then having this saliva analyzed by technicians.

In addition, two men had abnormal blood pressure readings but both had prior knowledge of such and are under a physician's care. There were no reports on vision problems.

We made a report back to the stewards on August 21, 1974 at their regular meeting where we also provided doctors and technicians to explain the procedures and to answer questions regarding the tentative results.

As of now the Safety Committee is awaiting the results from hearing and sputum retesting before deciding on what further action we will take.

Health and Safety—Continued from Page 3

#### Let Your Voice Be Heard

Assuming you have now accomplished the above listed minimum preparations, you are ready to attack most safety and health problems you may encounter. I strongly recommend that you adopt a uniform, systematic procedure for resolving each safety and health problem and do not deviate from that system.

An example of a successful procedure used by the Health and Safety Committee of the IAM Local 1781 in Burlingame, California, is as follows:

1. Document the problem.
2. Utilize all established resources to define acceptable solution(s).
3. Send written memo to first-level supervisor responsible for the area; informing him of the problem, your recommendations for correction, the amount of time you feel he needs to respond to your request, the date, shift, department number, and any past history of the problem. Sign the memo and keep a copy.
4. If the problem is corrected, note that on your memo copy and file it.

5. If the request is denied, send the memo to the next highest ranking official noting the reason for denial and again allow this person a reasonable amount of time to correct the problem.

6. This procedure is followed up to and including the highest ranking official at the plant. If the problem is not resolved at this point and the union is still convinced that they have a case, the union can then resort to outside agencies such as OSHA or Cal/OSHA, or may, as an alternate measure, utilize the existing grievance procedure.

The value of such a procedure lies in the development of a well-documented history that can accompany an official complaint to Cal/OSHA. Such a complaint receives far more interest from the government than does a complaint with little or no history of attempted internal resolution. Poor documentation is usually regarded by outside agencies as an indication of laziness on the part of the union.

I hope this article has given some initial guidance to those of you in organized labor who are planning to establish Health and Safety Committees. I want to direct further articles to specifics as much as possible and I certainly welcome your individual questions concerning problems you may be having in either the formation of, or the operation of your committees. Also, please pass along your thoughts on what specific educational programs we can develop and present to further your working knowledge in the field of Occupational Health and Safety.

## DOCTOR'S CORNER

### Bridging the Gap

Phillip L. Polakoff, M.D.

For all too long there has been a lack of meaningful communication between the scientific community which is supposed to possess hard core knowledge and the laboring community which must spend the majority of its waking hours in potentially toxic environments. Hopefully, with the start of this monthly health column this author will be able to make a dent in this existing desert.

The success of this column will depend largely on the strength of the partnership that will develop between myself and the labor community. At the outset I confess to being no Jack Anderson, Ernest Hemingway, or Norman Mailer, but with this deficiency in mind I commit myself to trying to provide useful and practical information that is easily understood. In turn, I expect the readership to give me advice and direction. I want to hear either through verbal or written communications what you want. This column can be directed toward answering questions concerning specific on-the-job hazards, such as solvent toxicity or dermatitis. It might also deal with general medical questions concerning high blood pressure or diabetes.

In this initial column let us attempt to set forth the size and shape of the problem: the problem being the extent to which the American worker's health is at risk due to his/her work environment. In this workplace environment, which is often the most neglected and the most polluted, some 80 million Americans labor. Noise, dust, chemicals, gases, fumes, vapors, laser beams, radiation, toxic metals, heat and cold, stress,

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are the raw generic names given to the vast, pervasive types of pollution which will tax the best efforts of the labor movement, government, environmentalists and concerned industry during this decade and beyond.

Currently in the United States there are 500,000-plus chemicals in use. 12,000 of these chemicals are in wide-spread use throughout industry. Approximately 3,000 new chemicals are developed yearly. To amplify a bit further: two million people are still exposed to benzene, 1.2 million to silica, 1.5 million to arsenic, 250,000 to parathion (a pesticide) and on and on. In addition there are 7,500,000 people who are exposed to various levels of noise that are harmful to their hearing or well-being.

How many people are injured or killed on the job and/or develop illness on the job? This is a difficult or near-impossible question to answer with any degree of certainty. Data are sparse and official government figures, industry figures and private figures are often millions apart; but what little is known is enough to startle even the most hardened observer.

Frank Wallick, in his book **The American Worker: An Endangered Species** estimated that 100,000 workers will have died from occupational disease in 1973 and 25 million will have been injured. The National Safety Council, funded by private industry, conservatively estimates that more than 14,000 are killed annually from injuries, with an additional 2.2 million suffering from disabling injuries. In the first survey conducted under the 1970 Occupational Safety and Health Act, the U.S. Bureau of Labor Statistics revealed that in 1971, one out of every eight workers suffered a "job caused" injury or illness. Dealing on a more specific basis we see an ever growing parade of substances that are causative occupational carcinogenic (cancer) agents. In the mid-1960's asbestos was added, followed in successive years by benzedrine, betanaphthelamine, bis chloro-methyl ether (bis-CME), and only recently (within the last six months) vinyl chloride and its polymer, polyvinyl chloride (PCV). PVC is a plastic that every one of us encounters dozens of times a day. I wish I were an optimist and could state that no more cancer causing agents will be uncovered, but I'm afraid that as time passes and we pay more attention to this distinct possibility, the list will be ever expanding.

What has led us to this seemingly grave situation in our national work environment? There are numerous causes. I would like to put forth what I believe to be the major ones. First, there is widespread and very substantial under-reporting by industrial firms of actual injuries and diseases incurred on the job. Second, there is the phenomenon of the indentured status of the plant physicians and safety engineers, with their inhibitions against candid diagnosis and reporting in professional journals. Third, there is an abundance of state safety laws and regulations, funded with an average budget of forty cents per worker per year, with little enforcement for recognized violations and less recognition for many occupational diseases as being on-the-job hazards. Fourth, (and put forth as a constructive criticism) is the consistent lack of interest directed by some union leaders to rank and file job hazards and the low priority accorded this issue in collective bargaining agreements and the allocation of union funds and energy. Fifth is the anemic and secretive posture of federal efforts in research and advocacy for occupational health and safety under even

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## SCIENCE FOR THE WORKPLACE

Leo Seidlitz, Science Coordinator

In this series of columns, I want to make technical and scientific information available to those workers who need it in order to improve their job health and safety conditions.

My involvement and interest in on-the-job health and safety began when I was helping to organize my union, AFSCME 1650 at the U.C. Medical Center in San Francisco. I was employed there as a radiation physicist in the x-ray department so I was aware of the possible dangers of x-radiation to the hospital staff as well as patients. My union organizing activity gave me the opportunity to talk with many other hospital workers and learn about their occupational hazards. These included hepatitis among workers in the kidney transplant unit, high rates of miscarriages among operating room nurses, unnecessary exposure of laundry workers to contaminated bed linens, etc.,

I soon learned that my hospital was an unhealthy place to work in and that the hospital management was no more responsive to our health and safety demands than any other employer. Most important, I learned that union organization was necessary to get action on health and safety issues and to get that action, we all had to share our information, professional and nonprofessional alike.

These columns will be most useful if they also include information available only from those who must each day confront the hazards of their job. I look forward to receiving your contributions. The information we will share here won't be useful, though, if you feel helpless about the health problems that you meet on your job. Let's face it, many workers **are** apathetic about the possibility of making changes in their working conditions. They certainly have some justification for this attitude.

After all, aren't there more than 15,000 chemicals used in industry, most of them with names you can't even pronounce? And even if your employer hasn't refused to tell you which chemicals you're being exposed to, what chance is there that they'd be among the mere 400 or so for which the government has set "safe" standards? Don't we need a lot more research before we even know what's safe? Don't you have to be some kind of expert—a physician, a scientist or an industrial hygiene engineer—even to begin to tackle these enormous problems? For instance, how could a painter, an oil refinery worker, a plasterer, or a hospital worker be expected to protect themselves against the many, varied hazards of their workplaces?

There's no denying that the technical problems in occupational health are many. Certainly a large number of them can be solved only by professional experts. Of course, if you've already been made ill by a toxic substance at work, you need a competent physician to help. If the air you breathe at work is loaded with all kinds of poisons, it probably would take an industrial hygiene engineer to straighten out the mess. If the harmful effects of a substance are not known, tests should first be made by a research scientist on real guinea pigs, before its' used on the two-legged ones at work.

Yet, despite the failure of industry and government to check out the effects of most industrial chemicals,

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there is already sufficient knowledge about the dangers of many commonly used substances, and these hazards can be recognized and controlled by those working with them.

This is just one area in which our society puts down workers' abilities — you're told you don't know and can't learn enough to control your own lives at the workplace, in politics, in economy — "leave it all to us experts."

But there are many ways in which workers can become, and in fact some have already become experts about some of their own job health problems. The sole purpose of this series of columns is to help worker-readers in that task. Though the obstacles are great, they are not unsurmountable. Let's see what it takes to become an "expert."

First of all, there are two excellent handbooks written for workers who are confronted by workplace hazards. **Work is Dangerous to Your Health** by Jeanne Stellman and Susan Daum can be ordered from P.O. Box 2812, Denver, Colorado 80201, at \$1.95 (non-union orders) and \$1.50 (union orders.) **The Hazards of Work: How to Fight Them** by Patrick Kinnersley can be ordered from Midnight Special, 1335½ West Washington Boulevard, Venice, California 90291, for about \$3.00. This book is written by a shop-worker and has useful material about organizing for health and safety, but since it is a British book, none of the material on the law is useful in the U.S.

Secondly, in future columns I will deal with some particular technical or scientific topics on job health and safety. Since this is going to be a sharing of information, I will be guided in the choice of topics by what you write or call in to me. Too often, professionals in this field use fancy words when simpler ones will do just as well or better. Perhaps they are simply ignorant of the need to communicate their information to receptive workers. Since many of these professionals are supported by industry, perhaps they believe this will keep their "craft" information inaccessible to workers. I will not shy away from using and explaining technical terms when it will be necessary and helpful to do so.

For example, the printer and oil refinery worker mentioned earlier could both be exposed to the common solvent, benzene. We may devote an entire future column to benzene but for now let's just point out that breathing fumes of benzene can kill you outright or it might cause serious blood disturbances. It all depends on how long you breathe it and on the **concentration**, that is, on the amount of benzene compared to the amount of air you take in with each breath. The concentration is measured in **PPM, Parts Per Million**. If you were breathing in, say, 100 PPM of benzene, 100 parts of benzene for each million parts of air, that wouldn't seem like a hell of a lot. Just to give you some idea of how small 100 PPM is, suppose you walked a whole mile and then took an extra six-inch step, that last six-inch step would be just about 100 PPM of the whole walk!

But that 100 PPM of benzene breathed for even a short time would be dangerous. The law, Cal/OSHA and Federal OSHA, says it is "acceptable" to breathe 10 PPM of benzene for eight hours a day, 40 hours a week for all of your "working life." When the government says a particular concentration is "acceptable" they call it a **TLV, Threshold Limit Value** — so the TLV

for benzene is 10 PPM. (I don't know if this TLV is "acceptable" to you — many unions, notably the Oil, Chemical and Atomic Workers, are succeeding in getting benzene removed completely from many of their plants because many scientists believe the legal TLV is too high.) You'll have to get to know your PPM's and TLV's for the substances you work with. All the TLV's which Federal OSHA has set as of October 18, 1972 are contained in a list in the Stellman-Daum book. A more up-to-date official list is in the Federal Register of June 27, 1974.

The most important way in which our Labor Occupational Health Project will help workers become expert is through the courses we will arrange dealing with health and safety problems in particular industries or locals or possibly even smaller units. In such sessions which we will arrange through unions, we'll be able to go into greater detail about the special problems faced by those units.

Even more important than the help our Project can give is the fact that workers' own life experience makes them experts. Just two incidents will illustrate this truth. At an industrial hazards conference held by the Oil, Chemical and Atomic Workers before OSHA became law, Robert L. Marsh, International Representative, told this story about his plant: "They made ammonia, ammonia sulfate, and ammonia nitrate at an acid plant, and the fumes from this stack, when the wind was changing, would come down. The company insisted that it wasn't an unhealthy situation, it was just uncomfortable. We suggested to them that it was probably unhealthy too because the trees for about a mile from this plant, they were all dead. We said, 'Look, if it doesn't hurt you, how come all those trees are dead?' And the company had a very logical answer. They said, 'Hell those trees can't spit it out.'"

Who was an expert and who was a fool?

The other incident involves initiative used by a local union at a large transportation maintenance base. The company had purchased some new super-duper roofing compound and some of its maintenance workers were spraying it on one of the buildings. Management had not bothered to check-out anything about the safe use of the material even though they had a safety engineer available. The union's chief health and safety committeeman noticed the operation, got the manufacturer's instruction sheet and found that the material was TDI (toluene di-isocyanate), a deadly compound with a TLV of only 0.02 PPM. Consulting the appropriate government manual he learned that forced air respirators and protective clothing were required not only for the sprayer but for all other workers within 10 feet. By calling the company's attention to the extremely hazardous nature of the roofing compound, he was able to get the operation completely shut down. Who was the expert here, the union committeeman or the company safety engineer? This action indicates the value of having an alert and informed union health and safety committeeman.

I am confident that many of the workers reached by the Labor Occupational Health Project will be encouraged to take actions to improve their job health and safety. It is gratifying to be part of this newly awakening effort of working people demanding a voice about their working conditions. I look forward to hearing from you about your obstacles and your successes.



## CLEARINGHOUSE

### Labor Occupational Health Project Activity Report

- The Project's first educational presentation before a labor audience occurred August 19, on the Berkeley campus of the University of California. The setting was a six day labor relations seminar, sponsored by the AFL-CIO Labor Studies Center, the Federal Shipyard Employees West Coast District Metal Trades Council, AFL-CIO, and the Institute of Industrial Relations, University of California, Berkeley. Topics of discussion included an overview of hazards of shipyard work; the effects of occupational exposure to noise; the role of the union health and safety committee; and the legal rights of shipyard workers under the Federal Occupational Safety and Health Act of 1970.
- On August 30, the Labor Occupational Health Project participated in the Machinists Leadership School I, which was sponsored by the International Association of Machinists and the Center for Labor Research and Education, Institute of Industrial Relations. During the six day school, staff associate Bob Fowler assisted in the planning and coordination of the Occupational Health and Safety project sessions. The final product of the session was a role-play model presentation which focused on the organization and internal operations of local health and safety committee activities.
- In cooperation with the International Association of Machinists (Local 1781), the Labor Occupational Health Project co-sponsored a one-day educational seminar for airline health and safety committeemen. The seminar was held on September 17 at the Local 1781 meeting hall in Burlingame, California. The objective was aimed at broadening the committeemen's knowledge of Health and Safety Committee functions. Topics included: Cal/OSHA Safety Orders; Industrial Truck Standards; Cal/OSHA Record-keeping Requirements; Hoist and Sling Standards; Complaints against the State Program; Health Hazards in the Airline Industry; and Cal/OSHA Structure and Functions.

### Up-Coming Events

#### November 21-22 Conference.

Bruce Poyer, Center For Labor Research  
and Education

Staff resources of the Labor Occupational Health Project have been mobilized to assist in the planning and development of a 1½ day health and safety conference, to be sponsored by the California Labor Federation and to be held at a major hotel in San Francisco on November 21-22, 1974.

Since the implementation of Cal/OSHA last Jan. 1, 1974, many unions and many working people have expressed a need for more information on provisions of the state law, and on procedures of the administrative agencies which enforce it. Therefore, the November conference is being planned to stress detailed explanations of Cal/OSHA and its administration, and demonstrations of how it affects workers, workplaces, health and safety committees, local unions, and higher levels of union structure.

Instead of lectures by experts, the conference format will feature a case study involving role-playing situations. The plan is to trace the handling of some common health and safety problems from their origin on the shop floor, to the union committee and the local union's leadership, and on through the mechanisms established in the collective bargaining contract. At each step of the way, the provisions of the Cal-OSHA law and the procedures of the Cal/OSHA agencies will be analyzed, to show how they relate to union and to collective bargaining procedures.

The primary state enforcement officials from the Division of Industrial Safety will be available at the conference to explain and to answer questions about their operating procedures.

On the second day of the conference (Nov. 22) there will be special workshops organized on the basis of those health hazards which most commonly cross the lines of union work jurisdictions — and which can be controlled only if they are first identified and understood. For additional information, contact: Bob Fowler, Labor Occupational Health Project, Institute of Industrial Relations, University of California, Berkeley 94720.

### Conference for Molders and Boilermakers

A three day conference on occupational safety and health is scheduled to take place at the University of California Extension Center (San Francisco), November 7-9, 1974. The program will be presented by the University of Wisconsin — School for Workers in cooperation with the International Molders and Allied Workers Union, AFL-CIO, and the International Boilermakers, Iron Shipbuilders, Blacksmiths, Forgers and Helpers, AFL-CIO. This conference is part of an occupational safety and health training program funded by the U.S. Dept. of Labor's Occupational Safety and Health Administration (OSHA). Staff associate, Leo Seidlitz, of the Labor Occupational Health Project, will serve as one of the faculty members. For further information contact: Professor George Hagglund, University of Wisconsin—School for Workers, 432 North Lake St., Madison, Wisconsin 53706, (608) 261-2111.

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## News Items

### Worker Accident Toll Exceeds Vietnam Casualties

Approximately 58,300 of the nation's productive work force — more than the total U.S. military casualties suffered in Vietnam since 1961—died as a result of accidents in 1973.

Work deaths accounted for 14,200 fatalities; while 44,100 workers died from off-the-job accidents. The number of work deaths, excluding those from agriculture, totaled about 12,000 for last year. About 1,700 of these 12,000 fatalities were recorded in manufacturing industries. The work accident death total for 1973 was up about one percent from 1972.

Final 1973 statistics from the National Safety Council (NSC) indicate that an additional 2,500,000 workers suffered disabling occupational injuries last year. Workers suffering disabling injuries from both occupational and non-occupational accidents numbered about 5.8 million. — ILWU Dispatcher, August 30, 1974

### Painters Slate Pilot Study of Job Hazards

The Painters International Union has announced the start this month of a one-year pilot program to study, nationwide, the job health hazards faced by painters.

The study, utilizing a special mobile health van, will be conducted by the Mt. Sinai School of Medicine under a \$98,000 research contract let out by the National Institute of Occupational Safety and Health.

Painters' President S. Frank Raftery said the van will make about 20 stops across the country, compiling about 800 case histories from 300 painters, 200 tapers, 100 floor sanders, 100 sandblasters, 50 steel painters, and 50 wood finishers.

Clinical testing will include x-rays and blood, kidney, and liver tests, followed by a second-stage mortality rate study, the latter involving workmen who were union members as of January 1, 1967.

Raftery said various tests will seek to determine possible damage from exposure to lead, quartz, asbestos, wood dust, titanium, and vinyl chloride.

— Contra Costa Labor News, September, 1974

Institute of Industrial Relations,  
Center for Labor Research and Education  
2521 Channing Way  
Berkeley, CA 94720

Address correction requested

### Oregon Sets Rules to Halt Industrial Noise

PORTLAND, Ore. (AP)—Oregon has clamped a lid on industrial noise.

The state's Environmental Quality Commission has adopted regulations that generally restrict allowable industrial and commercial noise levels to 55 to 75 decibels during the day, depending on the area.

The allowable noise limits are lower by about five decibels for the night-time hours.

A commission spokesman termed the state's industrial noise limits a "first" for the country. Some cities have noise limits.

Aircraft noises are exempt from the regulations, as are sounds from emergency vehicles, industrial warning devices and railroad trains.

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existing laws. Finally, there is the creakingly out-of-date system of workmen's compensation with reference to coverage, benefits, and deterrence.

Even though a firm case for pessimism has been presented, I firmly believe there are grounds for optimism. What is needed is a total team effort. All concerned parties—the worker, the scientist, the government, and the employer must come to the realization that the preservation of health is a vital ingredient to the ongoing growth of our society.

We at the Occupational Health Project want to assist you in any way that our resources permit. We want to grow along with you. And we want to see every work environment become a safe and healthy one.

P.S. In future columns I will philosophize less and discuss either common occupational health problems or other problems as you present them to me.

### CBS TO TELEVISION PROGRAM ON VINYL CHLORIDE

CBS television will present a program entitled, "Case of the Plastic Peril." This telecast will explore the occupational hazards of vinyl chloride, and the role of federal government in protecting workers from unnecessary exposure. The program will be aired on October 19, at 10:00 p.m. (PST).

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