

# MONITOR

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## WORKER'S RIGHTS UNDER THE ASBESTOS STANDARD

by ANDREA HRICKO

The hazards of asbestos have received much publicity in the past few years, but many workers still do not understand the risks of exposure to the deadly fiber. Few workers have exercised their rights under the OSHA asbestos standard.

The asbestos standard (5 fibers of asbestos per cubic centimeter of air) went into effect in July 1972. When the standard was issued, the AFL-CIO's Industrial Union Department sued the Labor Department, contending that the standard was too weak and would not protect workers. The original standard is slated to be lowered to an average of 2 fibers over an 8 hour day in July 1976. Recently, the Department of Labor proposed that the standard be further lowered to 1/2 fiber per cubic centimeter. (Next month's *Monitor* will compare the differences in the current standard and the new proposal.)

Asbestos has become increasingly popular and important in industry. Its unique properties (heatproof, fireproof, and acid-resistant) make it very valuable in the construction, automotive, and textile industries. Today almost 3,000 products containing asbestos are manufactured.

Over 50,000 workers in the U.S. manufacture asbestos-containing products; another 40,000 workers in the building trades regularly handle asbestos insulation. Millions of shipyard workers and automobile mechanics are exposed to the fiber. No one knows the exact number of workers in California asbestos-using facilities.



Asbestos spray fireproofing escapes from construction site

### Handling Asbestos

Asbestos may look innocent enough. It can be lethal. Inhaling any amount of asbestos dust is unsafe and may cause disease. To minimize dust levels, engineering controls such as isolation, enclosures, exhaust ventilation, dust collection and work practices such as wet-mopping should be used. The OSHA standard specifies both technological and administrative provisions to control the dust. Workers exposed to asbestos should wear disposable clothes to protect the people doing their laundry. Asbestos wastes should also be sealed in impermeable bags.

### Monitoring Requirement

Employers were required to monitor their worksites for asbestos levels when the federal standard first went into effect in July 1972, and at least every six months thereafter if the exposure exceeded 5 fibers. Thus, affected employers should have monitored their worksites at least 8 times by January 1976.

Workers have the right to observe monitoring and have access to the re-

### Asbestos-Related Diseases

#### ASBESTOSIS:

- Kills 1 out of 10 asbestos workers
- Usually appears 10–20 years after exposure
- Scar tissue forms around asbestos fibers embedded in lungs
- Breathing becomes difficult
- Cigarette smoking increases severity

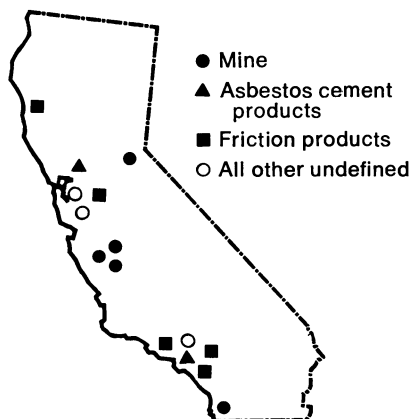
#### CANCER:

- Lung cancer kills 2 out of 10 asbestos workers (7 times the expected rate)
- May affect lungs, stomach, intestine, or rectum
- Usually appears 20–40 years after exposure
- Cigarette smoking increases risk
- Asbestos workers who smoke have 8 times the risk of dying from lung cancer compared to smokers in the general population and a 92 times greater risk than nonsmokers in the general population

#### MESOTHELIOMA:

- Kills 1 out of every 10 asbestos workers
- Usually appears 20–40 years after exposure
- A rare cancer of the chest, lung, or abdominal cavity lining
- Invariably fatal within one year after first symptoms appear
- Nonsmokers are as affected as smokers

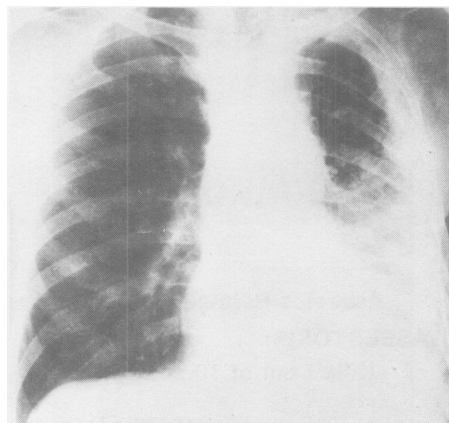
### Major Asbestos Mining and Manufacturing Facilities in California



Arthur D. Little Inc. Report

sults. The federal OSHA asbestos standard requires that these monitoring records be kept only 3 years. (The California regulation does not specify a retention period). After examining these monitoring records, local unions should include copies in their permanent union files on members' asbestos exposures. This information could become crucial documentation if any members later develop asbestos-related diseases.

Any employee exposed to asbestos in excess of the allowable limit must be informed in writing within five days of the finding and told the corrective actions being taken. (See Aug./Sept. MONITOR for how to enforce these provisions.)



*Pleural mesothelioma in the left lung of an asbestos insulation worker*

### Medical Examinations

Employers were required to provide medical examinations for any workers exposed to asbestos at levels exceeding the OSHA standard on or before January 31, 1973, and at least annually thereafter. Thus, affected employers should have conducted three sets of medical examinations (including chest x-rays and lung function tests) by the end of January 1976.

Workers have the right to request

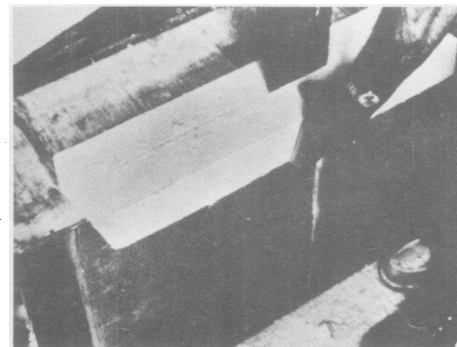
these results through their private physicians. This is an especially wise move because many company doctors have been known to withhold information from affected workers on occupation-related illnesses. A California worker won a \$351,000 settlement when the physician hired by his employer (Johns-Manville) neglected to tell him he was developing serious lung disease.

Under the California regulation, medical records must be retained for 30 years (the current federal standard requires only 20 years).

### Experience Under the Standard

In a 1973 survey of Connecticut plants using asbestos only 14 out of 24 had monitored the air and only 7 had provided periodic medical examinations including the required x-rays. There is evidence that other states have equally dismal compliance records. Most California workers exposed to asbestos who have contacted LOHP have never had regular medical examinations or chest x-rays. If you believe your employer is not in compliance with any or all provisions of the asbestos standard you should inform your employer of the standard. If no action is taken, then you should file a CAL/OSHA complaint.

At a Tyler, Texas plant owned by Pittsburgh Plate Glass, the workers did not discover how deadly asbestos was until years after the company knew. As



*Asbestos contamination from insulation material*

a result, hundreds of workers who passed through the small plant may die from asbestos exposure. Don't let this happen to you. Demand that your employers carry out their responsibilities under the asbestos standard. Demand access to all monitoring and medical information. Your employer should not know more about your health than you.

LOHP is interested in building a case file of all local unions in California with members exposed to asbestos on their jobs. If you mine, manufacture, or use asbestos please let us know your:

- local union, name (or union representative)
- the name and address of your plant
- the way in which you are exposed

Also let us know if we can provide you with additional information on the hazards of asbestos and what you can do about them.

## HEALTH HAZARD ALERT

### Trichloroethylene

Animal studies conducted by the National Cancer Institute indicate Trichloroethylene (TCE) is a possible potent liver carcinogen (cancer cause). This substance is a colorless, volatile and nonflammable liquid. 90% of all TCE produced is used by the metal degreasing and drycleaning industries. It is also an ingredient in printing inks, paints, lacquers, varnishes, and adhesives. It has been used to extract caffeine for decaffeinated coffee and as a general anesthetic and analgesic. TCE is found in such common products as Brush Top Spot Remover, Trichlor, Sears Air Freshner, and Carbona Cleaning Fluid. In the U.S., approximately 280,000 workers are exposed to trichloroethylene.

Trichloroethylene's other toxic effects are well known. When inhaled, acute exposure causes visual disturbances, mental confusion, fatigue, and sometimes nausea and vomiting.

These effects may be accentuated by visual disturbances and incoordination leading to poor manual manipulation and therefore unsafe mechanical operation. Inhaled by pregnant women, TCE passes directly to the fetus. Ingested, TCE leads to respiratory failure or cardiac arrest causing death (signs and symptoms of toxicity may be delayed for several hours). Prolonged skin contact causes local irritation and blisters. Under industrial conditions, repeated immersion of the hands in TCE has caused paralysis of the fingers.

The current OSHA standard for trichloroethylene is 100 ppm (525 mg/m<sup>3</sup>). In 1973, NIOSH transmitted criteria for a recommended standard on TCE to the Department of Labor. The criteria document acknowledged that the current standard of "100 ppm will protect most of the workers but with probably very little margin of safety at this level of exposure."

## CLEARINGHOUSE

Studies of work-related injuries and illnesses in selected industries published by the U.S. Department of Labor's Bureau of Labor Statistics from 1940 and 1970 are now available from the National Technical Information Service (NTIS).

The 56 studies include data from 30 selected industries and provide a unique source of data about causes of accidents and of nationwide injury rates by occupations. The studies are available individually or as a set in microfiche or paper copy. Sets are \$45.00 each and may be ordered from NTIS, U.S. Department of Commerce, Springfield, Virginia 22161. Orders should specify: BP-243125/SET, Special Industry and Accident Case Studies of the Bureau of Labor Statistics, 1940-1970.

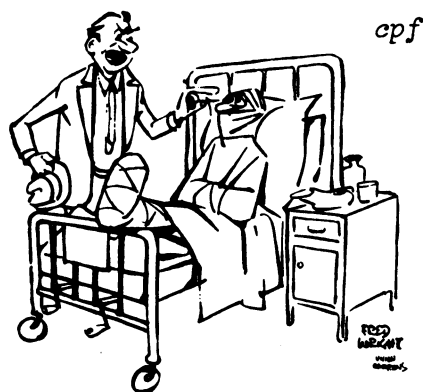
An index and a price list of individual titles and an order form may be obtained from either the Bureau of Labor Statistics, Office of Occupational Safety and Health Statistics, Washing-



ton, D.C. 20212 (202-523-9281) or at any of the regional offices.

☞ A useful reference source is "How to Use OSHA: A Workers' Action Guide to the Occupational Safety and Health Administration," prepared by Urban Planning Aid, a Massachusetts group helping workers understand and do something about job hazards. Order the booklet from the Occupational Health and Safety Project, Urban Planning Aid, 639 Massachusetts Ave., Cambridge, Mass. 02139.

☞ "Best's Safety Directory—1976" has been published with updated OSHA guidelines, operational safety techniques, and product buyers' guides in 73 categories. Subjects include safety management, protective apparel, noise, machine guarding, materials handling, electrical and lighting safety, fire prevention, sanitation, employee health, and environmental controls. The 1,052-page volume costs \$20; quantity discounts on request. Order from A. M. Best Co., Oldwick, N.J. 08858.



"You clumsy idiot . . . On account of you Department Six lost the safety award . . ."

## RECENT EVENTS

### Three Recent Deaths Resolved by the Courts

—Jesse Blaine Graner, doing business as Graner Oil Co. of Torrance, was fined \$625.00 for violation of Labor Code Section 6423(a). A 19-year-old employee was killed last March after a portable oil well derrick on which he was working toppled over during high winds. The derrick's guy lines were not properly anchored or set at the proper distance from the derrick. Not enough guy lines had been used for the derrick.

—De Menno Enterprises was placed on 12 months summary probation on the condition it pay a fine of \$1,000 plus a \$250 penalty assessment and commit no further violations of the safety order. A 51-year-old workman was killed, after falling from the top of a 20-foot high cylindrical vessel, which had ruptured because of the uncontrolled use of compressed air.

—Arrowhead Puritas Waters, Inc. (subsidiary of Coca Cola Bottling Company of Los Angeles) was fined \$10,000 plus \$2,500 penalty assessments for failing to equip moving machinery with adequate means to disconnect the power supply in case of emergency. A 22 year-old lift truck driver, whose job required him to lean over an unguarded spinning machine roller, choked to death when his loose scarf tangled in the machine.

—*Cal-OSHA Reporter*

### New Weapon in Battle Against Discrimination

Two women won workers compensation suits to the tune of \$67,500.00 claiming discrimination caused their

emotional on-the-job illness. Angela Davis, a collection clerk at American Medical International, Inc., was hospitalized for 3 months after her supervisor allegedly insulted her repeatedly because of her Mexican heritage. She received \$50,000 in settlement. Marie Louis Glass, who works for Northrop Corp., suffered severe depression recently when her boss allegedly promoted men in her department whom she had trained while demoting her. She received \$17,500 plus medical expenses.

—*Los Angeles Times*

### Indiana OSHA Proves Failure

Political patronage by the Indiana State Department of Labor has rendered IOSHA ineffectual and useless. A recent AFL-CIO conference held in Indianapolis condemned the Indiana Commissioner of Labor in charge of Indiana OSHA, for having fallen short in almost every aspect after 1½ years of OSHA's establishment. A motion was made to have a bill introduced into the State House of Representatives repealing the Indiana Occupational Safety and Health Act.

Out of 9,000 inspections, state inspectors issued only 11 serious citations and no fines. Few labor representatives are included among the inspectors. Persons without any industrial background such as bartenders and beauticians currently function as inspectors.

In response to the charges, the Commissioner said he felt the lack of fines was proper, that fines impose unnecessary hardships on industry. He believes in voluntary compliance and does not

*Continued on next page*

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## DOCTOR'S CORNER

Donald Whorton, M.D.

Dear Doc:

Recently, a medical testing company offered our union executive council a screening service at a group rate of \$25 per person for 16 different tests. Ordinarily, the tests would cost more than \$150 if taken on an individual basis. The company's representative maintains that the service will screen our members for many common diseases, including those which are occupation-related. The issue has split the council. Can you advise us?



How do you decide if a medical testing package is what you want? The most important question is whether you're interested in your members' general health status or any possible harmful effects of their work environment. If the latter, then what specific effects do you wish to discover?

As in other fields, medical technology has increased production and decreased costs per unit. Many hospitals now use a SMA-6 or SMA-12 machine to perform 6 or 12 simultaneous blood tests. These machines do the tests much faster, are probably more accurate, and are less expensive. Hospitals and health organizations have also developed elaborate low-cost screening test programs. A leading example is Kaiser Medical Foundation's Multiphasic. Most testing services are designed to detect com-

mon health problems. Usually, they do not detect specific occupation-related disorders. However, if you are interested in general health, I would suggest any testing service also include blood pressure measurement. High blood pressure affects up to 20% of this country's adult population. Yet, less than half know they have high blood pressure. Untreated, it will result in heart disease, strokes, and kidney damage, all leading to premature death. If blood measurement is not included, you should probably consider obtaining screening services from another source.

The picture is very different if you wish to screen for occupation-related disease. Then, you would need to know the problem-producing agents in the work environment, how the body is affected, and which tests identify related health problems. For example, if lead exposure is a potential problem, your health screening program should test the blood for lead levels. Workers exposed to lung disease-producing dusts such as silica or asbestos should have periodic chest x-rays as well as lung-function tests. Likewise, the lungs of workers who produce polyurethane foams may be affected by an asthma-like syndrome. Such workers should be given lung-function tests prior to beginning a work week and again after one or more work days. Workers exposed to solvents such as trichloroethylene should have liver and kidney functions evaluated. Workers exposed to benzene should have their blood counts monitored.

I would first recommend that an assessment be made of workers' particular medical needs prior to selecting the

most appropriate screening tests. Occupation-related health screening programs should be designed to test specific hazards' effects. The meaning of an abnormal test and the expense of determining its validity are also important considerations when deciding on a particular program.

I am willing to help evaluate such proposals any others of you have now or may receive in the future. Your decisions should insure the screening program you choose monitors exactly what you wish. Otherwise, the money spent will produce little meaningful information.

*Requests for information on your work problems should be addressed to: Dr. Donald Whorton, LOHP, 2521 Channing Way, Berkeley, CA 94720.*

### RECENT EVENTS (Cont'd)

want to hurt industries. He attributed the lack of citations to the difficulty getting around to all workplaces and the shortage of inspectors. He also admitted that until recently the IOSHA staff had not included an industrial hygienist because until recently he "did not have an awareness of the need."

Although short-staffed by comparison, federal OSHA inspectors for the state of Indiana are doing a fair and responsible job trying to correct the health and safety problems. Federal OSHA is willing to cite and fine industry and has kept communications with labor about safety violations. During the last 1½ years, Federal OSHA in Indiana has issued 33 citations from the 390 inspections made.

—Local 1014 Journal

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