

# MONITOR

VOL. 4 NO 2 • FEBRUARY-MARCH 1977

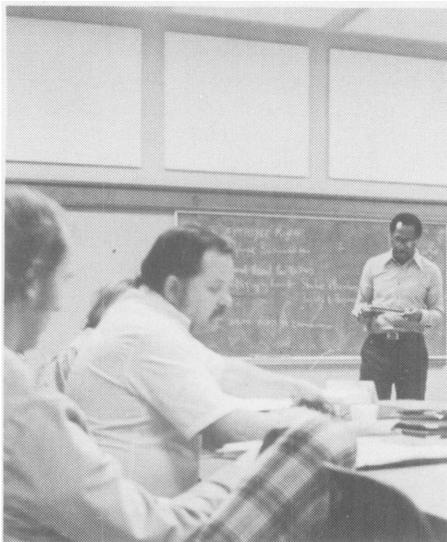
## LOHP SPONSORS 'HEALTH AND SAFETY SKILLS' CONFERENCE

The University of California, Berkeley, campus was the setting for LOHP's first union health and safety conference of 1977. Beginning January 23, the six-day training session, "Developing Occupational Health and Safety Skills," was designed as an intensive, in-depth introduction to the field for a selected core group of Northern California unions.

Particular emphasis was placed on detection and correction of chemical hazards in industry. The unionists who attended reflected this focus, representing such unions as the Oil, Chemical and Atomic Workers; International Association of Machinists; International Brotherhood of Teamsters; International Brotherhood of Electrical Workers; and Printing Specialties and Paper Products Union. Resource persons also attended from the California State Department of Health, Federal OSHA, and Cal/OSHA.

### OVERVIEW

The attendees devoted Monday morning to a discussion of occupational health history, issues, and legislation in the U.S. and California, led by Sidney Weinstein of the LOHP staff. From the 1911 Triangle Shirt-



Morris Davis discusses Federal and Cal/OSHA. (Photo: Ken Light).

waist Co. fire and the legislation it spurred to the 1976 Toxic Substances Act, each new incident bringing public awareness of the dangers workers face has generated political pressure for reform. Usually reform has been too little and too late. Even the few existing OSHA standards for chemical exposures have been set on the basis of political compromise, not scientific evidence. Unionists should learn to use the law and to try to make it work better, but they should also be aware of its limitations and use the bargaining process directly to force employers to correct dangerous conditions.

### MEDICAL INFO AND HAZARD EVALUATION

LOHP Director Dr. Donald Whorton and Andrea Hricko of the LOHP staff spent much of the day discussing how toxic substances affect the body, the medical basis for health standards, and the effects of a few specific health hazards—carbon monoxide, asbestos, solvents, and noise.

On Monday evening and Tuesday, LOHP's Industrial Hygienist Janet Bertin-son gave the unionists practical information about monitoring and controlling hazards in the workplace. She discussed the use of hazard evaluation forms in conducting systematic plant surveys and how to design a comprehensive form; worker interviews to identify common health complaints; and how to use monitoring equipment to which unions may have access. The group observed actual use of: a sound level meter; a noise dosimeter for determining average noise; an anemometer and velometer for measuring the adequacy of ventilation; and charcoal tubes and an impinger apparatus for determining concentrations of toxic chemicals.

Protective equipment such as ear plugs and respirators were demonstrated, but the presentation on control methods emphasized that forcing employers to make engineering changes to eliminate the source of hazards is always preferable to using these devices. Possible engineering controls in a variety of hypothetical situations requiring better local exhaust ventilation, quieter equipment, and shielding were presented.



### MEDICAL SCREENING

On Wednesday morning, Dr. Whorton outlined another tool which unions can use to assess the impact of members' jobs on their health—medical screening. Unions can design their own screening programs and contract to have medical personnel carry them out or can negotiate joint screening programs with the employer. Hearing, blood, urine and lung function tests, along with x-rays and electrocardiograms, can be invaluable. However, laboratory tests must be selected intelligently and the group chosen for testing must be representative.

### OSHA AND CAL/OSHA

On Thursday, Andrea Hricko and Morris Davis discussed Federal and Cal/OSHA programs, as well as workers' rights to file complaints, participate in inspections, appeal penalties given their employers, and file discrimination complaints against their employers when disciplined for exercising their rights under the law.

A lively discussion followed. Those present believed there to be a mounting campaign by employers to destroy or seriously weaken the OSHA program. For example, a series of recent court decisions, such as the Barlow decision of a U.S. District Court in Idaho (which since has been stayed), have limited inspectors' ability to enter an employer's premises when no employee complaint has been filed. And at

*Continued on page 8*

## An Interview With Dr. David Parkinson



*Monitor: What were some of the concerns in the Occupational Health Section when you assumed the leadership?*

*Parkinson:* First, the relationship with the Division of Industrial Safety was pretty sour. Second, there was a lack of resources. And third, there was a question of going in new directions, which the Section wasn't doing at all.

*M: What actions did you initiate to deal with the D.I.S. relationship and the scarcity of resources?*

*P:* D.I.S. was very suspicious of what went on in the Health Department and felt that there was something that I wasn't telling them. I went to meetings day after day, trying to keep the relationships very good with D.I.S.

On the resources problem I persuaded D.I.S. Chief Art Carter to transfer six positions to us to beef up our resources. Four would be positions for Industrial Hygienists; two were Safety Engineers who volunteered to get some training in Industrial Hygiene.

I also applied to the Department of Finance, through Rose Bird, Secretary of the Agriculture and Services Agency, for increased resources. One application was for resources to start an education unit to offer seminars for workers and management under the aegis of the State Health Department. A second request was for 13 positions to assist us in conducting our own studies. Both of these proposals were turned down by the Secretary. Another idea, which never got out of the Health Department, was for physicians and nurses to start running a clinical program to screen both our own department employees and other workers with a mobile clinic.

*M: What types of new directions did you think the Occupational Health Branch should move into?*

*P:* There were two major things that I felt strongly about. To me, the way in which we go about setting standards is totally unacceptable—it relies on people being sick, not on preventing something before it happens. The only area that I could tackle immediately was carcinogens. I set up an Ames testing program as a starting point for a whole new concept in the Health Department of trying to stop things before they happen.

The Ames test detects chemicals which are mutagens and a lot of mutagens are also carcinogens. We were going to start sampling in workplaces where there was no

known carcinogen, try to identify potential carcinogens in the Ames test, and then look at the plant's records.

The other new direction which I felt strongly about was setting up a liaison unit with the Environmental Protection Agency, which administers the Toxic Substances Control Act. The Act should have been given to OSHA in my opinion, both because the concentrations of toxic substances are higher in workplaces and because it's more efficient to spend money in cleaning up the workplace. Then the substance never gets out into the general environment. I applied for money to set up a liaison unit with E.P.A. but didn't get it.

So that was the two-edged sword I was going to try to use—the pretesting program and liaison with other agencies.

*M: Federal OSHA, in its evaluations of the Cal/OSHA program, suggested that there should be joint DIS/OHB inspections. Did you attempt to deal with that suggestion?*

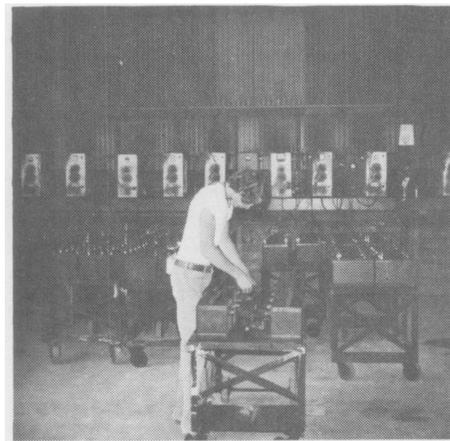
*P:* I got DIS Chief Carter to agree that an Industrial Hygienist should sign the citation, although it was still the Safety Engineer's responsibility. The IH, in a health problem, would sign to say he agreed with the citation and would be able to support it if it came to appeal. Later, I suggested that the health inspectors write the citations and just pass them through the D.I.S. office and have them rubber-stamped.

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David Parkinson, M.D., first became interested in occupational health in 1972 while participating in a joint surveillance program of children living near a Toronto lead smelter and workers from the plant. After that he served as a consultant to the Toronto Labor Council, set up an environmental laboratory, and was on the Toronto Board of Health. In 1974-75 Parkinson took a degree in occupational health at Harvard. Then in January, 1976, he became acting director of the Occupational Health Branch (OHB) of the California State Department of Health.

Parkinson inherited an agency beset by problems. As one of two Cal/OSHA components, OHB can conduct inspections for health-related complaints. However, OHB industrial hygienists can at most suggest appropriate citations. All citations must be issued by Cal/OSHA's enforcement component, the Division of Industrial Safety (DIS) of the California State Department of Industrial Relations (DIR). Unfortunately, most DIS personnel are safety engineers knowing little about occupational health and have been known to "second guess" OHB or ignore that agency's recommendations.

Recently Parkinson was fired, apparently for not supporting a proposed merger of the OHB into DIS. His objection was that



*The Occupational Health Branch has been concerned about high lead exposures affecting workers in California's battery plants. (Photo: Calif. Dept. of Health).*

That wouldn't have interfered with the scheduling system. One of the problems with having a dual inspection would be dual enforcement powers. An inspector would go in one day and another the next. This seemed to me to be a very simple way of preventing that. The D.I.S. would still be doing their scheduled inspections and sending their requests in the health area to us, as they normally did.

the merger would seriously mar OHB's effectiveness by removing OHB from the Health Department with its laboratory facilities and health expertise. Meanwhile the merger idea has been abandoned, at least for the present.

What did or didn't Parkinson accomplish? His term was short-lived, and he was seriously handicapped—by an inherited political climate of mistrust, by the division of Cal/OSHA health and safety functions into separate bureaucratic departments, and by a serious lack of resources. Although OHB was mandated by contract to provide DIS with health training, consultation services, and special scientific studies, OHB hasn't had the resources to do much in the latter area until recent passage of the Carcinogens Bill (SB 1678). Yet Cal/OSHA could conceivably propose even tougher standards than federal OSHA.

What does all of this mean to California workers? OHB has just lost a director with a medical background and strong emphasis on education and prevention; Cal/OSHA's health and safety components are still separate with enforcement responsibilities solely in the hands of DIS. Parkinson had found training DIS inspectors in health to be discouraging at best. What does seem obvious is that Parkinson's firing probably has not solved OHB's problem.

*M: Several Federal evaluations have criticized the lack of health training received by DIS inspectors. How did you address that issue?*

*P:* When I came on board, there was a training unit within the department which was supposed to be training the D.I.S. inspectors. It was based in Sacramento and none of its people had any field experience in industrial hygiene. I brought in some new staff. Development of ten training modules was planned. Three modules on noise, gases and vapors were completed. The idea was that these modules would provide background information and would also lay down very specifically which problems the Safety Engineer should refer to us. We've had some of the training but the attitude of the Safety Engineers is very recalcitrant. D.I.S has never issued a memo telling them to follow set procedures for referrals. So I'm really very, very pessimistic about the results of the training just because those safety inspectors are not going to do anything unless somebody is standing over them telling them to do it.

*M: Given all your previous comments, were there specific events which further strained the relationship between the health unit and DIS?*

*P:* I think there were several. For example, there were differences of opinion over action to be taken against the Prestolite Battery Corporation in Visalia. Workers were encountering lead exposure problems and Pat Brown, Sr., was serving as legal counsel for Prestolite.

During that time, a second Medical Special Order should have been issued, which would have aided the OHB in obtaining more information from the company. We sent the request to the DIS chief, but it was never issued. Since that time, no additional medical information was received from Prestolite. When I inquired, I was told that the DIS Field Engineer didn't think that the Special Order was necessary. Now that was totally unacceptable because we were still getting "Doctor's First Reports of Work Injuries" saying that lead poisoning was still occurring in the plant.

This same issue arose in the Johns Manville case. Workers in the Lompoc plant

were being overexposed to asbestos. Once again we requested a Medical Special Order, but it was never issued because the Field Engineer decided it wasn't necessary.

A third area of major disagreement pertained to instructions from the state Standards Board requiring that we start writing Economic Impact Statements for health standards. I refused to do that. I was accused of not "living in the real world" and being unwilling to compromise. In the health standards area particularly, I don't think you compromise. Either set a standard that protects all workers or don't bother. I also knew that I would have the backing of all the major unions for taking such a stand.

The final issue of disagreement pertained to the proposed merger of the Occupational Health Branch into the Division of Industrial Safety.

*Editor's Note: Part II of this interview will continue with Dr. Parkinson's viewpoints on the proposed merger, the administrative process, and the future of the Occupational Health Branch.*

## BUILDING TRADES APPRENTICESHIP PROGRAM IN FULL SWING

LOHP's Apprenticeship Training Program will continue for another year under a contract from OSHA, U.S. Department of Labor. The current program is focused on development of health and safety materials to be used in training classes for building trades apprentices. During the past year, LOHP worked with the apprentice programs for Floor Coverers, and Molders and Coremakers.

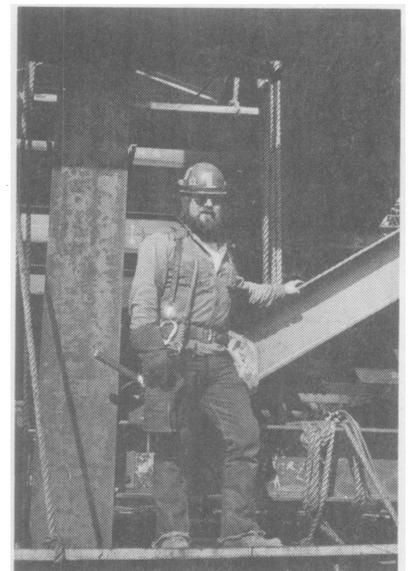
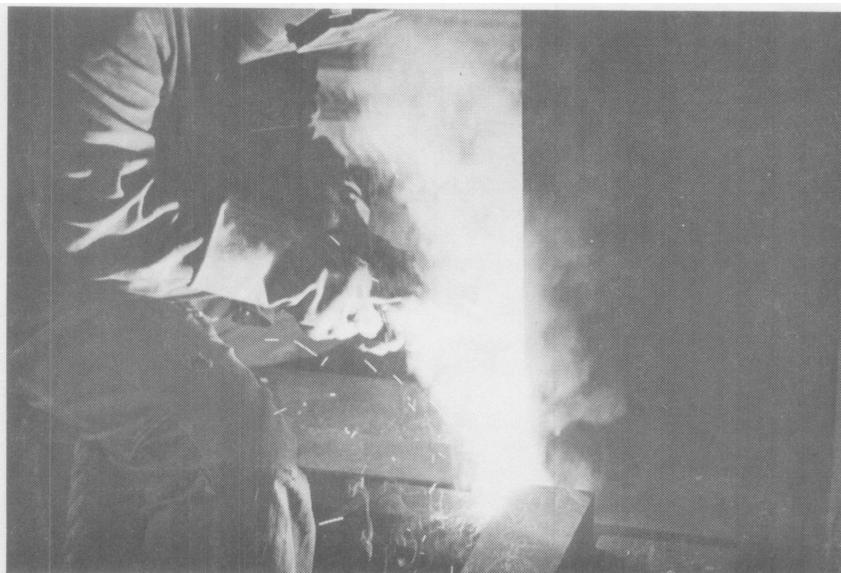
Carpenters, ironworkers, operating engineers, painters, and roofers will be the primary trades studied in 1977. Since many of the hazards common to one trade are also present in others, the program will also look at building trades as a whole.

Several different trades working on one construction site often means that hazards created as part of one trade will also affect other workers in the area.

Some of the training material will deal with safety hazards, but LOHP will focus on developing information on the variety of health hazards also found in construction. Among these are insulating materials (according to California law, asbestos can no longer be sprayed for insulation); paints; solvents; tar and asphalt; metal fumes from welding; gases such as carbon monoxide; dusts from sanding, grinding, and sawing; and noise. These health hazards are often

not as easily recognized as safety hazards, especially since their effects may not show up for many years. But the less obvious chemical hazards to which building trades workers are exposed may cause long-term disability just as serious as those caused by safety hazards.

LOHP plans to develop an instructor's manual covering a broad section of health and safety hazards associated with the building trades. Several slide-type packages will also be produced to accompany the manual. These educational tools will be used in several workshops to be sponsored by LOHP for apprentice instructors in selected building trades.

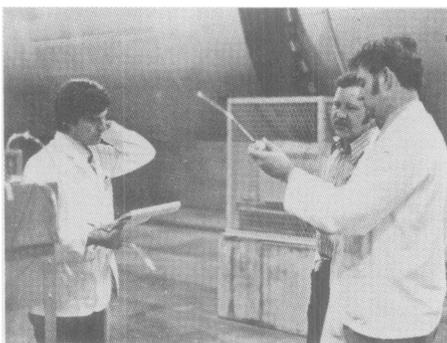


Hazards of Building Trades work will be studied by LOHP's Apprenticeship Program during 1977. (Photos: Ken Light).

## Recent Trends in Collective Bargaining

Since passage of the federal Occupational Safety and Health Act of 1970, collective bargaining in this field has significantly expanded. Over the years, these provisions have grown in number and complexity, reflecting an increasing acceptance of health and safety as a bargaining issue. Moreover, as causes of occupational illness and disease are identified, the costs of prevention, treatment, and compensation now borne largely by workers or the public may be shifted to the employer through the collective bargaining process.

During the past six months, several International Unions in the forefront of occupational health and safety have negotiated provisions which will certainly set a trend for other unions. For example, the concept of joint occupational health research programs, financed by management, is now being reviewed by many unions as a bargaining proposal. Specific health hazard abatement programs, with federal and state regulations as minimum requirements, will facilitate a new relationship between labor and management. Union approved and management financed national training programs for health and safety representatives will become a basic objective of all bargaining proposals. The following is a brief overview of some of the major health and safety provisions recently negotiated.



*Industrial Hygienists from the University of North Carolina Occupational Health Studies Group sample the air for vinyl chloride at a Firestone plant covered by the URW agreement.*

### UNITED RUBBER WORKERS

- Continues the Joint Occupational Health Program in cooperation with the Harvard and North Carolina Schools of Public Health. Funding is provided by management based on a formula of one cent (1¢) per hour for each hour worked by employees. The program has been most

beneficial in identifying relationships between diseases and occupational hazards encountered by rubber workers.

- Employees will be paid average hourly rates for lost time resulting from participation in medical surveillance programs, questionnaire sampling, or any approved program of the Joint Occupational Health Program.

- Environmental health and safety language requiring management to provide lists of compounds and substances used in plants with generic breakdown of trade name products.

### UNITED AUTO WORKERS

- Access by union and individual worker to monitoring data, accident reports, medical examination and lab test results.

- Requirement for review of existing noise abatement programs and joint planning of new or expanded programs.

- Continuation of management-paid full-time health and safety union representatives depending on workforce size. Also, tuition refund for such representatives enrolled in industrial hygiene or safety-related courses.

### OIL, CHEMICAL AND ATOMIC WORKERS

- Establishment of Health and Safety Review Committees with expanded responsibilities in the area of planning and implementation of corrective measures to eliminate workplace hazards.

- Lost-time pay for union representatives involved in all committee-related activities including walk-around inspections and investigations.

- Management-financed training, nationwide, for union health and safety representatives.

### URW Wins Out of Court Settlement

Over a year ago, a lawsuit was filed by United Rubber Workers Local 595, seeking \$2.5 million in damages from General Tire & Rubber Company and General Tire and Olin Corporation. The employees who work at General Tire's Ashtabula, Ohio facility said in their lawsuit that they had suffered injuries as a result of exposure to phosgene and other gases used at an adjacent Olin facility.

In November, 1976, the International announced the suit had been dropped and that an \$85,800 settlement had been agreed upon. The settlement of the case is reported to provide compensation to 76 union members. It was also agreed that additional monitoring equipment would be installed to provide further protection for workers.



*-CACOSH Health and Safety News  
Dr. Hank Abrons draws a blood sample from a UE 187 member. (Photo by Bob Gumpert).*

### Union Lead Testing Results in Citation

Workers producing Dutch Boy Paint at National Lead's south-side Chicago plant have always been concerned about lead fumes from melting pots. Last June, members of United Electrical Workers (UE) Local 187 and the Chicago Area Committee on Occupational Safety and Health (CACOSH) conducted blood-lead tests on ten union members. Results showed excessive lead levels in two workers.

The union decided to conduct its own tests because results obtained by National Lead's company physician were suspect. Also, union officials stated that workers in the dusty lead oxide department were never informed of test results by the company physician, unless their blood lead levels were above 80. However, most independent physicians acknowledge that blood levels approaching 80 are far from safe.

After the local conducted its preliminary tests, federal OSHA inspectors found National Lead to be in violation of the lead standard and cited them for failure to provide respirators. In addition, several workers have filed Workers' Compensation claims. The union is now exploring whether the company physician has violated the state medical licensing law.

### Steelworkers Fight Delay on Coke Oven Standard

The newly promulgated coke oven emission standard is to be gradually implemented by 1980. Yet the Steelworkers' (USWA) six-year battle over this standard still isn't over. On January 18, two days before the first four provisions of the standard were to become effective, the steel industry was granted a temporary injunction which delayed enforcement of the standard.

The Steelworkers then joined with the Labor Department, seeking to vacate the

court order which had seriously weakened the standard before it was even implemented. The industry then sought a permanent injunction against enforcement of the four provisions; however, it was denied by the Third Circuit Court of Appeals. In addition, the same Court rescinded the previously issued temporary injunction.

Medical studies show that coke production workers are ten times more likely to develop cancer than other groups of workers. Approximately 240 die per year.

## Review Commission Agrees With OCAW; Adds Coke Oven Jobs

The Occupational Safety and Health Review Commission (OSHRC) in a precedent-setting decision has required Allied Chemical Company to add six new jobs at their coke oven plant in Ironton, Ohio.

The decision came after Allied petitioned OSHA in March, 1976, to extend the abatement date for reducing coke oven emissions by one year. The Oil, Chemical and Atomic Workers, representative of workers at the plant, then filed objections to Allied's petition in April. Following standard procedure, the petitions were sent to OSHRC and settlement negotiations were begun to resolve the issue.

OCAW continually stressed that a primary reason for the excessive coke oven emissions was lack of sufficient numbers of maintenance workers. Agreement was reached with Allied to add four operators and two general repairmen to the coke battery and place this provision in the settlement agreement. -OCAW Union News

## Labor Reps Appointed to Advisory Committee

Six labor representatives were recently appointed to the new Cal/OSHA Advisory Committee. The Committee's main functions are to: review proposed amendments to the Cal/OSHA legislation; recommend procedural and policy changes; address problem areas related to the Cal/OSHA Standards and Appeals Boards; and act as liaison between their respective unions and Cal/OSHA management personnel.

The appointees are: James Lee, President, State Building and Construction Trades Council; Tim Twomey, Vice President, Service Employees International Union; James McLaughlin, Vice President, Retail Clerks International Union; Warren Morse, Safety and Health Director, Western Conference of Teamsters; Jerry Whipple, Regional Director, United Automobile Workers; and Albin Gruhn, President, California Labor Federation, AFL-CIO. A labor representative from the agricultural sector will be announced in the near future.



Lula Simmons, Chairperson of IAM Local 284 Health and Safety Committee, with committee member Harold Sanchez.

## IAM 284 Initiates Health and Safety Training

International Association of Machinists (IAM) Local Lodge 284 represents approximately 4000 workers at Caterpillar Tractor, Anchor Darling Valve Company, and several other places in San Leandro and Hayward, California. A twelve-member union health and safety committee was established during the summer of 1976. Chairperson Lula Simmons contacted the Labor Occupational Health Program and requested that a 20-hour training program be implemented for the committee members.

The health and safety committee then conducted a preliminary review of job classifications and work processes to assess potential physical and chemical hazards. The committee was also interested in special occupational health problems of women since approximately 500 members of the local are female.

In December, 1976, LOHP and Local 284 began a five-month certificate training program. At the conclusion of the training sessions in April, the local intends to be in a position to effectively monitor health and safety conditions in the plant.

## Steelworkers Push for Screening Legislation

United Steelworkers of America (USWA) Local 7528 represents about 900 workers at the Bullard Company machine tool and gray iron foundry plants in Bridgeport, Connecticut. The union is knowledgeable about health and safety hazards caused by dusts, chemicals, heat, noise and molten metals.

In 1973, union safety representatives suggested to the company that every foundry worker receive an annual chest x-ray and lung function test to detect possible respiratory disease. The company acknowledged the value of medical screening, but refused to initiate such a program. The union contract expired in July, 1975 and company-paid chest x-rays were again introduced as part of the bargaining proposal. Negotiations finally broke down and the union went out on strike. A settlement was finally reached after six weeks and company-paid annual chest x-rays for foundry workers were adopted.

Since that time, chest x-rays and lung function tests have been provided to all foundry workers. This program will continue until the current contract expires in 1978. A number of workers have subsequently been found to have respiratory disease and the union is currently involved in pressing several Workers' Compensation claims.

Local 7528 has also launched a legislative drive in the Connecticut Assembly to require that all foundries provide free annual chest x-rays and lung function tests to production and maintenance employees. This requirement would also extend to foundry-related departments of other industrial plants. The union's rationale is that this basic occupational health practice should be required by law, rather than being a topic of negotiations.

## Toxic Fumes Controlled in Rayon Plant

NIOSH screening in 1976 uncovered several cases of nerve disease among Avtex Films, Inc. workers due to exposure to carbon disulfide. Federal investigators also discovered an epidemic of worker poisoning by carbon disulfide fumes in 1972 at the same plant.

Located in Nitro, West Virginia, the rayon manufacturing plant was the target of a two-year effort by officials of the Amalgamated Clothing and Textile Workers' Union (ACTWU) and OSHA to identify and eliminate the hazards. Rayon manufacture is a chemical process in which raw cellulose is treated with a variety of chemicals including carbon disulfide and sulfuric acid to produce rayon fiber. A substantial amount of chemical fumes are produced in the process.

As a result of union insistence, Avtex has installed a ventilation system estimated to cost between \$6 and \$8 million. In addition to the ventilation machinery, the company is now required to take regular measurements of the level of the fumes in the air, and also to conduct urine tests on the workers. The union also has complete access to this information. -ACTWU Labor Unity



# Health and Safety Training in Sweden

By ANDREA HRICKO\*

Sweden is a country roughly the size of the state of California and with approximately the same number of people as the city of Los Angeles and its suburbs. Yet in 1975 and 1976, \$70 million was spent on worker education in health and safety. By contrast, the U.S. government—through OSHA—spent less than 5% of that amount during those same two years to train workers.

Full employment is a goal of Swedish labor market policy and the unemployment rate is currently under 2%. The country's workforce is highly unionized, with 90% of white collar workers organized. Thus, Swedish labor unions have considerable power. In fact, the membership of the Swedish LO (Confederation of Trade Unions, comparable to our AFL-CIO) forms the backbone of the Social Democratic Party which was in power for 44 years prior to its defeat in 1976.

## SAFETY STEWARDS

In Sweden, the responsibility for safe working conditions rests with the employer. (Contrary to popular notion, 90% of Swedish industry is private). But the labor unions play a central role in evaluating health hazards and seeking a safer workplace.

Under worker protection legislation passed in 1974, each worksite with more than five employees must have a safety steward who is elected or appointed by the local union. A jobsite with more than 50 workers must have a safety committee, with meetings scheduled at least every three months. The number of safety stewards depends on the size of the plant or office and the potential dangers. A foundry, for example, might have more stewards than an insurance office.

The largest union in Sweden, the Metalworkers, has 17,000 safety stewards for its membership of 415,000. Each of these men and women—along with the more than 100,000 other safety stewards throughout the country—receives at least 40 hours of basic health and safety training. Some safety stewards, particularly those who are full-time, receive up to 180 hours of training in specialized problems, such as noise, chemical hazards, or dust control. Training materials are developed by the Joint Industrial Safety Council, under funding from the Work Environment Fund which was set up in 1972. The fund is financed by a special tax on employers.

\*The author visited Sweden for one week in November, 1976, to study that country's occupational health practices and policies.

## TRAINING

Under the 1974 Swedish law, safety stewards can take the necessary time off, with full pay, to attend training classes and to perform their health-related duties. Whenever possible, training takes place during normal work hours. By contrast, only through successful collective bargaining do U.S. health and safety committee members or stewards get paid while performing their duties or attending health and safety training classes. Thus, most U.S. committee members must sacrifice precious evenings or weekends to attend health and safety classes and even then they do so without pay. Furthermore, only a limited number of health hazard training courses for workers exist in this country.

If there is a threatened danger, stewards can halt an operation or machine until the Industrial Safety Inspectorate can assess the situation. The stewards also have the right to all environmental data and any other company document on plant conditions. Health and safety committees of U.S. unions have sometimes been forced to resort to arbitration to obtain just the names of the substances with which their members are working.

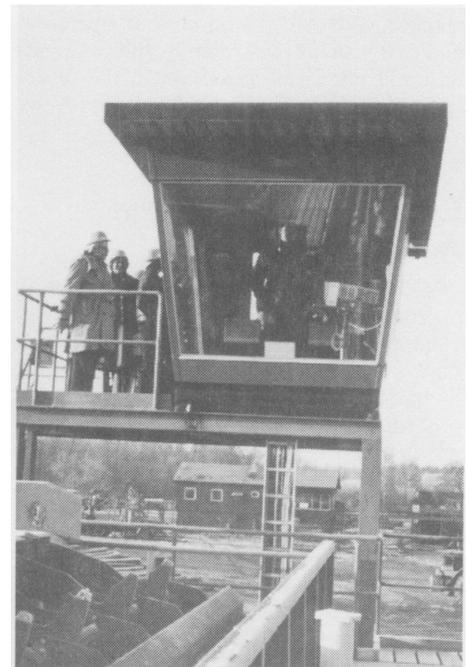
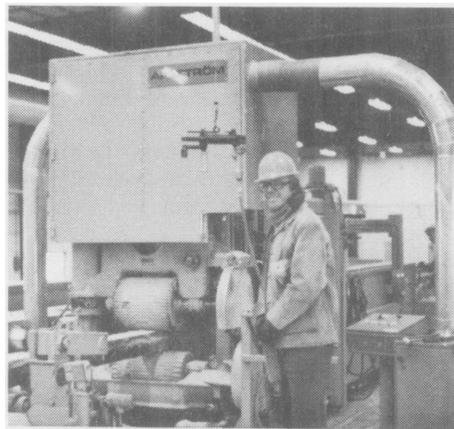
Both legislation and agreements in Sweden reflect the attitude that safety representatives need good training to perform their tasks well.

The Swedish training (which is still continuing) has enabled union safety stewards to understand the working environment and intelligently argue for changes in the work conditions when necessary.

## CORRECTING HAZARDS

Education of workers and management is not the sole method used for helping to prevent injuries and illnesses in Swedish workplaces. A great deal of attention is placed on technological changes to control hazards. At a sawmill north of Stockholm, for example, noise and dust levels have been greatly reduced through engineering changes. Sawmill workers now sit in booths to control the movement of logs onto conveyors (see photo). Noise levels outside where the logs are being chopped reach 100-102 decibels. Inside the booth, the worker is exposed to only 80-83 decibels.

Sweden's system for occupational health training of workers, though not perfect, offers us many insights into ways programs could be developed here—if not by legislation, then by collective bargaining.



Above, left and right: At the sawmill—ventilation system to control dust; noise control booth. Bottom: Frank Wallick, UAW, with a union health and safety committee member.

## DOCTOR'S CORNER

by Donald Whorton, M.D.

Dear Doc:

We are required to have an annual physical done at work by the company doctor. He will not tell us the results of the examination, although he says he will send the information to our "personal physician." I do not have a "personal physician" and do not understand why I need one in order to learn the results from a company-required examination.



Whenever any physician examines a patient, there is an ethical obligation to inform that patient of the results of the exam, in language that is understandable to the patient. Unfortunately, some company physicians seem to believe that they do not have to abide by the same obligations as private physicians.

With hearing tests, for example, some corporate medical offices will refuse to tell workers their exact results. Other doctors might tell a worker that she has a "25 dB deficit at 4000 Hertz" and not explain what this means in lay terms. In fact the obligation to inform patients of test results remains even though the physician is hired by the company or paid for by a third party (such as Blue Cross, or Kaiser).

There is one exception to this rule. If the doctor you see is a *consultant*, then he or she will often send a report to your doctor, who, in turn, will explain your problem or diagnosis to you.

With regard to annual or other physical examinations which are done as part of work, however, the doctor is not acting as a consultant and should therefore directly tell you the results of each test performed.

Thus, the company doctor should inform

you of the test results. But the question of who "owns" the medical records is still not totally resolved. With hospital records, a patient can legally request that records be sent to their own personal physician. But the legal issues of who has the right to corporate medical files on workers has not been resolved in court. Nevertheless, it is accepted medical practice that a patient can sign a release form and have his or her own medical files sent from the corporate medical office to a private, personal physician.

Some companies, however, have refused to send these medical records to workers' personal physicians when requested to do so. As a result, some unions (e.g. Oil, Chemical and Atomic Workers) have filed grievances over this issue and there are some arbitration decisions that require company medical records to be disclosed to a consenting employee's physician.

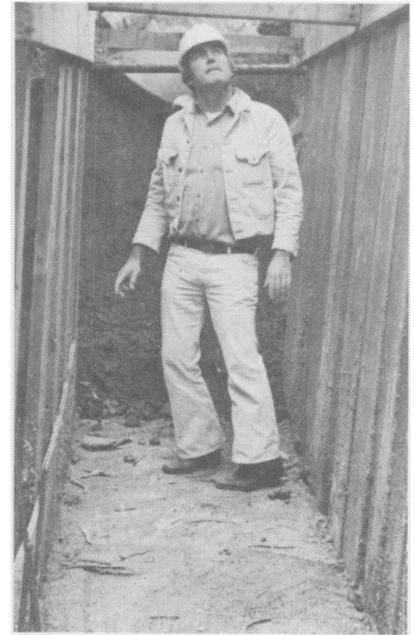
Another point on ownership of records: you should try to insure that any medical records on you and your co-workers remain in the company medical office—and do not go to personnel, where they could be misused or could potentially lead to discharge of a worker because of illness.

In summary, ask the company doctor to explain all medical test results to you. If you want to have the records reviewed by your own physician, ask your personal doctor to give you a release form, sign it yourself, and present it to the company doctor. He or she is then ethically obligated to send the records to your personal physician.

I would be interested in hearing from readers whose company doctors: (1) do not explain test results, (2) have refused to release these results to authorized personal physicians, or (3) have turned over confidential medical records to corporate personnel offices.

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

## Ken McGrew Joins LOHP Staff



Ken McGrew is LOHP's new Labor Coordinator for the Apprenticeship Training Program. As Business Manager of Asbestos Workers Local 16 in San Francisco, he was full-time chairman of the contract bargaining committee as well as chairman of the Health and Apprenticeship trusts. He was also instrumental in the legislative action that outlawed the spraying of asbestos products in the state of California.

Ken's twenty years of experience in the construction trades has given him insight into and awareness of the health and safety problems of construction workers. As Labor Coordinator of the apprenticeship program Ken will maintain contact with Building Trades Councils and Joint Apprenticeship Committees in California. He will also provide input into development of training materials.

Published monthly by the Labor Occupational Health Program, Institute of Industrial Relations, University of California, 2521 Channing Way, Berkeley, California 94720, (415) 642-5507.

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## CONFERENCE

*Continued from page 1*

least one recent court decision has held that for an inspector to enter an employer's premises *even when there has been a complaint* constitutes illegal search and seizure unless a warrant is obtained.

Other efforts to weaken OSHA include recent amendments to the 1970 Act which prohibit: (1) inspections of farms with fewer than ten workers, and (2) penalties against any employer who is found to have less than ten "non-serious" violations.

## DOCUMENTATION AND COLLECTIVE BARGAINING

The sessions on Thursday and Friday, led by Morris Davis, LOHP's Paul Chown, and John Sloan of the U.C. Berkeley Center for Labor Research and Education dealt with techniques which unions have successfully used to improve working conditions. Davis emphasized the importance of documentation—writing down everything that happens and keeping records of all communications with the employer and governmental agencies—as the keystone of an effective union health and safety program.

Davis also offered a comprehensive summary of contract language which some unions have been able to negotiate in this area. Many of the subjects which unions now consider negotiable, such as prohibition of speedup as a safeguard against stress, and banning or modification of work processes which are hazardous, are areas which were once considered "management prerogatives."

Chown and Sloan concluded the conference on Friday with a round-table discussion which brought out problems that these unionists were facing in getting action. Among issues which emerged were: some union members' apathy toward health and safety; management's arguments about the cost of improvements and how to refute them; the desirability of making "tradeoffs" on health and safety issues at the bargaining table; and the need to continue seeking improvements in the law as well as better contract protections.

## Newsire

**New OSHA Head:** Dr. Eula Bingham, who chaired OSHA's Coke Oven Emissions Advisory Committee, is expected to be named soon as the next Assistant Secretary of Labor for OSHA, replacing Dr. Morton Corn, who resigned on January 20th. Bingham is currently Professor of Toxicology at the University of Cincinnati. She is known to be a concerned listener to labor's viewpoint on occupational health matters.

**Leptophos:** Yet another highly toxic pesticide has caused nervous system disorders in workers—this one called Leptophos or Phosvel. Workers at a Bayport, Texas plant developed blurred vision and paralysis (not unlike Kepone effects) after exposure to the chemical, which was being manufactured for export to Egypt and other countries. It is not approved for use as a pesticide in the United States.

**Pregnancy disability:** In a real set-back for women workers, the Supreme Court ruled that private employer insurance plans which cover temporary disability for workers (non-job-related) do not have to include coverage for childbirth or complications of pregnancy. All temporary disabilities were covered for male workers at the General Electric plant involved in the lawsuit.

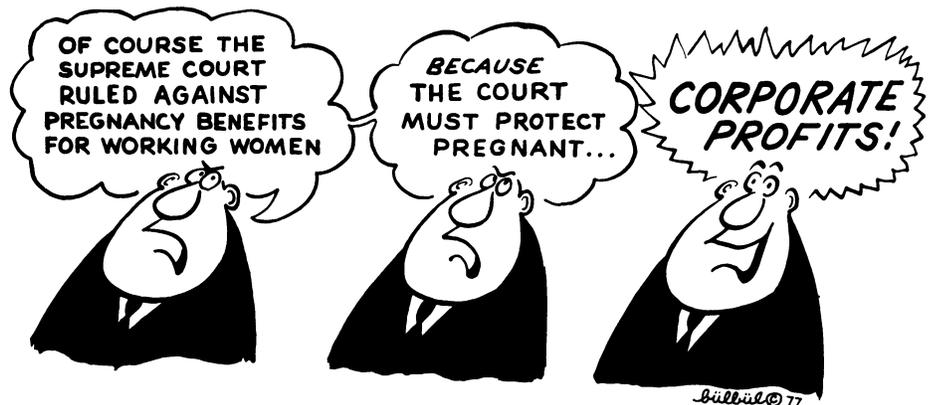
**Smoking:** The New Jersey Superior Court has ordered the Bell Telephone Company to prohibit smoking in work areas as a result of a lawsuit filed by a service representative who said that the smoke of her co-workers made it impossible for her to work. The judge said that "cigarette smoke contaminates and pollutes the air, not merely to the smoker but to all around her who must rely on the same air supply." Workers at the New Jersey office may now smoke only in the lounge or lunchroom.

## Workers Sick; Profits Healthy

Some of the Virginia workers who suffered paralysis, tremors, and even sterility following Kepone exposure have settled their court case against Allied Chemical and Hooker Chemical and Plastics. Terms of the settlement were not disclosed, but an industry spokesperson said "the settlement will have a negligible impact on the earnings of Hooker." Many of the workers are disabled and may never fully regain their health.

—Wall Street Journal

The Warner-Lambert Company said that availability of its chewing gum products (Dentyne, Trident, Chiclets, etc.) would probably not be adversely affected by a New York City plant explosion in November. The explosion killed four workers and injured over 50. The chicle plant's 1600 workers are not unionized. —Oakland Tribune



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