LABOR OCCUPATIONAL HEALTH PROGRAM

# • MONITOR •

VOL. 4 NO. 4 • MAY-JUNE 1977

## NEW YORK CETA TRAINEES LEARN HEALTH & SAFETY

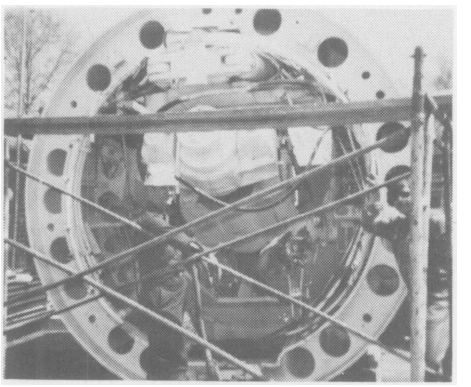
**by Frank Goldsmith**

- *Barry Coulter, an unemployed construction worker, is improving machine guarding methods for the Ideal Corporation.*
- *Rita Rosado, an unemployed mother of a 5-year-old, and Pat Brennan, an unemployed latherer who helped construct the World Trade Center, are developing health and safety educational materials for highway and sewage treatment workers.*
- *Bill Funderburk is assigned by the S&S Corrugated Company to investigate the toxic effects of chemicals which the company uses.*
- *Annie Allen, Robert Jones and eight others are working for the New York State Workers' Compensation Fund.*
- *Morey Berger and Benilda Pacheco are helping the Safety Director of Peninsula Hospital to develop health and safety programs for hospital workers.*

These and 26 other unemployed workers are participating in a special training and education program funded through the Comprehensive Employment Training Act (CETA). The sponsor of the health and safety project is Health Care Institute, an affiliate of Group Health, Inc., a private medical insurance company.

CETA funds are allocated by the federal government to employers (private companies, nonprofit groups, and public agencies) which agree to hire the unemployed as trainees in special projects designed to teach new, marketable skills.

The Health Care Institute program began in September, 1976 with the selection of 55 unemployed workers who expressed an interest in occupational safety and health. One-third of those selected were women; two-thirds were Black and other minority unemployed. All of the trainees have a high school diploma; four hold a college degree. Eighteen were construction workers, ten were clerical workers, seventeen were public service employees, and three had been in school. The trainees' ages range from 20 to 45.

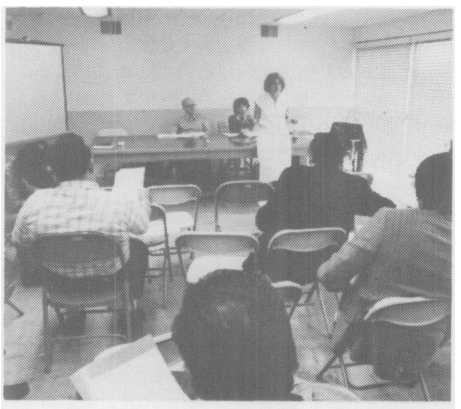


*CETA trainees at Staten Island tunnel with creeper.*

The program is designed to last one year. In addition to their health and safety work

*Continued on p. 7*

## HEALTH AND SAFETY CONFERENCE FOR BUILDING TRADES



*Janet Bertinuson of LOHP explains the standards-setting process to business managers at San Francisco Building Trades Council workshop.*

On May 31 and June 1, LOHP conducted a health and safety conference for business managers of the San Francisco Building Trades Council at their new building on Alabama Street, San Francisco. The conference was arranged through Stan Smith, Secretary/Treasurer of the Council, and Vic Thuesen, Director of the San Francisco Community College Labor Studies Program.

### TOPICS

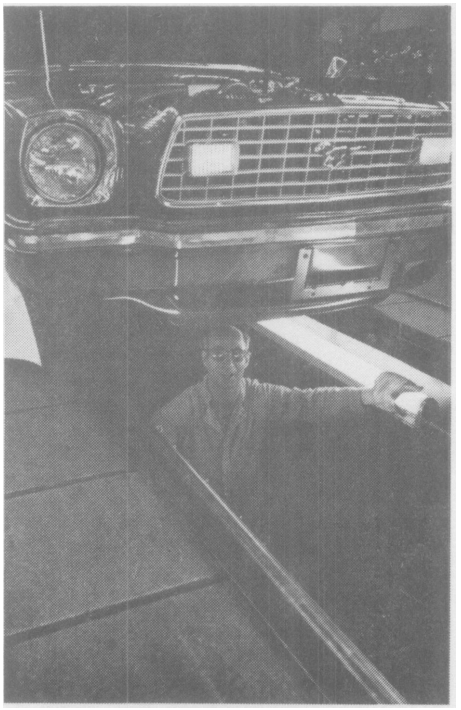
Topics covered in the two morning sessions included: Cal/OSHA; Achieving More Effective Standards; Recent Developments in Collective Bargaining; Recent Attacks on OSHA; Frequent Injuries and Illnesses in the Building Trades; and Workers' Compensation.

LOHP's Paul Chown introduced the sessions, and discussed collective bargaining possibilities in the area of health and safety. He advised unions to avoid language giving the union and the employer joint responsibility—otherwise, under the duty of fair representation, the union could be held liable, and thus be discouraged from getting involved in health and safety issues.

Ken McGrew, an asbestos worker working part-time with LOHP, has been arranging for staff photographer, Ken Light, to photograph building sites. McGrew narrated a sample slide show on the Hazards of Construction, put together under LOHP's OSHA-funded project to develop materials —a Manual, Instructors' Guides, and slides —for use by building trades apprenticeship programs.

Janet Bertinuson, LOHP's training coordinator, discussed how to participate in the standards-setting and appeals process, recent attacks on OSHA (and Cal/

*Continued on p. 2*



*Auto assembly workers, such as this man who must work in a pit eight hours a day, face numerous health and safety hazards (Photo: Ken Light.)*

## Bay Area Auto Workers Trained in Health & Safety

Twenty-five committee persons from United Auto Workers Local #1364 (General Motors, Fremont) attended a full-day health and safety training session conducted by LOHP on May 27.

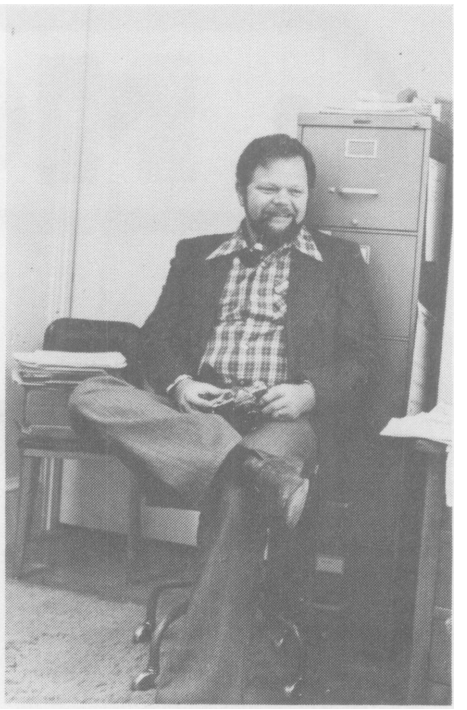
The class focused on hazards faced by auto assembly workers (e.g. noise and lead), and offered ideas on conducting plant surveys to detect health and safety problems.

Quarterly follow-up sessions are planned.

## Correction

In the April, 1977 issue of MONITOR, line 9 of the section "What Should Workers Do?" in column 3 on page 3 should read as follows:

"Although the OSHAct also protects workers from discrimination by allowing their names to be kept secret when they request an OSHA (or Cal/OSHA) inspection, in many cases the worker's name comes out anyway."



*LOHP was visited recently by the Swedish Labor Attache, Bjorn Pettersson. Pettersson, a former carpenter, discussed hazards in the building trades with staff members working on the apprenticeship training program.*

## CONFERENCE

*Continued from p. 1*

OSHA), and employers' attempts to weaken enforcement of the law. Bertinuson and Sidney Weinstein also discussed the most frequent injuries and illnesses in construction (falls and slips, and burns), and the trades with the highest frequency of injuries or illnesses. Morris Davis, a lawyer with LOHP, explained what concerns unions should have when giving their members advice in workers' compensation.

Since most lawyers only give a workers' compensation claimant 15 or 20 minutes, the claimant must be prepared to answer a lot of questions and bring up any additional pertinent information. The claim's success may depend upon the lawyers's ability to instruct the involved physician and be instructed by the injured worker. It is also important for a claimant *not* to settle out of court either for benefits or rehabilitation, unless the claimant is confident that such a lump sum will cover all future anticipated medical costs. Otherwise, settling in this way means you could never re-open your suit, and injuries do recur sometimes or contribute to future injuries or illnesses. By law, you can re-open your case within five years. Also by law, the employer must pay for the rehabilitation program the qualified injured employee may choose.

Mary Shinoff, representing the health component of Cal/OSHA (the Occupational Health Branch of the Department of Health), described Cal/OSHA's reorganization, and how to effectively initiate a health inspection. Shinoff also discussed how workers and unions can exercise their rights under the law.

Conference participants also viewed a slide show on the hazards of working with asbestos, produced by the Oil, Chemical and Atomic Workers' International Union.

### BUILDING TRADES PROBLEMS UNIQUE

Unique problems in construction which affect the enforcement of health and safety regulations and the protection of workers were discussed during the two-day sessions.

1. **The work is nonstationary and often seasonal—thus unions and workers must make a special effort to keep records of job sites, working conditions including possible exposures to toxic substances, and any injuries or illnesses sustained as a result of the job.**
2. **Speedup is a constant problem—this can result in such protective measures as scaffolding, ladders, machine guards, railings, clothing, shoring, etc. being haphazard at best or nonexistent. It can also result in piecework (and untrained workers on the site) even where a good contract may exist.**
3. **A number of trades are usually on the site at once—thus one trade may be exposed to the hazards produced by another, and without realizing it. For example, not only welders are exposed to ionizing radiation, but nearby workers without eye or clothing protections may also be affected.**

Because of the above, a number of the conference participants felt that a working and close relationship between the business manager and the Cal/OSHA inspector, plus contract language enabling the union to stop work in an alleged "imminent danger" situation were probably more effective ways to insure the health and safety of their memberships than to rely on inspections and fines. By the time an inspector gets out to the job, the situation might no longer exist, and it is probably cheaper for construction employers to risk a fine than to stop work and change the hazardous situation.

## Benzene

On May 3 the Labor Department (DOL) issued a temporary emergency standard for benzene, a chemical widely used in about 1200 workplaces, which is now considered to cause cancer. At least 153,000 workers are exposed to benzene in the chemical, printing, petroleum, paint, and rubber industries. The standard, which was to take effect May 21, reduced the allowable benzene exposure from 10 ppm averaged over an 8-hour day to 1 ppm. In addition, the highest allowable exposure was lowered from 25 ppm to 5 ppm for any one 15-minute period during the working day.

The standard is one of the few such emergency rules to be issued by the DOL, and like earlier ones, it has been challenged by industry. Alleging that the emergency standard cannot be feasibly met, oil companies won a delay of the standard from a court in New Orleans. A hearing was set for June 6, with OSHA seeking a reversal of the court order.

Meanwhile OSHA has proposed a permanent standard on benzene with the same levels called for in the temporary standard. The permanent standard calls for stricter medical testing and stresses engineering controls, but still exempts operations where solutions containing less than 1% benzene are still used (e.g. retail gas stations).

Although other effects of benzene are well known, the cancer hazard has not generally been accepted until recently. The emergency standard was set after DOL received a NIOSH report showing deaths from leukemia (cancer affecting the bone marrow and blood) to be five times higher than expected among former workers at two Goodyear Tire and Rubber Co. Plants. Secretary of Labor Marshall said the standard was issued because "the evidence is overwhelming," and "the need to act is urgent."

As OSHA considers a new permanent standard for benzene, other government agencies are being pressured to control exposure to the chemical. The Health Research Group (HRG) filed a petition with the Consumer Product Safety Commission to ban the use of benzene in consumer products "because of substantial evidence that benzene causes leukemia." HRG notes that benzene makes up 15-100% of some paint removers and is also found in rubber cement and other artist's supplies. In typical home or art use benzene is used in open operations, often with poor ventilation. HRG cites the NIOSH recommendation which says "the use of benzene as a solvent or dilutent in open operations should be prohibited."

Meanwhile, on April 18 the Environmental Defense Fund petitioned the Environmental Protection Agency to begin regulating benzene as a hazardous air contaminant under the Clean Air Act. EPA responded on May 31 by listing benzene as a "hazardous air pollutant" under the Clean Air Act. After reviewing scientific information on the effects of airborne benzene on health, EPA will pinpoint emission sources which should be controlled. Within six months EPA must issue proposed emission standards for benzene, and follow them with a hearing. A final standard must be issued no later than six months after the hearing, if benzene is determined to be dangerous in the general environment.

## Chloroform

The Health Research Group (HRG), a Washington-based public interest organization, has petitioned OSHA to set an emergency standard for chloroform. An estimated 40,000 workers are exposed to this substance in industries which produce paints, plastics, surgical supplies, drug and laboratory products, refrigerants, and fluorocarbon propellants.

The petition asks that a "no exposure" level to chloroform be set (currently it is 50 ppm), because of the cancer risk. In addition, HRG has requested a permit system with federal inspections required of employers who use chloroform.

HRG cited both a NIOSH report from June, 1976, which recommended that chloroform be labelled as a cancer-causing agent, and scientific studies which show cancer in mice and rats.

## Nickel

NIOSH has recommended to OSHA that exposures to airborne inorganic nickel compounds be lowered from 1000 ug/m³ to 15 ug/M³. There is increasing evidence that most inorganic nickel compounds cause nasal (nose) and lung cancer in exposed workers. Approximately 250,000 workers use nickel metal and nickel salts in industries that produce nickel alloys and stainless steel or do electroplating.

Information on the rate of nasal and lung cancers comes from international sources.

| | Number of expected cancers* | Number of observed cancers |
|---|---|---|
| INCO refinery (Wales) | 2.3 nasal<br>27.4 lung | 56<br>145 |
| Portol-borne, Ontario | 0.47 nasal<br>40.9 lung | 24<br>76 |

**-For example, at INCO 56 workers developed cancer of the nose; statistically less than three of them would have been expected to get this cancer.*

These two studies show a significant difference in the number of expected cancer cases and those actually seen in the workers. Another study, of Norwegian workers in a plant which opened in 1950, showed 22 cases of nasal cancer and 64 of lung cancer. The cases of nasal cancer are particularly alarming, because this form of cancer is rare in the general population.

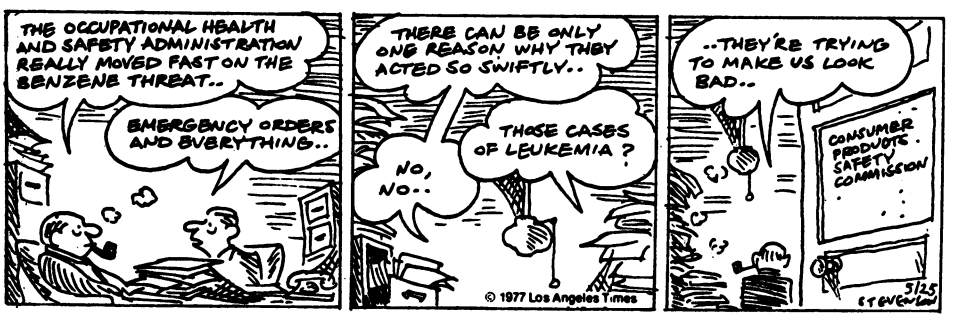
NIOSH also recommended control methods such as laundering work clothes at the plant and improvement of engineering controls.

## Acrylonitrile

In a letter to government agencies responsible for worker and product safety, the DuPont Company has indicated that acrylonitrile may be a cancer causing substance. The chemical is used in the manufacture of acrylic fibers and synthetic rubber. In a study at one of their acrylic textile fiber plants in Camden, S.C., DuPont found an excess number of cancer cases and cancer deaths, particularly lung and colon cancer.

DuPont's findings tie in with those reported last year by the Manufacturing Chemists' Association. The MCA report indicated that lab animal experiments suggest acrylonitrile may be a carcinogen.

The current OSHA standard for acrylonitrile is 20 ppm averaged over an 8-hour work day.




—*Washington Star*

*—Flightlog, Air Line Pilots Association*

# Into the Wild Blue Yonder

Since the early days of transcontinental or transatlantic flights, the aviation industry has changed greatly. Modern jets are bigger, faster, and fly higher than their earlier propellor-driven counterparts. Where it once may have taken three days to reach Tokyo, you can now fly directly from New York in 14 hours. Although these and other changes have made flying generally more comfortable, and more convenient, for one group of people the 14 hour flight means constant activity serving food and beverages and attending to other passenger needs. For a flight attendant the workplace is a cabin, and the working hours are irregular, often well over a typical 8-hour work day.

Their airborne working environment and flight schedules combine to put a number of stresses on flight attendants. Low humidity, noise, vibration, and cigarette smoke may contribute to fatigue and other serious problems. No comprehensive studies of work-related health effects have been done for flight attendants. However, varicose veins are a common complaint and many flight attendants report irregular menstrual periods. Irregular work hours, irregular eating and sleeping patterns, and time zone changes also take their toll on flight attendants' health. Much more research on the health effects caused by these working conditions is needed.

Recently a new hazard for flight personnel and passengers has made the news—ozone sickness. Ozone is a gas found in one layer of the earth's atmosphere which is produced by effects of ultraviolet radiation. Ozone can be both protective and harmful. It protects us by preventing much of the sun's ultraviolet radiation from reaching the earth and causing skin cancer. But direct human exposure to the gas can produce serious health effects.

Normally ozone has been far too high above the earth to create a hazard. But with many planes flying higher to save on fuel, and the gradual lowering of the ozone layer, people are now more likely to be exposed. At high altitudes, ozone can be drawn into the plane through the ventilation system. Symptoms of ozone sickness, first reported on planes a few months ago, include shortness of breath, chest pains, severe coughing, headache, eye irritation, and fatigue. First to notice these symptoms, because they are more active, flight attendants would try to serve food, drinks, etc. as early in the flight as possible before the symptoms were felt.

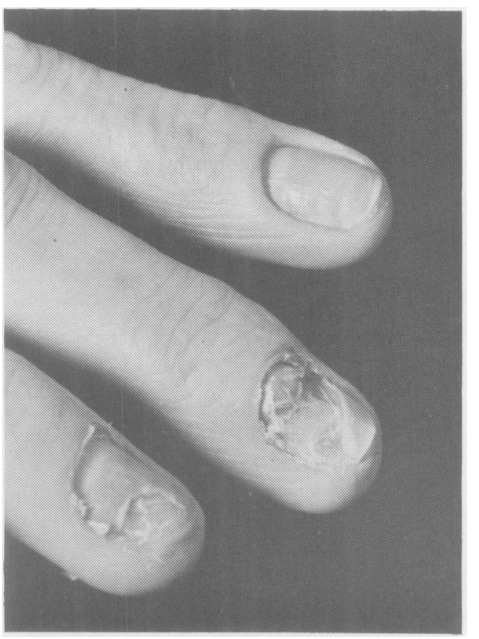
However, complaints from passengers became more frequent, and soon pilots began to experience the same problems. Many of the cases reported were on Boeing 747 SP aircraft which fly higher than most other planes, and also fly a polar route to Tokyo where the ozone layer is lower. The combination of high altitude (increasing ozone concentration in the air) and long flight time increases the possible ozone exposure.

Ozone measurements taken during some flights showed levels as high as 0.6 ppm (parts of ozone per million parts of air). OSHA's standard for an 8-hour average exposure is 0.1 ppm, and typical symptoms—irritation, scratchy throat, chest pains—are seen at 0.4 ppm or lower. Although these are acute problems, long-term exposure to ozone has been shown to cause chromosome breaks in both human and hamster cells. The implication—that ozone may cause mutations (genetic damage)—increases the hazard for people who are exposed on a long term basis, such as flight attendants.

Stop-gap measures such as reducing altitude have been taken by the airlines while permanent solutions are worked out. Both airlines and manufacturers are trying to develop engineering controls as long-term solutions. For example, recirculation fans have been added to some jets to improve ventilation. Boeing is also trying to develop a filter which will prevent ozone from reaching the cabin.

The solution which may work best is to bring air into the cabin from an area of the compressors which is hotter than normal. The higher heat breaks the ozone down. The Concorde SST's haven't had problems with ozone sickness, despite the high altitude at which they are flown (60,000 ft.), because they were originally designed to bring in hotter air. (One side-benefit from the search for engineering controls is that Boeing and Pan Am are now also working on systems to increase cabin humidity. Flight attendants have long been concerned about dry air's effect on their skin, eyes, nose, and bodily functions.)

Until the ozone problem has been solved, the Aviation Consumer Action Project has asked the Federal Aviation Administration to warn passengers about ozone sickness. Noting that passengers are actually monitoring ozone levels by their physical reactions, the Project says, "they should at least be informed of the health hazards they face."



*When certain yeasts and bacteria come in contact with a flight attendant's wet hands, a fungus infection can be the result. (Story opposite.)*

# Fingernail Fungus: An Occupational Disease

Next time you take an airplane flight, watch how the flight attendants mix drinks and put ice into glasses before serving passengers. They often place their hands into the ice buckets to get ice, causing their hands to become wet. Their hands also are often wet when the flight attendants work in the galley.

Or, if you are in a bar or restaurant, you might notice that bartenders often have wet hands. So do kitchen staff, waiters and waitresses, household workers, and people who work in canneries preparing vegetables. What do all these different workers have in common? They tend to develop infections of their hands, particularly the fingernails, like that pictured below.

How do these infections start—and how can they be prevented?

When the hands have been wet for a period of time, they tend to appear wrinkled and quite soft. When skin is in this condition, it is more susceptible to infection than normal. When hands are in water that is contaminated with bacterial or fungal agents, the chance of infection is even greater, particularly if the fingers have small cuts or scratches.

The photograph shows the hand of a flight attendant who developed diseased fingernails as a result of her constant exposure to contaminated water. The woman was out of work for four months as a result of her condition. Her nails became thickened and disfigured, starting at the ends. Then her nails started separating from her fingers and began to fall off.

Typically, the injured person has to be removed from work until the condition improves and the infection is gone. Treatment includes removing the diseased part of the nail, letting the underlying tissue dry out in the open air, and then applying antibiotics to the area. It can take 4-5 months for a completely removed nail to grow back.

Two very common organisms, which are found in many places, are known to cause this disease: *Candida albicans* (a yeast) and *Staphyloccus aureus* (a bacteria). When unsanitary practices are used, the development of these organisms is enhanced.

The flight attendant who suffered the problem shown in the photo said that there was a lack of careful sanitation of surfaces between flights. Swabs of various areas of the aircraft were taken and the laboratory cultures revealed these same two organisms present in the ice drawer, on top of the buffet, on the floors and the back of the tray carrier. The identical organisms were found in cultures of the flight attendant's fingernails.

Cleaning with adequate sanitary solutions would markedly reduce the number of organisms present in these areas. Simple changes in work practices—such as using a utensil for handling ice—would also help to reduce the risk. Workers who are susceptible to these infections (not all workers whose hands are constantly wet on the job develop the problem) must make every effort to keep their hands as dry as possible and should demand that proper sanitary measures be taken to keep the work areas dry and sanitized.

*The importance of careful documentation of health and safety complaints is quite clear: only through careful records of the occurrence of her fungus infection and through laboratory cultures of her own fingernails that matched the organisms found in the cabin, was this flight attendant able to document her claim to receive Workers' Compensation.*

## DOCTOR'S CORNER

**by Donald Whorton, M.D.**

**Dear Doc:**

**I work in a mill that manufactures wood products such as particle board and plywood. Several of us notice an irritating odor around the bonding operation and even working around the finished products causes some eye and throat irritation. Do you have an idea what might be causing the problem?**

Many of the resins used as bonding agents contain various organic solvents. One of the more common substances is formaldehyde, which may be found in resins such as urea-formadlehyde or phenol-formaldehyde. Formaldehyde could be causing the irritation you describe. Formaldehyde is also used to preserve tissue in laboratories, or animals in anatomy laboratories. It is used as a fungicide, as a wrinkle-resistant on textiles, and as a preservative in some shampoos and cleaning agents.

Formaldehyde is a strong irritant of the eyes, nose, throat, and windpipe. A very small amount can produce irritation. In some people, levels as low as 0.3 parts per million (ppm) can produce eye and throat irritation. At levels of 5 ppm (the current OSHA standard), most individuals will probably feel some irritation.

Formaldehyde can also irritate the skin of workers who handle objects soaked in it. In addition, some people become sensitized to formaldehyde and develop an allergic reaction when they come into contact with the compound. This reaction usually affects the skin of the hands, or sometimes the nose, or even the lungs. There have also been recent reports about formaldehyde producing asthmatic-type lung conditions in a few people.

Recently, formaldehyde has been considered a suspect carcinogen because it has produced mutations under certain laboratory conditions.

Heating of formaldehyde increases the problems as the chemical vaporizes more readily, making breathing the compound more likely.

The best method for handling the hazards with formaldehyde in your situation would be an adequate ventilation system so that your exposure is minimized. If you are told that the level is below the OSHA TLV, this does not mean that you will not suffer at least an irritant effect from the exposure. If you are already sensitized to the compound, then keeping levels at the TLV may not solve the problem because even low levels can cause the allergic reaction especially on the skin and in the lungs. Also, the present TLV is not low enough to protect all workers. NIOSH has recently recommended that the allowable exposure level be lowered to 1 ppm for any 30 minute period.

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


*—Flightlog*

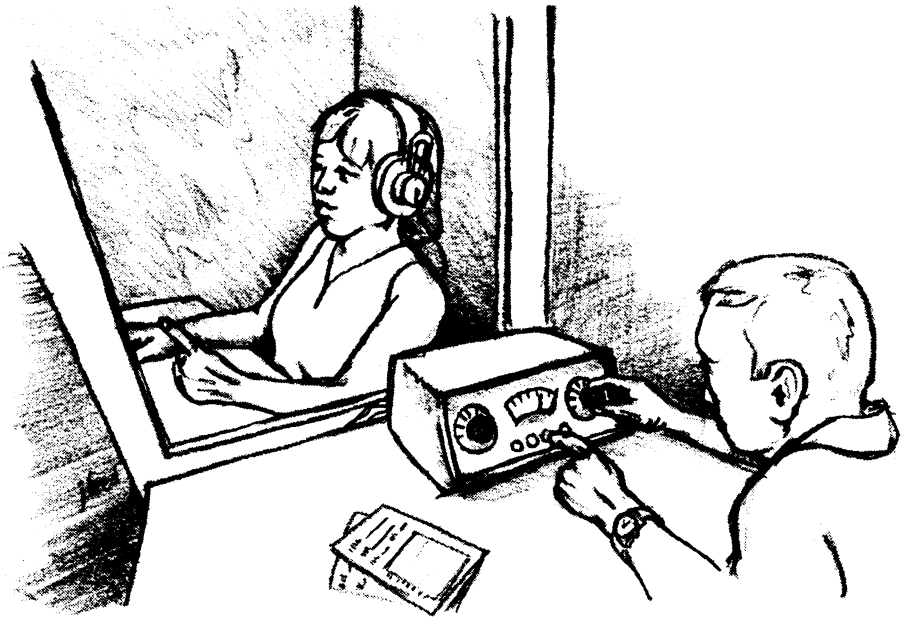
# NOISE: ARE YOU BEING EXPOSED TO TOO MUCH?

Although we all lose some of our hearing ability as we get older, hearing loss can also result from exposure to too much noise over a period of time. Hearing loss due to noise, unlike some other kinds, is not correctable by either surgery or hearing aids. So the best protection is prevention.

## WHAT ARE SOME SIGNALS?

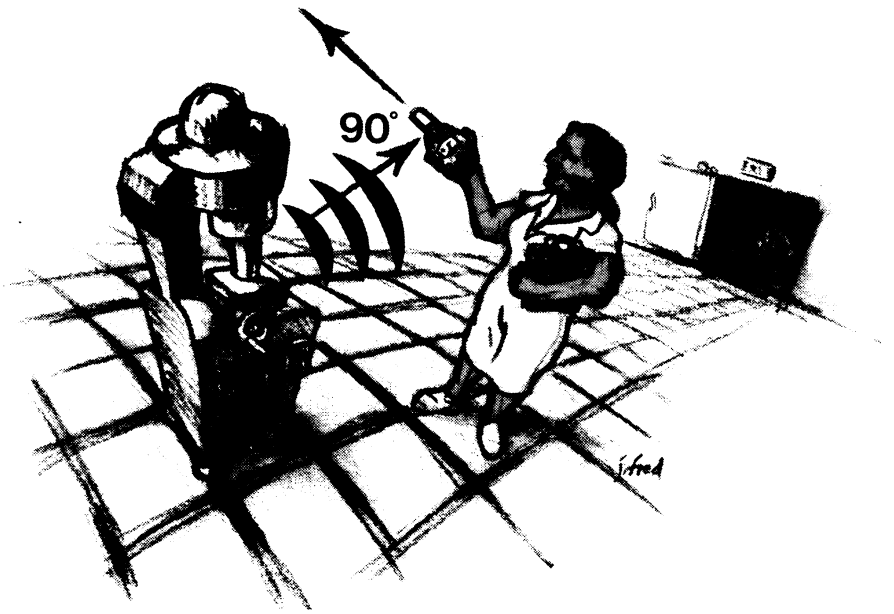
Fortunately, you often know when noise levels are too high. Some signs of this are:

1. **You have to shout to be heard by someone only an arm's length away. If this is the case, the noise level is probably at least 90 decibels (dB): one out of every five persons exposed to 90 dB over a period of time could suffer hearing loss.**
2. **Your hearing seems dulled just after your work shift.**
3. **Your ears ring after work.**
4. **You or your family have noticed your hearing is getting worse.**
5. **You sometimes get headaches or feel giddy at work. (These symptoms could also be due to carbon monoxide or toxic chemicals.)**
6. **Older, more senior workers seem hard of hearing.**



*You should ask for a hearing test if you have experienced any of the warning signals. (Graphic: J. Fred Decker.)*

If you have experienced any of the above, you might be exposed to too much noise, and you might want to have a special hearing test called an audiometric test. You might also want to measure (monitor) the exact noise levels in your workplace with specially designed instruments. It is usually the employer's responsibility to monitor the workplace and provide regular hearing tests; however, unions can also arrange for such protections, either through their contract language or through agreement with the employer.




*Noise levels can be measured using a simple sound level meter. (Graphic: J. Fred Decker.)*

## WHAT CAN YOU DO?

There is a legal limit (OSHA standard) for noise exposure—90 decibels averaged over an 8-hour workday. If you think you are being exposed to more, you can file an OSHA or state OSHA complaint requesting an inspection. If you do file such a complaint (with either the nearest regional OSHA office, or, if there's a state program as in California, with the appropriate state agency), be sure to mention the problem work processes and machines, and the worst times of day, month, or year.

Although the current standard will *not* protect all workers, it is a start. Better protections can be achieved in the future either through passage of a stricter standard (80 decibels would be much safer), or through union contract negotiations. (See the November/December, 1976 *Monitor* for a discussion of current activity on both possibilities.)

Hearing loss is not much fun. Nor is it a necessary part of anyone's job. There do exist *feasible* ways to lower workplace noise levels enough to protect the health of almost every worker.

## CETA

*Continued from p. 1*

assignments, the trainees are also fully matriculating students at Empire State College, Labor College Division, State University of New York. Courses which they have taken during 1976-77 include: Oral and Written Communication; Occupational Health; OSHA Administration; Introduction to OSHA; Industrial Safety; and Industrial Hygiene.

The OSHA Administration and Industrial Safety courses are taught by Cornell University, New York State School of Industrial and Labor Relations, Extension Division; Mt. Sinai Environmental Sciences Laboratory teaches the Occupational Health and Industrial Hygiene courses. Empire State College is responsible for the communication courses and overall curriculum development.

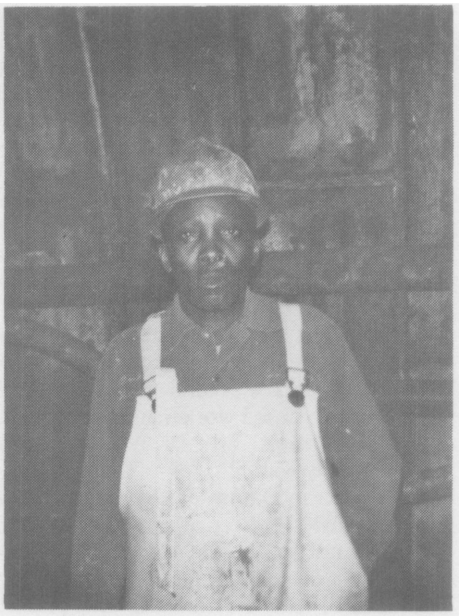
### INTERNSHIPS

The students are now working in their internships with companies, unions, and public agencies. The intern period counts as a course at Empire State. A daily log and a final term paper based on daily life experience are the course requirements.

Work assignments are with: the American Federation of State, County and Municipal Employees (AFSCME) in sewage treatment, hospitals, parks and recreation; the New York Consumer Protection Board; Cornell University; and other employers.

Completion of the program will net the students 30 credits towards their Bachelor's degree. Only 13 students have left the program over the year. All had found other employment.

Most of the students encountered difficulty with the medical and science courses. There were some curriculum changes which resulted in these courses being taught with increased student participating and fewer lectures. Now the students are doing considerably better.



*CETA trainees learned in the field as well as attending college-level extension courses in health and safety.*

While each student is primarily interested in finding OSHA employment at the conclusion of the program, many intend also to continue their studies in the evening. The Labor College of Empire State, which specializes in educational opportunities for working adults, will make this a practical possibility.

### OSHA JOBS GAP

The program is, in effect, a test of the theory that occupational health and safety is an area of employment growth. It has been well established that highly credentialed industrial hygienists can productively use the services of para-professionals trained in air monitoring and record keeping. The same applies to the occupational physician. Similarly, the program organizers hope that trade union health and safety departments and researchers can successfully utilize the trainees' help in contract negotiations, education and training of shop stewards, and monitoring programs. In the same way, it is hoped that companies can use these newly trained OSHA workers in their personnel departments with OSHA responsibilities and in their laboratories as technicians to their medical and scientific experts.

There is no verdict yet on the success of the program. The key element in any evaluation must be the gainful employment of the students in job health and safety positions. In addition, the ability of these students to seek their Bachelor's degree will determine their success in obtaining government OSHA jobs, where a degree is required.

In the final analysis, however, the employability of these students will depend upon the enforcement programs of the Occupational Safety and Health Administration. An active program by the new OSHA leadership would force both employers, unions, and the government itself to hire more help. These newly trained OSHA experts can fill that vital role and help make workplaces safer and healthier.

Violet Latimer and Ivan James have expressed surprise and great pleasure that the safety and health professionals of the Amalgamated Meat Cutters Union, Local 342, are seeking their advice on health and safety matters. "They are really interested in our ideas!"

"Of course we are," replied Ralph Quattrocchi, Local 342 Safety Director. "We need their help in solving many of our complicated safety and health problems. That is why we put them on as interns."

**Frank Goldsmith, M.P.H.,** is employed with Cornell University, New York State School of Industrial and Labor Relations.

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



Annual subscription rates: Organizations and Institutions—$10.00, Individuals—$5.00. Quantity shipments are also available to union locals or other groups at a cost of 10¢ per copy per issue, with an annual subscription.



Please enter a subscription to the
Labor Occupational Health Program **MONITOR.**

Check one: ☐ Organization ($10.00) ☐ Individual ($5.00)

Quantity shipment of _____ extra copies per issue ($1.00 per year for each extra bulk order with annual subscription)

Name _____

Organization (if any) _____

Address _____

City _____ State _____ Zip _____

**Please prepay. Make checks payable to: Regents of U.C.**

# EDITORIAL

## The Worker's Right to Know

In a statement before a House Government Operations Subcommittee, John Finklea, Director of NIOSH, revealed that more than 7 million workers are exposed to substances that are currently regulated by the Labor Department, but are unaware that they're working with regulated substances, because the materials are contained in products sold under trade names. Lack of information due to the so-called "trade secret camouflage" is a problem facing workers who are trying to protect themselves and fellow workers from occupational disease.

Dr. Eula Bingham, Assistant Secretary of Labor for OSHA, who coined the above term, has promised to move full speed ahead to require employers to furnish generic names of chemicals their workers use. In the meantime, until a hazardous substances labeling standard is instituted, workers continue to be exposed to toxic substances with no clues about their composition.

Some employers tell workers the actual names of chemicals in their workplace, but often fail to warn them of the hazards. Workers have heard once too often the familiar refrain, "it won't hurt you," only to later discover the real dangers of exposures to substances such as asbestos, Kepone, vinyl chloride, or BCME. By then, it may very well be too late.

Through collective bargaining and use of grievance procedures, some unions have won the right to obtain the names of chemicals used on their jobs, as well as information on their hazards. But the majority of the American workforce is unorganized and thus must look to the government and their employers to provide this basic information. To date, the record of both groups has been shockingly poor.

Recent news stories revealed that NIOSH has collected, as part of its research, the names of approximately 74,000 workers exposed in this country to cancer-causing chemicals. These workers have all been kept in the dark about their increased chances of developing cancer as a result of their work exposures. NIOSH officials have stated that the agency lacks money and authority to find and notify all these workers—and that they fear that notification without medical followup might do more harm than good.

Although a system for medical care for these workers is necessary, the failure to notify them raises several moral and legal questions. Exposed workers are "like walking time bombs," says Dr. William Johnson, formerly with NIOSH. "Ten years later they might not know of the occupational link to cancer." Consequently, of course, they will not know that they might be eligible for workers' compensation. Furthermore, since early treatment is very important with certain forms of cancer, these workers are being denied the right to seek early medical care when they suspect a problem.

When asked about the difficulties of finding and notifying workers at high risk, Dr. Bingham offered a good analogy in a recent news interview:

> "We put a great deal of time and effort into identifying individuals who have come in contact with a person who has smallpox or some other communicable disease. It would seem to me that we should come of age in this country and realize that we have to let workers know when they have been exposed to carcinogens."

Indeed it is time we come of age and recognize that workers have a right to know what they are working with and what the exposure hazards are, as well as the right to be notified if they are being exposed to chemicals which may in the future disable or kill them. Workers have unknowingly served as guinea pigs for too long.

*—Janet Bertinuson*

## Cancer in California

To educate employees and employers about cancer-causing substances regulated under California's Carcinogens Control Act, the State Health Department has put together special materials and is sponsoring educational sessions throughout California.

If you think you work with these substances, which include asbestos, vinyl chloride, MOCA, benzidine, dimethylamine and eleven other compounds, you should contact the Occupational Cancer Control Unit for more information. A future issue of *Monitor* will describe the educational sessions and materials.

### OCCUPATIONAL CANCER CONTROL UNIT

| *North* | *South* |
|---|---|
| State Health Department<br>2151 Berkeley Way<br>Berkeley, CA 94704<br>(415) 843-7900 | State Health Department<br>1449 West Temple St.<br>Los Angeles, CA 90026<br>(213) 620-9290 |

## Clearinghouse

The Oil, Chemical and Atomic Workers Union has just published a comprehensive workers' guide to TDI (Toluene diisocyanate), a substance primarily used in the manufacture of urethane plastics. Copies of the book *TDI: IS IT DANGEROUS?* by James Weeks, are available from the OCAW Health and Safety Office. There is no charge for OCAW members; a $1 per copy charge for nonmembers. To order, write: OCAW Health and Safety Office, 1636 Champa St., Denver, Colorado 80202.

The Coalition for Workers' Rights, a group formed by Union Wage in 1975, is now publishing a newsletter. Their goals—"to advance the efforts of working people fighting for such rights as minimum wages, hours' limits, and occupational safety and health protections." Their newsletter is $2 per year. For more information on this group and/or to order their publication, write: Coalition for Worker's Rights, c/o Union Wage, 5332 College Avenue, Oakland, CA 94618, or call (415-655-2813).

**Institute of Industrial Relations,**
**University of California**
**Center for Labor Research and Education**

2521 Channing Way
Berkeley, CA 94720

Address Correction Requested

Nonprofit Org.
U.S. Postage
PAID
Berkeley, Calif.
Permit No. 1