

## Monitor—An Era Ends, Another Begins

This is the last issue of the Labor Occupational Health Program's newsletter, *Monitor*, in its present format. For four years, *Monitor* has been keeping its readership of over two thousand trade unionists, professionals, and other interested individuals up-to-date on the latest developments in the growing field of occupational health and safety.

LOHP and many readers with whom we have talked feel a need for a publication which will offer an expanded scope—more news, more pictures, more in-depth articles on unions, particular hazards, legal and legislative developments. As a result,

LOHP has decided to publish a new, larger *Monitor* beginning with the next (May-June, 1978) issue.

Our new format will be a sixteen-page, bimonthly, tabloid-style publication. There will, therefore, be six issues per year rather than the current eight, although the new format will allow us to publish twice as much material per year. All subscriptions originally ordered at the eight-issue-per-year rate will automatically be extended so that the subscriber will actually receive eight issues. New subscriptions, which will be offered at the same annual rates (\$5.00 for individuals and \$10.00 for organizations),

will cover six issues. Additional copies ordered with an annual subscription, and to be sent to the same address, will continue to be available at \$1.00 per extra copy per year. Single copies will be 20¢.

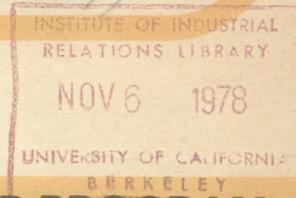
Our new format will include a number of new regular features, including book reviews, a labor column, and letters from readers. The success of the last depends on your help; please write. Occasionally, we will include feature articles on pertinent topics which have been submitted by readers. Please contact LOHP at (415) 642-5507 if you are interested in submitting an article.

LABOR OCCUPATIONAL HEALTH PROGRAM

Calif Univ. IIR(B) Center for Lab. Res. & Educ.

# MONITOR

VOL. 5 NO. 3 • APRIL 1978



## ASBESTOS WORKERS PIONEER HEALTH HAZARD PROGRAM

by Roy J. Steinfurth\*

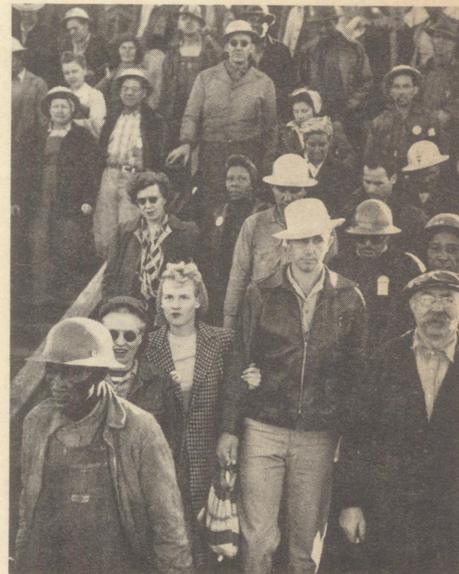
Members of International Association of Heat and Frost Insulators and Asbestos Workers Local 12 in New York City and Local 32 in Newark, New Jersey, have been the subjects of an exhaustive research and continuing medical surveillance program conducted by Dr. Irving J. Selikoff and his staff at the Mount Sinai School of Medicine, Environmental Sciences Laboratory, for several years. Like previous officers of the union, our current General President, Andrew T. Haas, is well aware of the suffering, illness, and greatly increased death rates of our members who develop asbestos-related diseases.

At our 1972 International Convention, President Haas recommended that we

assess ourselves one cent per member per hour worked to establish a fund to finance a Health Hazard Program. The proposal was passed unanimously by the delegates.

Goals and purposes of the program are:

1. To intensify our efforts until we have our industry free of occupational disease.
2. To keep our members aware and fully informed of the dangers of carcinogenic and other toxic materials we work with or are exposed to and their relationship to occupational disease, as it affects not only our members but also their families; and to cooperate with and assist them in any way possible.
3. To develop, introduce, and convince the Congress to pass legislation, the "White Lung Bill", which will establish adequate compensation for our members and their families. The bill would



Hazard pay for workers exposed to asbestos in U.S. Naval Shipyards was won through the efforts of the Asbestos Workers' Health Hazard Program. This classic photo from the 1940's by Dorothea Lange illustrates shipyard workers, many of whom were exposed to asbestos at a time when its hazards were unknown.

\*Mr. Steinfurth is the Administrator of the Health Hazard Program of the International Association of Heat and Frost Insulators and Asbestos Workers, AFL-CIO.



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## 14 Cases of Melanoma at U.C. Livermore Lab

The California Department of Health plans to assess the incidence of cancer at the federal government's Lawrence Livermore Laboratory (operated by the University of California.) The study was prompted by an internal review of employee health records that found 14 cases of malignant melanoma since 1968, 13 of them since 1972.

Melanoma, a relatively rare disease, is a cancer of pigmented tissues, but is more dangerous than ordinary skin cancer. Dr. Donald Austin, director of the Health Department's Tumor Registry, pointed to the possibility that the Livermore findings are indicative of a problem "of much larger scope." The melanoma rate in the five-county Bay Area, he said, has doubled within the last five years, from five cases per 100,000 population to ten cases. According to Austin, similarly rising rates have been noticed in many other parts of the world.

Based on the current melanoma rate in the Bay Area, the Livermore Laboratory, with an average of 5700 employees over the last ten years, would be expected to have had a total of six cases.

Dr. Max Biggs, the laboratory's medical services director, said that further study is needed to determine whether the 14 cases indicate an occupational hazard. The laboratory, he said, will supply the Tumor Registry with names of past and present employees for a computer scan to detect any

abnormal patterns of disease.

The Livermore Laboratory is a major national center for nuclear weapons and energy research. Although some employees are routinely exposed to small doses of radiation, both Austin and Biggs said there was no indication that it had caused any of the melanoma cases.

Austin noted that the "only known cause" of melanoma is exposure to ultraviolet radiation in sunlight. For this reason, some researchers believe that the rising worldwide melanoma rate is related to depletion of the ozone layer in the upper atmosphere through the use of fluorocarbon chemicals in aerosol sprays. The ozone layer absorbs ultraviolet light.

Biggs pointed out that the laboratory's employees are disproportionately white, middle-aged persons, a high-risk population for melanoma. He also said he knew of "no common denominator" among the 14 victims, 12 of whom survive. Not all were directly exposed to radiation. Affected employees included both a biophysicist and a gardener, he said.

According to Dr. Michael Shimkin, U.C. San Diego specialist in oncology (tumor research) and formerly with the National Cancer Institute, "14 cases sound like too many." He said that the number "seems very excessive" and that "the situation demands looking into."

—Los Angeles Times and Sacramento Bee

## Consumer Product Safety Commission Votes Ban on Benzene

On April 27, the U.S. Consumer Product Safety Commission voted a ban on all intentional use of benzene in consumer products. Acting in response to a petition filed nearly a year ago by the Health Research Group, the CPSC banned the chemical because of evidence that it causes cancer.

The ruling will not become effective until the fall of 1978 because of legal procedures necessary to put the ban into effect. Benzene used as an additive in unleaded gasoline will be exempted because gasoline is already identified as a hazardous product subject to labeling requirements. Unintentional contamination of products by benzene will also be prohibited if the concentration exceeds 0.1 percent benzene.

The Health Research Group criticized the Commission for delaying the ban, saying that businesses should have been ordered to remove products containing benzene from sale rather than being allowed to continue sale of present stocks. HRG said that delays in the ban have caused new cases of cancer.

In issuing the ban, the CPSC cited studies that had found concentrations of benzene in enclosed household areas where products such as paint strippers were used which exceeded the concentrations allowed by OSHA in industry. (OSHA announced a new, stricter standard on benzene exposure earlier this year, but it has not yet been implemented because of court challenges by industry.)

Benzene is a clear, colorless liquid which is used in paint thinners, rubber cement, artists' supplies, cleaning solvents, and other products.

—Associated Press

## EPA Cites Health Risks of Ethylene Oxide

The federal Environmental Protection Agency, the Food and Drug Administration, and the Occupational Safety and Health Administration are reviewing health effects of ethylene oxide, a widely-used gas used to kill germs on medical instruments and bandages. The EPA is considering restricting or banning its use.

During January, 1978, the EPA released findings that ethylene oxide had been found in laboratory experiments to damage the testicles of test animals. A byproduct of the gas, ethylene chlorohydrin, had been shown to impair genetic material in animals, plants, and bacteria, EPA said. EPA gave manufacturers and users of the gas 45 days to file comments arguing for its continued use or disputing the scientific tests.

Ethylene oxide is used not only as a sterilizing agent but also as a pesticide for black walnuts and spices and in other applications. The Food and Drug Administration has said that it will soon issue guidelines limiting the amount allowed to remain as residues on drugs and medical devices, and setting maximum daily exposure levels for the gas in drugs.

OSHA is reviewing EPA data to determine whether its existing standard for worker exposure (50 parts per million) is adequate.

The EPA's data included a Swedish test which showed that workers exposed to large amounts of the gas for two hours during an industrial accident had "elevated" levels of chromosome damage, which could lead to defects or diseases in their offspring.



"I think the safety record of our plant is excellent - especially when you consider how dangerous it is to work there."

## BOOKS

**Women and the Workplace**, edited by Eula Bingham, M.D., Assistant Secretary of Labor for Occupational Safety and Health, examines the medical, legal, and social consequences of exposure to occupational health hazards. An anthology of writings by authorities from government, labor, industry, academic, and public interest groups, the book discusses: adverse health effects of toxic substances such as DES, vinyl chloride, lead, mercury, and anesthetic gases including reproductive effects, genetic defects, and cancer; rights of women workers and the responsibility of legal and regulatory institutions to protect women from hazards; and such related issues as job discrimination and Workers' Compensation.

The book is priced at \$16 postpaid and is available from the Society for Occupational and Environmental Health, 1714 Massachusetts Ave., NW, Washington, D.C. 20036.

**Women's Work, Women's Health: Myths and Realities**, by Jeanne Mager Stellman, is an original account of the effect of work on women's health by the author of one of the pioneering popular books on occupational health, *Work Is Dangerous To Your Health*.

Stellman focuses on circumstances which can be shown to have an impact on women's health, such as workplace health hazards, pregnancy, and the stress which results from women's dual social role. She goes on to evaluate the typical solutions which have been offered for these problems in the past, usually in the form of restrictive legislation which limited women's access to

certain kinds of work. Rejecting such solutions, Stellman then outlines how occupational health standards could take women's special needs into account and still ensure equal access to health, pension, and job security rights.

Discussing how stereotypes affect the kinds of occupational health studies which have been done, Stellman notes the irony in such facts as the near-exclusion of women from stress studies (which usually focus on male workers) and the absence of genetic studies to determine whether men transmit birth defects, resulting from occupational exposures, to their children.

*Women's Work: Women's Health* is published by Pantheon Books at \$12.95 (hardcover) and \$3.95 (paper.)

**The Cancer Connection and What We Can Do About It**, by Larry Agran, claims that ninety percent of all human cancer originates from artificial environmental causes—air, water, and food pollution. Since cancer is largely a man-made disease, according to Agran's evidence, the real "cure" for cancer involves a redirection of social priorities toward cancer prevention, and the book is largely devoted to prevention proposals. Among the solutions offered are licensing of industries which use carcinogens, bioassays to determine whether new chemical compounds are carcinogens, and public education programs similar to the recent televised antismoking commercials.

Agran incorporates a great deal of material about the occupations and industries in which workers encounter high cancer risks. Cancer-causing properties of various consumer products are also treated at length.

The book, published at \$8.95, is available from Houghton Mifflin Co. (ISBN 0-395-25178-8.)

**The Harassed Worker**, by Carroll M. Brodsky, Professor of Psychiatry at the University of California School of Medicine in San Francisco, is an overview of stress on the job, its causes and cures. Based on Workers' Compensation claims filed in California and Nevada by workers who claimed inability to work due to ill-treatment by employers, coworkers, or consumers, or because of excessive demands for work output, the book summarizes dozens of case histories from both a psychological and physiological standpoint. A particularly interesting section deals with the growing trend toward attempting recovery for psychological disorders through Workers' Compensation. The book is published by D.C. Heath and Co. (Lexington Books) in hardcover at \$15.00.

**Workers' Compensation: A Guide to the California Workers' Compensation System**, by Alexis Rankin and Robert DuRard, is a popular pamphlet on California Workers' Compensation, recently updated with new information on last year's changes in the law. Its "how to do it" approach assumes that workers will need the services of an attorney to pursue a claim because of the complexities of the system, but that it is to everyone's advantage to know the basics in order to avoid giving the upper hand to employers and their insurance companies, who usually do not share their knowledge. The pamphlet includes a useful summary of benefit rates. It is available at 25¢ from Service Employees' International Union Local 87, 240 Golden Gate Ave., San Francisco, CA 94102.

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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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 \$1.00 per year for each extra copy, with an annual subscription.

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## ASBESTOS PROGRAM

*continued from p. 1*

**compensate any worker made ill, disabled, or killed by any of the many asbestos-related diseases.**

- 4. To assist our members and their families in obtaining Workers' Compensation benefits for job-incurred injuries and occupational diseases.**

### ORGANIZATION OF THE PROGRAM

General President Haas asked me in December, 1972, to consider the position of Administrator of the Health Hazard Program, and after much thought and deliberations, I recognized the many challenges and accepted the offer. Working with President Haas, Dr. Selikoff, and others, we established an office and obtained secretarial staff.

Functions of the office include:

- Recording and documenting all cases of illness thought to be related to the trade, including collection of medical histories and x-rays. We forward these to Dr. Selikoff, and take responsibility for ensuring that members have been informed of their physical condition. All records of individual members are kept strictly confidential.
- Keeping up to date on all new products pertinent to the industry through medical periodicals and publications of OSHA, NIOSH, and other government and private sources.
- Maintaining copies of all correspondence sent by Dr. Selikoff to individuals and local union officers regarding members' physical condition and the possibility of Workers' Compensation.
- Monitoring individual's Workers' Compensation claims by maintaining contact with them and their Business Agents. Where necessary, we aid the members, their attorneys and physicians.

We try to collect details of all successful Workers' Compensation cases to enable us to set precedents in states which do not recognize the asbestos-related diseases as compensable.

Also, as Administrator I am involved in several health and safety organizations. I have testified at Congressional hearings on the desirability of National Workers' Compensation and at OSHA oversight hearings. I also attend medical seminars, speak before other unions, and have recently served as a consultant to NIOSH on a proposed standard for fibrous glass.

### ACCOMPLISHMENTS

To date, we have been able to:

- 1. Establish hazard pay for asbestos workers employed by the U. S. Government.** We negotiated an agreement with the U.S. Civil Service Commission which calls for a 6% premium when working with fibrous glass materials and 8% when working with asbestos. Most of these members work in Naval Shipyards. Since resistance is shown by management at individual Shipyards, arbitration is proving to be a necessary tool to obtain this hazard pay and reduce the exposure.

There is definite need in the federal sector for improvement of proper medical surveillance and correlation of medical data. There is also a problem with management failing to inform members of their medical condition. We are, therefore, currently attempting to persuade the Administration to change the Executive Order which limits OSHA's jurisdiction over federal employees.

- 2. Initiate a mass comprehensive physical examination program.** At the suggestion of Jim Tuten (Tennessee Valley Authority) and Mt. Sinai Hospital, we began screening our members. We hope to obtain a continuing grant from the National Cancer Institute for regular physical examinations of our entire membership. Another NCI grant which we are seeking would further Mt. Sinai's search for a cure for mesothelioma (cancer of the liver.)

## NATIONAL WORKERS' COMP

We have noticed an increased amount of successful lobbying by industry to downgrade individual state Workers' Compensation plans. The results all too often include strict statutes of limitations and elimination of coverage for asbestos-related disease. Although we continue to meet with state officials on these problems, we feel that the proposed National Workers' Compensation Bill is a must.

Most of the state plans are deplorable. More money is spent for coffee breaks than for Workers' Compensation benefits. National legislation will create a uniformity of benefits throughout the nation, and eliminate fifty separate bureaucracies highly responsive to, or even controlled by, industry. I feel that this legislation will be the most important bill ever enacted to benefit labor.

The current National Workers' Compensation Bill, originally proposed by the AFL-CIO, has been rewritten and weakened so much that I consider it next to worthless. I believe that all organized labor should bring pressure to insist that a fair and equitable Comprehensive Occupational Disease and Workers' Compensation Bill be passed. Such legislation is being fiercely resisted by industry and their lobbyists, state governments, insurance companies, Chambers of Commerce, and "Right to Work" supporters. Unbelievable amounts of money are being spent to defeat such legislation or weaken it to the point where it is as ineffective as the majority of the present state plans.

Our trade's specific needs would be met in part by newly-proposed HR 8689, introduced in the House by Congresswoman Millicent Fenwick and now referred to the Committee on Education and Labor. Called the Asbestos Health Hazard Compensation Act, the bill would pay benefits in excess of \$500 (for total disability) over and above Workers' Compensation and/or Social Security benefits. Payments would be financed by the government, a tax on all asbestos manufacturers, and a tobacco tax.

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