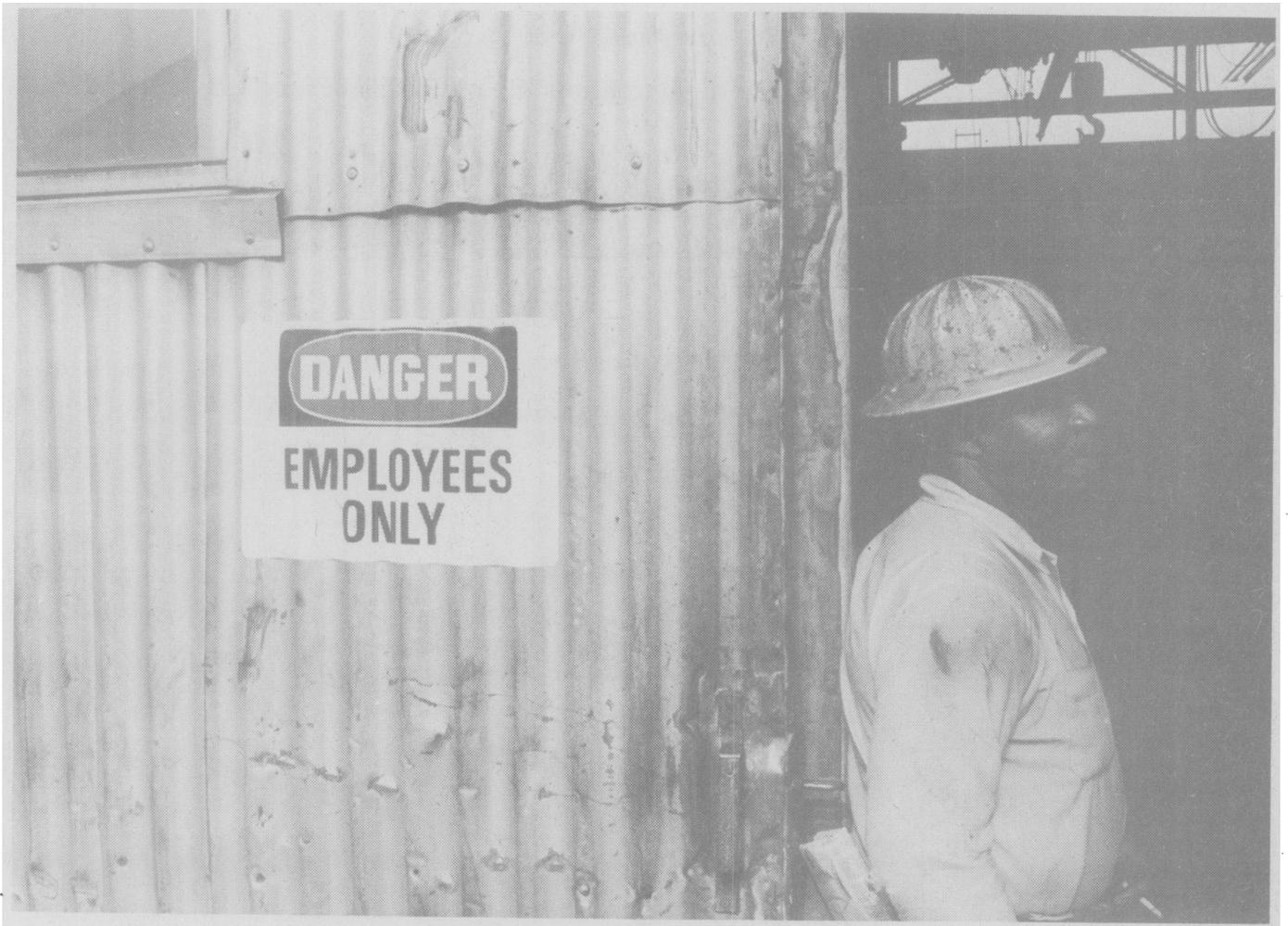


Labor Occupational Health Program

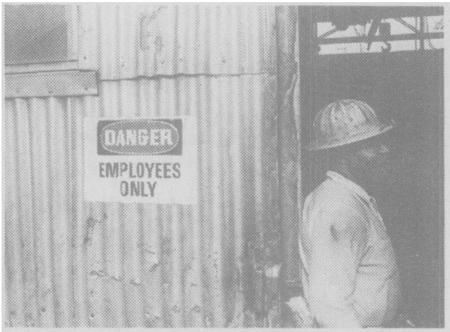
MONITOR

Calif. Univ. Health Serv.



IN THIS ISSUE:

**ADDING INJURY TO INSULT
BLACK WORKERS' HAZARDS**



Labor Occupational Health Program MONITOR

Vol. 7 No. 1, January-February, 1979

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On the Cover:

From the Gauley Bridge Disaster in 1930 to today's cancer hazards in coke ovens, black workers have traditionally worked in the most dangerous jobs in the U.S. Health and safety protections enjoyed by other workers are often lacking. (See pages 7-9.) (Photo: Ken Light.)

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—Fred Wright, UE News

Worker Panels Testify

OSHA 'Right to Know' Hearing in San Francisco

Two worker panels and a variety of other witnesses gave testimony at a federal OSHA regional public hearing in San Francisco December 15 on a proposed rule to give employees access to toxic exposure and medical records kept by their employers.

Eula Bingham, Assistant Secretary of Labor for OSHA, announced the proposed rule in July, 1978. An interim rule, effective on the date of Bingham's announcement in July, required that employers preserve whatever employee exposure and medical records they had at the time, and that they be accessible to OSHA and NIOSH representatives.

The proposed rule itself is complex, but its key features include: retention by employers of employees' exposure and medical records for the duration of employment plus five years; access to such records by any employee, former employee, their designated representative, OSHA, and NIOSH; the right of any of the foregoing to copy such records; and a requirement that employers inform their workers at least annually of the existence, location, and availability of these records. Exposure records would include information on past, present, and potential exposures of oneself or others; and medical records would be available either to the subject of the record or to anyone else to whom the subject had given written authorization.

Regional public hearings on the proposal are being held in various U.S. cities in response to a campaign by numerous occupational safety and health groups, coordinated by the Philadelphia Area Committee on Occupational Safety and Health (PHILAPOSH). (See *Monitor*, February-March, 1978, page 2.)

WORKER PANELS

A panel of women from the Electronics Safety and Health Project in Santa Clara County testified in favor of the access proposal. The panel, led by Electronics Project Director Robin Baker, particularly addressed the concerns of unorganized workers. Women in the

electronics industry, largely unorganized and many of child-bearing age, encounter toxic substances which can cause reproductive and other dangers, panel members said. Often many such women in a particular plant or work area have developed symptoms such as headaches, nausea, or skin rashes, which company medical personnel have termed "mass hysteria" while paying only superficial attention to the real potential causes.

A panel of Northern California trade unionists organized by LOHP also testified in support of the proposal. The panel included: Carmen Azzopardi, Independent Union of Flight Attendants; Rex Cook, Oil, Chemical and Atomic Workers Local 1-5; Eddie Story, Asbestos Workers Local 16; Robert Stirling, United Steelworkers Local 6615; and Kent Wilson, International Chemical Workers Union. All testified about the difficulties which their unions had encountered in obtaining basic exposure and medical information from employers. Azzopardi, for example, described how her union was forced by an airline to arbitration in order to obtain information about ozone levels in aircraft cabins.

OTHER TESTIMONY

The hearing was opened by OSHA Region IX Administrator Gabriel Gillotti, who explained the background of the proposal and OSHA's intent—both to help workers protect themselves against hazards and to assist agencies such as OSHA and NIOSH in conducting epidemiological studies. Don Vial, California Director of Industrial Relations, expressed the State's support for the right of access and commented that Cal/OSHA law already provides for employee access to exposure records and, under certain conditions, to medical records. Vial suggested that two clarifications were needed in the OSHA proposal—first, to require employers who contract with others for employee medical services to include a contractual provision that the provider of the services comply with the access rule, and second, to assure that an employee or former employee has in fact given informed consent to have a representative see his or her medical records.

Industry representatives testifying included: R. Skiba, Magma Copper Company; H.D. Lindsey, Southern

continued on p. 15

Compensation Time Limits

CORRECTION

In *Monitor*, November-December, 1978, page 4, in the interview with Bob Fowler of the Western Institute for Occupational/Environmental Sciences, an error appeared which could potentially mislead readers who may file Workers' Compensation claims.

We quote Mr. Fowler as referring to a "three-year statute of limitations" on Workers' Compensation claims in California, and to the necessity of filing a claim "within three years of your exposure."

The time limit for filing a Workers' Compensation claim in California is actually *one year* from the date of injury; *one year* from the date the worker knew, or should have known, that a particular disability was work-related; *one year* from the date of becoming disabled; or *one year* from the date an insurance company last provided benefits (whichever is most recent.)

Mr. Fowler, and *Monitor*, regret the error.

West Coast Workers' Meeting Analyzes OSHA Lead Standard

Lead is a serious job hazard for many American workers. At low levels it affects the body's oxygen-carrying ability and can cause damage to the central nervous system and kidneys. At high levels, lead can cause permanent brain and kidney damage. Lead also affects the ability of both men and women to bear normal, healthy children.

On February 8-9, 1979, the Labor Occupational Health Program (LOHP), in cooperation with a variety of other organizations, sponsored a West Coast Meeting for Union Representatives and Workers in the Lead Industry to explain the new OSHA lead standard and union responsibilities for making sure the standard is implemented. (See *Monitor*, November-December, 1978, for a summary of the standard's provisions.)

Co-sponsors with LOHP of the conference were: United Auto Workers Region 6, United Steelworkers District 38, International Association of Machinists Southwest Territory, Western Conference of Teamsters, International Molders' Union, United Electrical Workers District 10, and the Pacific Northwest Labor College as well as the Centers for Labor Research and Education at UCLA and the University of Oregon and OSHA Region IX.

More than 150 persons attended, including UAW representatives from

four auto assembly plants in California, Steelworkers from Idaho, California, Utah, Arizona, Colorado, New Mexico, and Canada, and representatives of various other local unions.

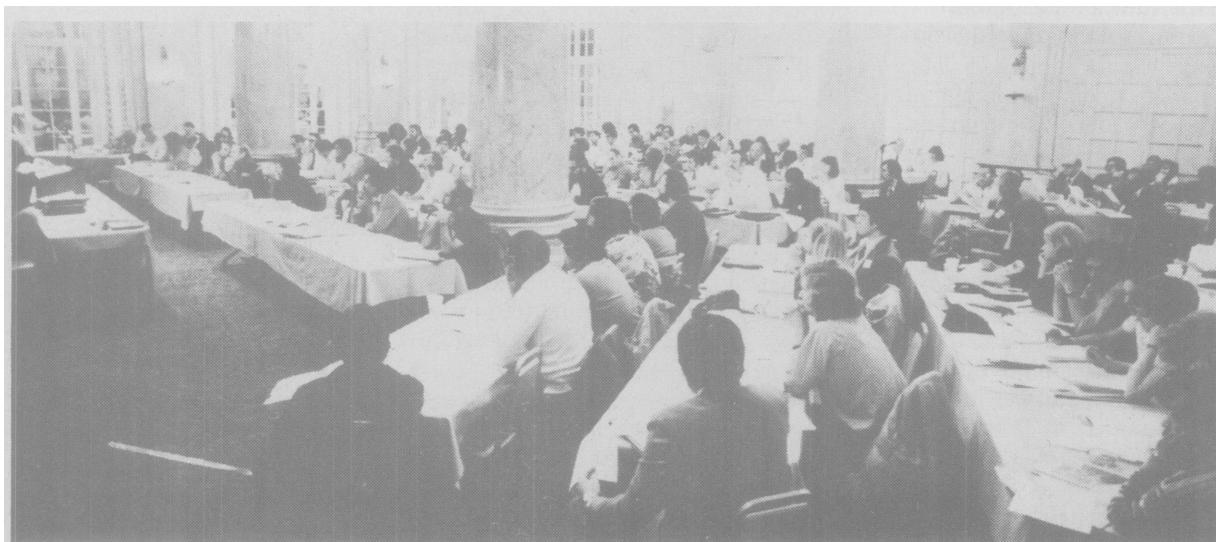
The conference covered: OSHA's rationale for designing the lead standard; how lead affects the body; specific provisions of the standard including air monitoring, medical surveillance, multiple-physician review, medical removal protection (mrp), requirements for industrial hygiene, respiratory protection, education, worker notification, and recordkeeping; feasible control measures for specific industries; and implications for collective bargaining. Major speakers were: John Froines, Deputy Director of NIOSH; Robert Jennings of OSHA; Michael Wright and James English of the United Steelworkers of America; Peter Weiner of the California Department of Industrial Relations; Milton Mason, Thomas Monji, and Michael Williams of the California Department of Occupational Safety and Health (DOSH); and the staff of LOHP. The Conference was opened by Albin Gruhn, President of the California Federation of Labor and Gabriel Gillotti, OSHA Region IX Administrator.



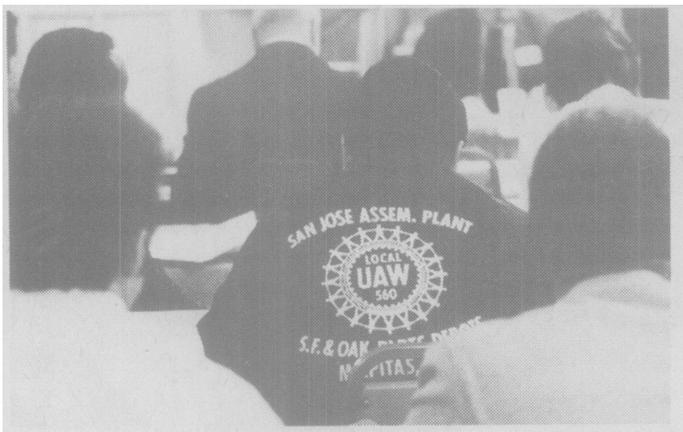
John Froines of NIOSH addresses the conference. (Photo: Ken Light.)

WHAT IS OSHA'S BASIS FOR THE STANDARD?

John Froines pointed out that the OSHA standard is based on a number of assumptions. First, the body does not need lead, and in fact lead is an insidious poison. Second, OSHA must protect people over an entire working life, which means catching lead-related problems early while they are still reversible. Third, lead exposures must be reduced by engineering controls so that *all* workers are protected. Because lead affects the reproductive



(Photo: Ken Light.)



UAW members at a workshop at the LOHP Lead Conference. (Photo: Ken Light.)

abilities of both men and women, OSHA takes the position that excluding women of child-bearing capacity from lead jobs (as some companies have done) is not appropriate. Fourth, workers removed from their jobs because of medical surveillance findings should not suffer loss of seniority, wage, or other economic benefits. Fifth, OSHA takes the position that implementation of this standard is both economically and technologically feasible although compliance may take some industries longer than others (see compliance timetable in the previously cited *Monitor* article). Finally, once the various lead industries have met their compliance deadlines, relatively few workers will need to be removed from their jobs. (Construction work and agricultural operations are not covered by this standard.)

SOME QUESTIONS ABOUT THE STANDARD

A number of questions were raised by participants during the workshops and plenary sessions, including:

What's Going to Happen Now? Presently OSHA has issued an administrative stay on the standard, which was originally scheduled to go into effect February 1, 1979. On February 23, a federal appellate court will hear arguments about whether to further stay or modify the standard. If the standard is further stayed, its implementation may be delayed several months or longer (and it has already taken more than four years to enact).

What Will Happen in States With State OSHA Plans? Where state OSHA plans exist, they have up to six months after the federal lead standard takes effect to enact one that is "at least as

effective as" the federal standard. During this interim period, however, the federal law will be in effect. Therefore, if an employer is not providing air measurements or biological tests during this period, call the federal OSHA Area Office to request an inspection. If you live in California and have trouble getting an inspection during this interim period (the Area Office won't be adequately staffed to handle many complaints), call in DOSH, which can, if the situation warrants, seek a Special Order requiring a specific workplace to comply with provisions of the federal standard.

Is There Anything in the New Standard to Protect Workers' Families? The standard does *not* require employers to provide medical surveillance or biological tests to exposed workers' families. Traditionally, families of lead workers have been inadvertently exposed through dusty clothes brought home after work. The standard's hygiene provisions (company-provided showers and change rooms, and separate work clothes) should eliminate much of the problem. Also, the education, employee notification, and recordkeeping requirements should make workers more conscious of the hazard.

What If My Employer Claims That to Comply Will Drive Him Out of Business? OSHA's position is that this standard will not cause any one industry massive displacement. However, this issue will be raised in individual workplaces, and workers will have to deal with it on a plant-by-plant basis. Therefore, it is very important to learn what is contained in the standard so that you can argue effectively that implementation is indeed feasible. (Employers made this same claim over the vinyl chloride standard; not only have few plants gone out of business, but pro-

duction has significantly increased since the standard was enacted.) Book 2 of the lead standard (see the *Federal Register*, November 21, 1978, Part II) contains extensive information about economic and technological feasibility for companies to comply.

WHAT SHOULD WORKERS DO?

Find out now what's in the standard and what will be required of your employer. This is particularly important since there are loopholes in the standard which can only be filled through collective bargaining agreements. Once the standard is in effect, your employer must provide you with copies of both parts at your request. But you can obtain a copy now by writing to OSHA, U.S. Department of Labor, Room N-3243, Washington, D.C. 20210, or by telephoning (202) 523-8677. Be sure to ask for both parts: the regulation is eight pages; supporting documents run over 200 pages.

—Sidney Weinstein

Update

Most of Lead Standard Accepted

On March 1, 1979, the Washington, D.C. Circuit Court of Appeals issued an order which *stays* (postpones implementation of) the engineering controls provisions [(e)(3)] of the lead standard, except for [(e)(3)(F)] which covers work practices. Other provisions also stayed by this order are: three-physician review; choice of respirators; new construction of hygiene facilities; and zpp biological tests. All other provisions go into effect immediately. The Court's decision on the stayed provisions will most likely be determined by the Court's decision on the benzene standard.



Workers' Right to Know About Job Hazards

by **Eula Bingham**

Assistant Secretary of Labor for Occupational Safety and Health

Every worker has the *right to know* about conditions in the workplace which could threaten his or her health or safety.

In recent months, the Occupational Safety and Health Administration (OSHA) has taken a number of actions to make it easier for workers to use that right.

I have ordered the OSHA inspection staff to make every effort to include worker representatives in all discussions relating to inspections and citations for violations. This means including workers in opening and closing conferences with employers before and after inspections and in any other formal or informal meetings.

Sometimes it may not be practical to hold joint conferences with workers and employers. In those cases, separate conferences will be held, and written summaries of each conference will be available from OSHA upon request.

From now on, OSHA will provide worker representatives with the results of OSHA health hazard sampling tests, and copies of all citations.

Before changing citations or penalties, OSHA area directors must obtain the views of worker representatives, who may appeal the area director's decision to the OSHA regional administrator.

In another change, OSHA is requiring all employers who must maintain records of illnesses or injuries—all employers covered by OSHA's law who have more than ten employees—to provide workers access to those records. These records, which were previously available only to state and federal officials, should help workers determine whether there are patterns of disease or injuries developing in their workplaces.

Our agency is now considering rules to require worker access to company medical records as well. In the meantime, we

have ordered that all existing medical records or records relating to worker exposure to hazardous substances may not be destroyed or tampered with.

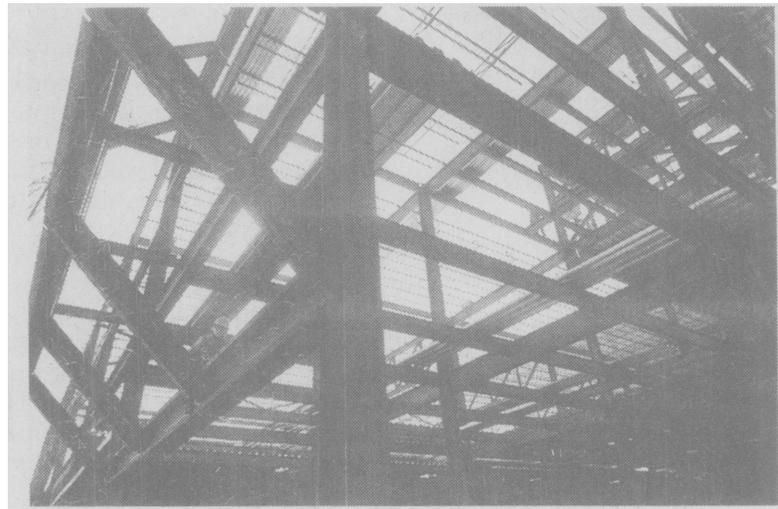
We are also considering rules that would provide for clear labeling of all dangerous substances so that workers will know what they are working with.

If you have any questions about OSHA regulations and procedures, you should obtain further information from your union or from the nearest OSHA area office.

To contact OSHA, look in your phone book under "United States

Government, Department of Labor, Occupational Safety and Health Administration," or write to OSHA, 3rd and Constitution Avenue, N.W., Washington, D.C. 20210.

[Editor's Note: The Cal/OSHA program administered by the California Division of Occupational Safety and Health (DOSH) is required by law to be "at least as effective as" the federal OSHA program. Consequently, the new federal rule on worker access to employers' illness and injury logs is also in effect in California.]



(Photo: Ken Light.)

OCCUPATIONAL HAZARDS OF CONSTRUCTION

*New educational materials developed by
the Labor Occupational Health Program*

—SEE PAGE 16



1930: Gauley Bridge

1979: Coke Oven Emissions

ADDING INJURY TO INSULT **Black Workers' Hazards**

by Morris Davis

Photos by Ken Light

Countless thousands of workers continually confront noise, chemicals, heat, and radiation on their jobs, often without knowledge of possible harmful consequences. One group particularly hard hit by dangerous job conditions is black workers. Blacks make up the largest

single minority within the U.S. labor force, or ten percent of the 77 million American workers. Approximately three million blacks are unskilled or semi-skilled industrial workers; many are employed in known hazardous situations. When compared to whites and the general population, black workers have shorter life spans and suffer disproportionately from disease and disability due to their jobs. They also face other adverse job conditions in the form of

discriminatory employment patterns and practices.

Although only a small amount of research has been done in this area, blacks' general health status and disproportionately high disability rates are an obvious consequence of discriminatory employment practices, job placement, and adverse job conditions. Blacks have a life expectancy of 62.2 years, compared to 71.9 for whites. Of the six states

continued on p. 8

Adding Injury to Insult

continued from p. 7

with the lowest life expectancy rates, five have the highest percentage of minority (black) workers—Georgia, Louisiana, South Carolina, Mississippi, and Washington D.C. Proportionally, blacks have a much higher incidence of major heart diseases, cancer, influenza and pneumonia, diabetes, and tuberculosis. For blacks between the ages of 25 and 44, hypertension kills males 15 times more frequently than white males, and females 17 times more frequently than white females.

Job related disability and injury figures are also much higher for blacks than for whites. 15% of the approximately seven million black workers are unable to work any longer because of partial and permanent disabilities due to their jobs, compared to only 10% of white workers. A 1970 study indicated that blacks have 20% more restricted activity days than do whites. A 1972 Social Security survey found that although blacks were less likely than whites to report chronic disease, they were still 1 1/2 times more likely to be severely disabled. Finally, yearly statistics show that five out of 100 black workers are injured on the job each year, a much higher rate than for whites.

1930: GAULEY BRIDGE

How can we account for this disproportionate incidence of disease and disability among blacks? To a large extent, black workers are forced by discriminatory employment practices into the least desirable, lowest paying, and most dangerous jobs. In addition, racist attitudes and practices have historically worsened the hazards of many jobs held by blacks. A dramatic example is the West Virginia Gauley Bridge disaster in 1930-31. 5000 workers, most of whom were black, were recruited to tunnel through a mountain with a very high silica content. Exposure to silica dust can cause a disabling lung condition called silicosis. Although this disease usually takes a long time to develop, very high exposures can result almost immediately in silicosis. This is what happened at Gauley Bridge. A total of

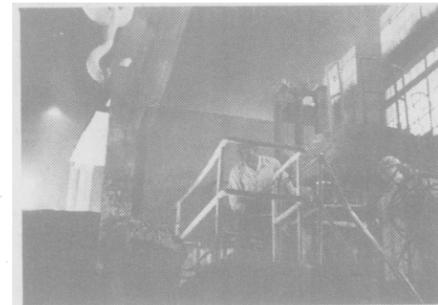
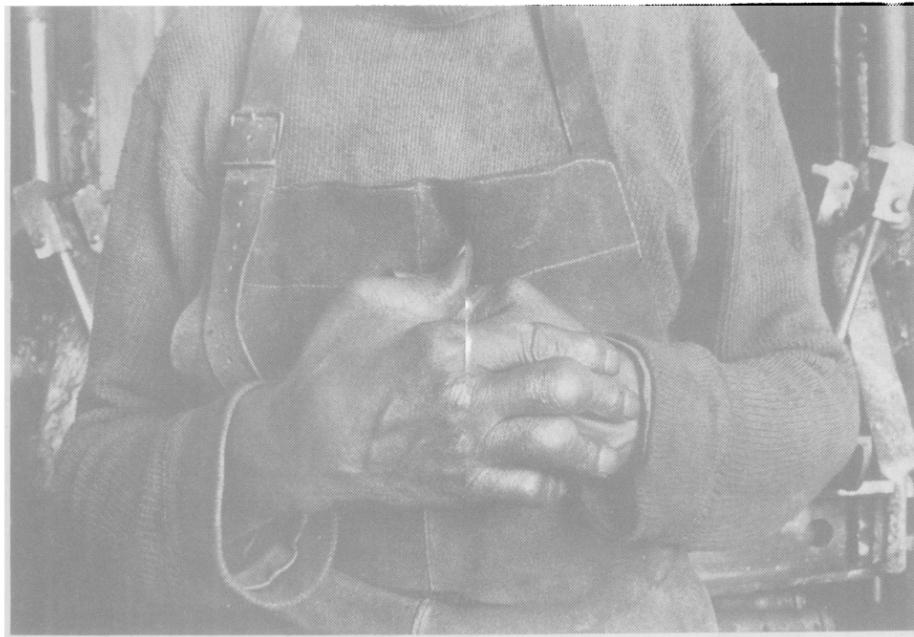
500 workers eventually died. Of these, 169 blacks literally dropped dead in their tracks and were hurriedly buried in a field close by.

But Gauley Bridge could have been avoided. Wet drilling as a means to prevent silica exposure was patented in Britain as early as 1713, and was certainly used in the U.S. before 1930. Yet this method was not used. Nor were the workers even informed of the known silica hazards, or provided with protective breathing devices.

This kind of dramatic "mass murder" doesn't happen all the time. However, black workers constantly face the same kind of racist employment practices and disregard for their moral and legal rights. The textile industry, with a 25% black workforce, still refuses to admit that byssinosis (brown lung disease) is caused by cotton dust. Some industries purposefully employ black workers at more hazardous jobs. In the iron and steel foundries, black workers are assigned to the furnaces on the assumption that they "absorb heat better," and the electronics industry rationalizes placing "dark-skinned" minority workers in jobs which use caustic materials with the myth that skin irritations won't be so noticeable on dark skin.

1979: COKE OVENS

In many industries, including metal, textile, agricultural, health services, laundry and dry cleaning, wood products, sanitation, rubber, chemical, and pharmaceutical, blacks continue to labor in the most dangerous, dirtiest, and lowest paying jobs under adverse job conditions, discriminatory job placement and employment practices. Although blacks make up only 22% of the basic steel industry workforce, 91% of them are assigned to the most dangerous process, coke plants. This process transforms bituminous coal into metallurgical coke for use at the blast furnaces by intensive heating of the coal. This process releases dangerous gases and dust particles, specifically the carcinogen (cancer-causing



agent) benzo (a) pyrene, which is known to cause lung cancer. A 1971 study found that black coke oven workers had three times more respiratory cancer, eight times more deaths from lung cancer, and a significantly increased death rate from "all other causes" when compared to the general population. These statistics may explain why the highest incidence of lung cancer for U.S. black males is in Pittsburgh, Pennsylvania, center of the basic steel industry.

The rubber industry also employs disproportionate numbers of black workers in the most dangerous areas. A nine-year mortality (death) study of 7,000 rubber workers found that nearly 60% of black rubber workers were employed in compounding and mixing areas. These workers are exposed to a number of cancer-causing chemicals, including beta-naphthylamine, benzene, asbestos, and various nitrosamines. Recent studies of rubber workers have shown increased death rates due to stomach, colon, bladder, and prostate cancer. Interestingly enough, U.S. blacks have the highest death rate due to prostate cancer in the world!

WHAT CAN BE DONE?

Gauley Bridge and the hundreds of less-publicized incidents facing black

workers every day haven't significantly lessened since passage of the Occupational Safety and Health Act in 1970, which guarantees every worker a safe and healthful working environment. Many black workers still have no way of knowing what they're exposed to and possible effects until the damage is done. Although we suspect that blacks' increased incidence of heart disease, hypertension, pneumonia, and other diseases might be due in part to environmental (including workplace) factors, not enough research has been done in this area to demonstrate a clear connection. Meanwhile black workers continue to suffer from a combination of hazardous job conditions and discriminatory employment practices.

What can be done? Research aimed at identifying hazards of jobs employing large numbers of blacks is sorely needed, as are efforts to train black workers in the recognition and control of job hazards. Black health professionals and physicians need to be trained to identify occupational diseases, take work histories, and become more involved in the area of occupational health. Finally, the black community needs to become more aware of this problem, for it is the community that ultimately shoulders the burden for the dead and disabled.

San Francisco Workers' Clinic Opens

Dr. Mervyn Silverman, Chief of the San Francisco Department of Public Health, recently announced the January 23rd opening of the new Occupational Medicine Clinic at San Francisco General Hospital. The clinic, which is open every Tuesday evening from 6:30 to 8:30 for all Bay Area residents, will operate as a screening and referral service for workers concerned about job hazards and the diseases they cause.

The clinic was established, said Dr. Silverman, because of "the large number of patients presenting themselves to San Francisco General Hospital with job-related problems. The growing awareness of potential worksite hazards such as asbestos, lead, petroleum products, and solvents has stimulated public interest and concern, creating the need for a specialty clinic within the City system."

The clinic expects to see two types of patients, according to Vivian Lin, a health planner presently serving as Clinic Coordinator. "We will see patients who are not sick, but are worried about hazards on the job and want to know how to prevent them. We will also see patients who *are* sick and don't know whether their illness is job related." In either case, in addition to necessary medical examinations, the clinic staff will do a careful work history on each patient, and prepare educational materials on hazard prevention. All patients will receive a complete copy of their medical records, together with their work history. This is an especially innovative feature since workers rarely have direct access to the contents of their medical record, or a copy of either the medical or work history taken as part of any medical examination.

When continuing medical treatment is needed, patients can be referred to other specialty clinics at San Francisco General Hospital, or returned to their own physicians. Although the clinic itself will not handle Workers' Compensation cases, a Physician's First Report of Work Injury will be filed for any suspected occupational disease or injury, and the patient will be referred to a

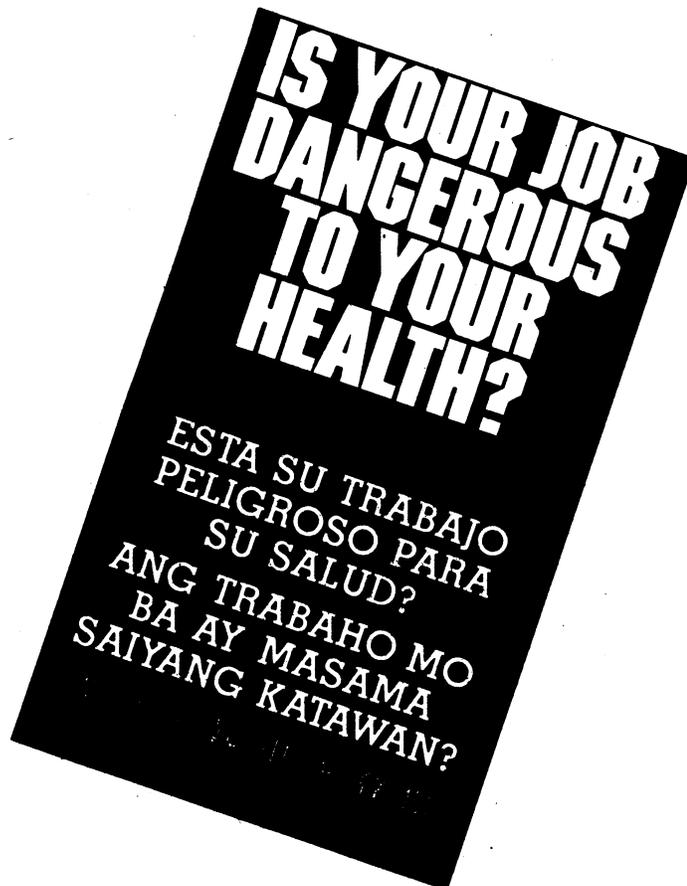
select group of attorneys who specialize in compensation cases.

One of the unique features of the new clinic is the staff, which includes toxicologists, industrial hygienists, attorneys, health educators, and epidemiologists in addition to nurses and physicians. The reason for this diversity, according to Clinic Chief Dr. Molly Coye, is "to provide a broader range of services, with more follow-up on hazardous job situations and prevention of occupational disease than most medical clinics can offer." Most of the staff is contributing their time on a volunteer basis.

"Many workers come to us because their own doctors don't know what to do," says Dr. Coye. "Even a well-trained doctor in general medicine has very little idea of how to evaluate the

occupational causes of common diseases. Most medical schools offer less than three days' teaching on job-related disease in the whole four years of study." The clinic staff also plans to provide training experience for medical students and residents interested in working with labor groups.

The clinic staff sees its function primarily as one of medical diagnosis of occupational disease and education about work hazards. All records and reports will be copied for each patient, but workers being treated at the clinic will have to decide for themselves what actions to take in order to decrease their own job hazards. Any worker interested in the clinic's services or in finding out more is encouraged to call (415) 821-8492 for an appointment.





A Contract Negotiation Checklist

by Paul Chown

LOHP Labor Coordinator

As all contract negotiators are well aware, preparation for negotiations and developing a good factual case for improvements and changes in the agreement require some research and laying some groundwork in advance. In this month's *Shoptalk*, I will present some sample checklists which any local union negotiator or negotiating committee may find useful in preparing to argue for contractual health and safety improvements.

A. Request information from your employer.

1. The employer's cost for Workers' Compensation claims over the period of the last contract.
2. A breakdown of all Workers' Compensation claims, including where and how the accident took place, or the cause of illness.
3. The trade and generic names of all toxic substances to which workers may be or are exposed.
4. The results of any regular monitoring of work areas by the employer or any expert hired by the firm.
5. Copies of all health and safety policies or safety rules of the employer that are currently in effect.
6. Copies of all safety data sheets issued by suppliers of chemicals (solvents, etc.) used by the firm.
7. A copy of the employer's Accident Prevention Program.
8. A copy of the employer's fire control and evacuation procedures.

9. Copies of all safety procedures relating to specific occupations in the jurisdiction of the union.

10. Copies of all training and instruction programs of the employer relating to health and safety.

B. Analyze the present agreement.

1. Copy all clauses pertaining to health and safety from the present agreement so that they can be analyzed in conjunction with one another.
2. Is the recognition clause broad enough to give the union the right to fully bargain and process grievances over health and safety through the grievance machinery (including arbitration)?
3. Extract any cases from the grievance file that have been handled in the past involving health and safety. Based on this study, how could the contract be strengthened to have greater success?

Workers' Compensation in the agreement or company policy:

1. Does the contract or company policy provide for pay supplementary to Workers' Compensation benefits?
2. If a worker is off for an extended period, does the medical plan continue to cover him/her and his/her dependents during the absence?
3. Does seniority continue during a protracted absence because of Workers' Compensation? Are payments made into the pension plan and are pension credits "earned" during such absences?
4. Does the contract or company policy provide for automatic leaves of absence for work-caused injury or illness?
5. Is a worker reinstated to the former job at the same or higher rate of pay

after an absence for a work-related injury or illness?

6. In the event the worker can no longer perform the previous work because of the nature of the injury or illness, is the original pay rate retained (rate retention) if the worker is transferred to another, normally lower-paying job? If so, is this temporary or permanent?

7. Does the employer guarantee training a worker for another job in such cases, even though a long training time may be involved?

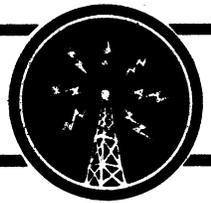
8. If a worker is sent for medical treatment away from the work site, is pay continued until his/her return? Is pay continued if the physician sends the worker home for the balance of the shift?

9. Have members experienced problems and difficulties with the medical treatment furnished by the employer? What kind of problems?

Rights of the union as an organization:

1. Does the employer recognize a union health and safety structure (committee, etc.)?
2. Does the union have the right to bring outside consultants and engineers to inspect and advise on conditions in the plant?
3. Does the union have the right to place a stop tag on unsafe machinery?
4. Does the union have the right to organize a strike or stop-work situation over a health or safety issue?
5. Is a union member protected under the contract when refusing to work under unsafe conditions?

continued on p. 13



Nylon Bullets

Lead Poisoning Hazards Found at Shooting Ranges

The federal Occupational Safety and Health Administration (OSHA) has ordered operators of shooting ranges in the U.S., from sports complexes to police departments, to take measures to end airborne lead contamination. The problem stems from the use of lead bullets in handguns fired indoors.

A study of health effects of lead exposure at police training ranges found more than half of 81 persons tested to have elevated blood lead levels. Five out of six firearms instructors with symptoms of lead poisoning proved to have clear biochemical lead-induced abnormalities. Symptoms included headaches, dizziness, fatigue, weakness, nervousness, irritability, and sleeplessness.

A representative of Smith & Wesson, a large firearms manufacturer, claimed

that many indoor shooting ranges were faced with closing or installing expensive ventilation equipment. However, Smith & Wesson has developed a new ammunition which should alleviate the problem, he said.

Nyclad ammunition, introduced in the fall of 1978, used a thin coating of nylon which completely encases the lead alloy core of the bullet. In firing tests, the nylon coating has successfully prevented contact between the lead bullet and hot gases in the handgun barrel, reducing by more than 60% the lead content in the gases emitted. Lead fouling, or "streaking", in the barrel has also been virtually eliminated.

The new bullets are a bright blue and are available in popular sizes at sporting goods outlets.

—Associated Press

UAW Local Discovers Hidden Speedup Device

United Auto Workers (UAW) Local 598 in Flint, Michigan, has discovered that a General Motors Chevrolet truck plant operated a secret system to increase the speed of assembly lines for at least six months last year.

The union has threatened strike action unless its 7000 members at the plant receive back pay for the increased productivity.

Chevrolet admitted in late January that nearly 6000 trucks were built with free labor through use of the system. An electrical switch hidden in a superin-

tendent's office at the plant was used to surreptitiously increase assembly line speed, according to the union. General Motors admitted that the device existed, and a spokesman claimed that three superintendents involved in its use were suspended and then transferred.

Assembly line speeds are negotiated with management by UAW locals. If assembly line speeds must be increased to boost production, General Motors is supposed to hire more workers under present contract terms.

—Associated Press

New Grain Elevator Explosion in Nebraska

A grain elevator explosion on January 23 in Lexington, Nebraska which killed one worker and seriously injured another brought a call for greater efforts to educate grain workers on the hazards of the industry.

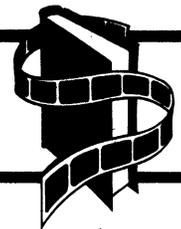
The explosion at the Lexington Mill and Elevator Company is the latest in a long history of similar tragedies that have hit grain operations across the country.

Congress held hearings on the problem last winter, but those hearings have yet to reach any conclusions. In addition to the fire and explosion hazards, the hearings have found that workers in grain storage facilities are also exposed to dangerous levels of pesticides and grain dusts that can cause serious long-term health problems.

The American Federation of Grain Millers and the Food and Beverage Trade Department (FBTD) of the AFL-CIO have announced that they are developing a program to train workers in the grain industry to recognize hazards and take steps to correct them.

Robert Harbrant, Secretary-Treasurer of FBTD, charged that "OSHA's inspection efforts have been inadequate due to a lack of funds and a lack of inspectors. The need for workers themselves to identify explosive situations and avoid them has become the main thrust of our efforts, and with good reason. For workers, it's a matter of life or death."

Harbrant described the new AFL-CIO project as "a three-pronged approach: teaching workers to recognize hazards, educating them on the role of OSHA, and providing information on the importance of a safety contract clause."



BOOKS

Death on the Job is a new documented history of the occupational safety and health movement in the United States, by Daniel M. Berman. Berman, now an employee of the Oil, Chemical and Atomic Workers International Union, AFL-CIO, presents a wealth of evidence to support his contentions that corporate profit motives have led to a callous disregard for workers' health for decades, that organized labor has failed to mount the kind of crusade the issue demands, and that business and government have colluded to hold down the costs of health and safety regulation.

The book includes statistics showing the dimensions of the problem, and an appendix which includes a guide to worker-oriented sources of information and help in the area of health and safety. *Death on the Job* is published by Monthly Review Press, 62 West 14th St., New York, N.Y. 10011. The price (hard-bound only) is \$12.95, and a special discount for union members is available.

Death On The Job



Occupational
Health and Safety
Struggles
in the United States

Daniel M. Berman

Asbestos Disease: Are You Covered? by Kenneth W. Carlson, Esq., is a new publication from the Western Institute of Occupational/Environmental Sciences (WIOES.) It discusses a variety of remedies available to victims of occupationally-related

asbestos disease, from federal and state compensation programs to medical coverage to lawsuits. Priced at 75¢ (with special bulk rates offered), the pamphlet may be obtained from: WIOES, 2001 Dwight Way, Berkeley, CA 94704.

Two more publications in OSHA's Cancer Alert Series are now available, *Health Hazards of Inorganic Arsenic*, and *Health Hazards of Chromate Pigments and Paints: Hexavalent Chromium*. The pamphlets describe the industrial uses of these substances, the cancers and other diseases which overexposure can cause, and suggestions to workers on practices which can reduce the risks. They are available free from OSHA Regional Offices or from: OSHA Publications, Room N3423, 200 Constitution Avenue, NW, Washington, D.C. 20210. Phone: (202) 523-8677.

SHOPTALK

continued from p. 11

6. Is the union given regular reports on accidents and work-related illnesses?

7. Does the union have the right to hold health and safety meetings during lunch hours or breaks, before or after work?

8. Does the union have the right to bargain for stricter standards than those provided by law?

9. Is the union furnished monitoring data collected by the employer? Reports on toxic substances used by the employer?

10. Are representatives of the union given access to the plant for the purpose of checking on health and safety problems and adjusting complaints?

11. Does the union have the right to make regular workplace surveys?

12. Does the union have the right to obtain short term leaves of absence for

health and safety committee members to attend training sessions, standards board hearings, appeal hearings, conferences, and other meetings involving health and safety?

13. Does the union have the right to designate health and safety committee members in each department and on each shift?

14. Does the union have the right to document health and safety hazards? To take pictures and measurements?

15. Does the union have the right to receive notice of any new machinery, work processes, changes in workplace design, or new chemicals, so that it may negotiate the impact of such changes on the health and safety of its members?

16. Does the union have the right of access to Workers' Compensation records?

17. Do employee union representatives have the unrestricted right to in-

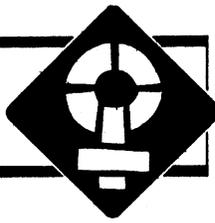
vestigate health and safety issues and are they paid for time spent in meeting with management to adjudicate such problems? For time spent on walk-around inspections?

18. Are there procedures for regular meetings, record keeping, and equal control of the agendas of any joint labor-management health and safety committee?

19. Does there exist a joint administered fund, paid for by the employer, to engage independent organizations to pursue occupational research with respect to health hazards?

20. Is there contract language which clearly spells out the employer's exclusive liability for health and safety, together with a "hold harmless" clause in relation to the union?

**CONTINUED IN THE NEXT
ISSUE**



Chemical Industry

Union Women Oppose Sterility Requirement

The rights of fertile women to hold jobs and not suffer discrimination again came to public attention recently when four West Virginia women told of having themselves sterilized in order to keep their jobs at a lead pigment plant. The women said that their employer, American Cyanamid, told them that they would be transferred to lower-paying janitorial jobs if they did not have sterilization.

Even though scientific evidence shows that exposure to lead for *either* the man or woman can harm reproductive processes, some companies have used the threat of reproductive hazards to exclude women from certain jobs. In the West Virginia case, the transferred women would have earned less money and their possibilities of promotion would have been severely restricted.

The women's union, the Oil, Chemical and Atomic Workers (OCAW), has strongly protested the company's policy. OCAW Vice-President Anthony Mazzocchi insists that the solution is to make the workplace safe for *all* workers. He told the *New York Times* that inevitably men will also be confronted with a choice between their livelihood and parenthood: there is ample evidence that some materials affect the reproductive capacities of men as well as women. "Eventually, thousands upon thousands of jobs would require that workers with child-bearing capacity be excluded," he said. "You then wind up with an entire class of neutered workers."

Although the Occupational Safety and Health Administration (OSHA) and the Equal Employment Opportunity Commission (EEOC) have stated that they oppose such discrimination, neither agency has issued a ruling or guidelines forbidding such employment policies. Women's groups and labor unions have been pressuring EEOC to develop guidelines or regulations addressing this issue.

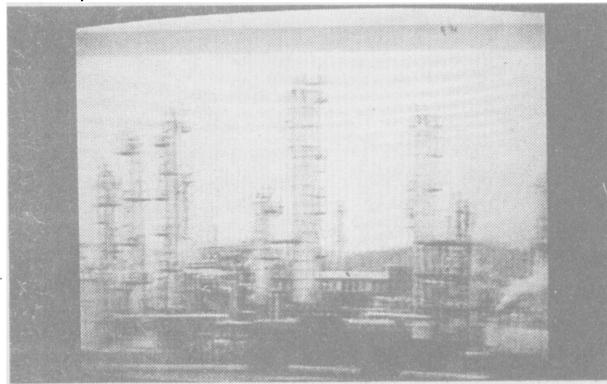
Although OSHA's new lead standard will offer more protection to all workers against reproductive hazards, and will allow workers with high blood lead levels to be removed from further high lead exposure, the standard does not expressly forbid corporate policies which refuse employment to fertile women in the lead industry.

Another union, the International Chemical Workers International Union (ICWU), recently negotiated a settlement with Allied Chemical over a similar situation where five women had been transferred by the company to janitorial jobs "to protect their child-bearing capacity." The women, aged 25-38, were laid off from their jobs at an Illinois plant in March, 1977 after the company decided (based on an

animal study by DuPont) that exposure to the chemical Fluorocarbon 22 in the refrigerant the women were packaging might be harmful if they became pregnant. Two of the women returned to their original jobs only after they underwent sterilization.

ICWU filed a grievance and also requested that the National Institute for Occupational Safety and Health (NIOSH) conduct an investigation. When the NIOSH study found no evidence of excess birth defects among workers' offspring, the company allowed the women to return to their original jobs. No details of the settlement between the company and the union are available.

—Andrea Hricko



American Cyanamid women criticize sterilization policy on nationally televised NBC-TV press conference.

RIGHT TO KNOW

continued from p. 3

California Edison Company; and Charles Hine, M.D., Medical Director of ASARCO Incorporated. Skiba was questioned at length by OSHA Attorney Nathaniel Spiller and Cal/OSHA Attorney Peter Weiner about Magma's present practices regarding employee records. Magma requires medical examinations as a condition of employment, he said, and the records are accessible to an employee's private physician although not to the employee directly. He admitted, however, that some non-medical management personnel, including himself, have access to them. Similarly, exposure data is discussed among company experts, but, except for a recent case in which noise level measurements were discussed with a Steelworkers local, the information is not provided to employees or their representatives. Skiba did agree that union industrial hygienists should have access to such information, but, he said, "You don't need a regulation for that." He also opposed OSHA access to the records, unless the agency could ask specific questions. He suggested that broader access to records increases the danger of misinterpretation and will eventually have the result of changing the kind of information kept in the record.

Hine emphasized his view that exposure and medical information should be released only to medical professionals who "are qualified to interpret it." He also suggested a system of "blind" coding of employee numbers or social security numbers when records are released for statistical studies, in order to preserve privacy. The real problem, Hine stated, lies with small businesses. He claimed that the majority of workers at risk are employed by such firms, which usually keep no medical or exposure records. Major industries, he claimed, collect such data and have mechanisms at present to inform employees about their health and any hazards in their work environment.

Several of the management witnesses expressed the view that OSHA has no authority to issue a regulation of this type, and indicated that legal action on these grounds was a distinct possibility if the rules were enacted.

MEDICAL GROUPS

Among those from medical organizations who testified were Alan McLean,

M.D., President of the American Occupational Medical Association (AOMA), and Robert Hockwald, M.D., the President-elect of AOMA. Hockwald emphasized that the AOMA Code of Ethical Conduct prohibits disclosure of medical records to third parties, to preserve the integrity of the physician-patient relationship. He urged that records made available to OSHA and NIOSH be provided with the "utmost caution." Deletion of identification of third-party sources of information would be required, he suggested. Hockwald also said that AOMA advocates that workers have access to medical records through their physicians rather than directly.

Criticizing employers who themselves

violate the integrity of the physician-patient relationship by insisting on access to their employees' records, Hockwald said that "employers are not entitled to a diagnosis."

Several management and medical organization speakers during the day expressed concern that wide dissemination of "personal" information which an employee gave a physician in confidence would violate confidentiality. Many other speakers, including those from the LOHP worker panels, pointed out that the recent DBCP controversy demonstrated the need for information ordinarily considered "personal" (such as a worker's infertility) not to be hidden or covered up.

WIOES To Hold Asbestos Seminars

The Western Institute of Occupational/Environmental Sciences, Inc. (WIOES), headquartered in Berkeley, will be conducting seminars in the Bay Area during March, 1979, to follow up on screening of former local shipyard workers for asbestos-related disease which WIOES conducted last summer. (See *Monitor*, November-December, 1978.)

Three identical seminars will be held. All are free. While designed for participants in the original WIOES study, their spouses and families, the seminars are also open to anyone who is interested.

Seminars will be held on Saturdays, March 10, 24, and 31, from 9:30 am to 5:30 pm. The March 10 seminar will be

at Teamsters Local 70 Hall, 70 Hegenberger Road, Oakland; the March 24 seminar at McCormack Hall, Solano County Fairgrounds, Vallejo; and the March 31 seminar at ILWU Local 10 Hall, Fishermen's Wharf, San Francisco.

Rather than discussing individual participants' health screening results, the seminars are designed to give general information on government responsibilities to asbestos disease victims, community resources available, and health care reimbursement opportunities. Speakers will be present from state and federal government agencies as well as from such community groups as the California Lung Association, the American Heart Association, and the American Cancer Society.

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OCCUPATIONAL HAZARDS OF CONSTRUCTION

New educational materials developed by the Labor Occupational Health Program

MANUALS

Occupational Hazards of Construction: A Manual for Building Trades Apprentices is a 212-page manual describing the numerous chemical, physical, and safety hazards to which building trades workers may be exposed. It contains information on: recognizing and controlling hazards; health standards; the OSHA law; keeping records of health and safety problems; sample health and safety contract language; the hazards of welding; and what to tell a doctor about your work exposures. The lists of possible chemical exposures, and how these affect the body, and the trades at risk are especially useful for quickly pinpointing hazards on a particular worksite. Bound; \$3.50.

Occupational Hazards of Construction: Instructor's Manual contains the same basic material as the apprentices' version, above. In addition, instructors' notes expand and clarify the information, and lesson plans provide suggestions for teaching methods, cross-referencing to other parts of the manual, the slide modules (below), and other sources of information. Bound; \$7.50.

SLIDE MODULES

Health and Safety Hazards of Construction is a 136-slide module. This introduction to the potential hazards of a

construction site describes the differences between safety and health hazards, and how these might affect exposed workers' health. By following the construction of residential and commercial buildings, the module also highlights potential hazards of each operation while presenting possible measures to control these dangers. \$100.

Hazards of Noise in Construction is an 80-slide module which describes the general hazards of being exposed to too much noise, how we hear, how noise affects the body, significant sources of noise in construction, and noise control measures that are practical on construction sites. \$65.

Walking-Working Surfaces is a 56-slide module. Building trades workers spend much of their time on surfaces such as ladders, scaffolds and stages that are often unsafe and contribute to accidents and injuries. This module describes the potential hazards of such surfaces and discusses ways to ensure that they are safe. \$45.

Chemical Hazards for Building Trades Workers is a 125-slide module. It explores in some detail specific chemical hazards that may be generated in the course of construction, demolition, or remodel work. It not only describes the substances and how they may enter and affect the body, but also discusses appropriate protective and preventive measures. \$90.

All four slide modules available for \$300.

To order: Please indicate the number of copies you wish. Make checks payable to: The Regents of the University of California. If you require other than fourth class delivery, please send additional postage costs with your order. Address orders to: Labor Occupational Health Program, Institute of Industrial Relations, 2521 Channing Way, Berkeley, CA 94720.

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