

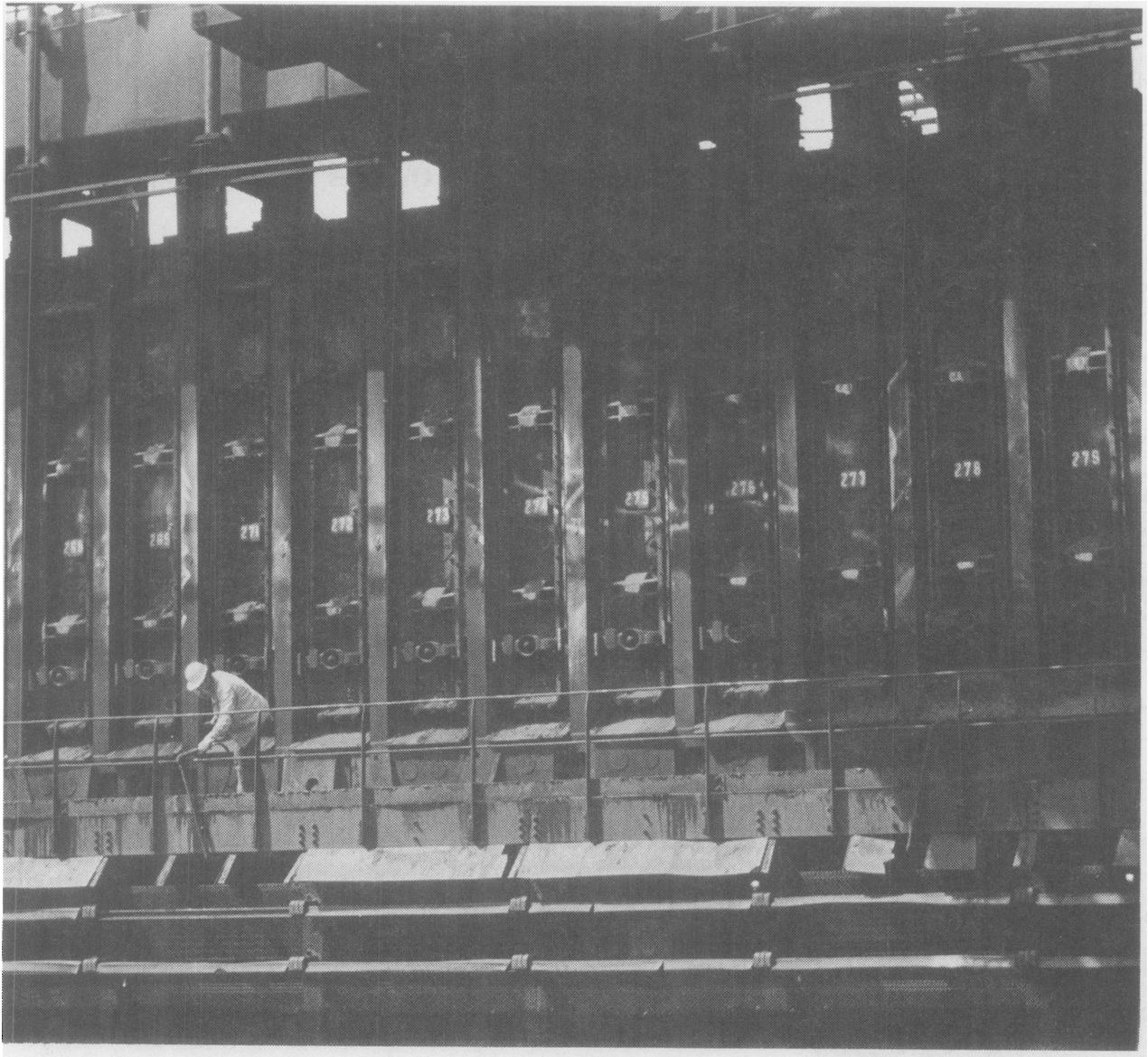
Labor Occupational Health Program

MONITOR

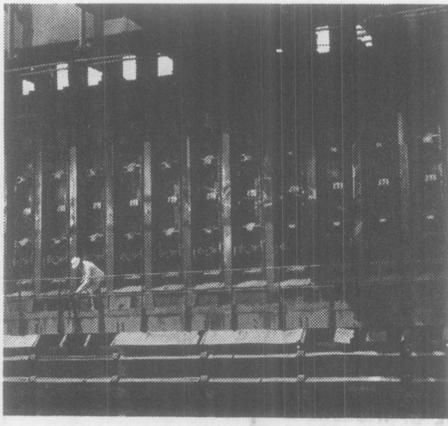
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SPECIAL OCCUPATIONAL CANCER ISSUE



Labor Occupational Health Program MONITOR

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On the Cover:

Coke oven workers are particularly vulnerable to occupational cancers, but hundreds of other occupations are also at risk, from beauticians to uranium miners. Monitor's special section on cancer in this issue reviews occupational cancer's history, strategies for identifying carcinogens, prevention, and both governmental and private carcinogen programs. (Photo: Ken Light.)

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Inside:

Schweiker Amendment

Public Health Association Opposes Weakening of OSHA..... p. 3

Minority Health Organization Forms

Occupational Health Concerns of La Raza..... p. 4

SPECIAL MONITOR SECTION ON CANCER..... p. 5

Occupational Cancer: What Is It? What to Do?..... p. 5

New OSHA Cancer Policy..... p. 7

Cancer: A Historical Footnote..... p. 8

Worker Notification Programs..... p. 9

California Carcinogen Law: How Effective?..... p. 11

Newsire..... p. 13

Clearinghouse..... p. 14

Around LOHP..... p. 15

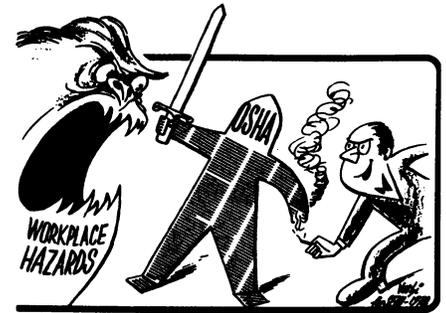
MOVING?

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APHA Opposes Schweiker-Williams Bill

On February 1, 1980, the American Public Health Association (APHA) issued an "Action Alert" letter to its members indicating the Association's opposition to S 2153 (the Schweiker amendment.) The Alert, signed by APHA President June Christmas, M.D., was accompanied by a statement outlining details of the bill and a critique of its provisions. Following, Monitor reprints that analysis.

Statement of the American Public Health Association on S 2153, "Occupational Safety and Health Improvement Act of 1980."



—Vashi/SEIU/LNS.

S. 2153, the Occupational Safety and Health Improvement Act of 1980, introduced in the Senate on December 19, 1979, by Senator Schweiker and co-sponsored by Senators Harrison A. Williams (D-NJ), Frank Church (D-ID), Alan Cranston (D-CA), Orrin G. Hatch (R-UT), and Gaylord Nelson (D-WI) is the latest in the ten-year-old battle to cripple and eventually repeal OSHA. Passage of this bill could presage a similar attack on the mining safety and health act, the OSHA counterpart covering the entire mining and quarrying industries.

Assistant Secretary Eula Bingham said, as quoted in the *Wall Street Journal*, December 20, 1979, that she was "deeply concerned that under this proposal OSHA's presence would generally be permitted only after injury or death had occurred." That, she added, "runs contrary to the concepts that have been generally accepted in preventive medicine throughout the last century."

The Schweiker bill is claimed by its sponsors to be a workers' bill that will improve health and safety conditions by focusing OSHA inspections on high hazard industries and encourage problem solving by labor-management safety committees. In reality, the bill will take away workers' rights to most OSHA safety inspections in over 90 percent of all the nation's 5 million workplaces, encourage industry fraud in reporting accidents and injuries, and bury OSHA in a sea of paper and objections from industry.

Specifically, the Schweiker-Williams Bill (S. 2153) would do the following:

1. *Eliminate most OSHA safety inspections in more than 90 percent of all workplaces in the country.* The sponsors of the bill estimate 90-94

percent of all workplaces would be exempted by these provisions. OSHA could only inspect:

- a. when workers are killed or hospitalized,
- b. to check on abatement programs from earlier violations,
- c. in imminent danger situations, and
- d. in limited circumstances in response to worker complaints.

2. *Deny workers the right to an automatic OSHA safety inspection in response to worker complaints.*

OSHA cannot conduct an inspection if the employer gives OSHA "satisfactory assurances that appropriate action has been taken to correct the violation." In addition, workers' complaints will be reduced by the S. 2153 provision which requires such complaints to be routed through management rather than directly from the worker to OSHA.

This provision also violates Section 2(b)(10) of the OSH Act which prohibits "giving advance notice of any inspection."

3. *Wipe out virtually all comprehensive OSHA inspections and severely limit the scope of OSHA inspections.* The bill prohibits OSHA from inspecting any problem area not included in the original complaint or inspection plan, in exempted workplaces. It is not clear in this section or elsewhere in the bill whether OSHA could issue citations for health violations found during a safety inspection.

4. *Define "workplace" in a specious manner.* Separate activities at a single location are defined as separate workplaces. Different operations like a coke oven, a blast furnace, and a

rolling mill in a steel mill would be different workplaces. Steelworkers in some of these jobs could be protected, others exempted, depending on the lost-time injury ratio in each operation. Employers could define the workplace to exempt as many activities and workers from coverage as possible.

5. *Eliminate fines for all serious and other than serious safety violations in exempted workplaces:*

- a. Employing ten or less workers, or
- b. Where an advisory labor-management safety committee and consultation program exists.

OSHA could not fine the employer for any serious violations, even those resulting in death or serious injuries occurring in the workplaces.

Under the bill, safety committees are only advisory and have no enforcement rights or power. Employers are not required to follow the recommendations of the committee to correct hazards. Moreover, if the employer believes in "good faith" that a hazard pointed out by the committee is not a violation, OSHA cannot cite the employer for a willful violation of the law.

By removing the threat of large penalties and willful violations, the bill actually penalizes workers and unions active in safety committees to improve their working conditions. This threat is compounded by the fact that more than 75 percent of the nation's workforce are not members of organized labor and lack the protection afforded organized workers by a jointly bargained wage-agreement.

continued on p. 16

New Organization Addresses Raza Health Concerns

By Miguel Lucero

In the last year, a new health advocacy organization has been established to address the health-related needs of the over four million Raza population (i.e. Chicano-Hispanic) in California. The California Raza Health Alliance is a coalition of the major Raza health constituencies in California including provider agencies, health professionals, consumer/community activists, unions, and student leaders.

Since its inception, the Chicano Health Institute of Students, Professors, and Alumni (CHISPA) has served as the fiscal agent and technical coordinator of Alliance activities. Major achievements over the last 12 months of the Alliance-CHISPA coalition include:

- Establishment of the first minority-based statewide health network in the United States;
- Development of the first comprehensive assessment of the health conditions of the Raza population of the United States (called the First Annual California Raza Health Plan);
- Coordination of the Annual California Raza Health Planning Conferences (the initial conference occurred in Pomona, California, last year during May; the second and upcoming conference will be in Sacramento on May 29-June 1, 1980);
- Development of a Raza Health and Safety Network and establishment of a Raza Health and Safety Task Force.

OCCUPATIONAL HEALTH ACTIVITIES

One of the major areas addressed by the Alliance in their Raza Health Plan was the special health and safety needs of Raza. The Occupational Health

Component of the plan undertakes issue and data review of the occupational health concerns of the California Raza workforce population.

This portion of the plan points out that nearly two million Raza are represented in the California workforce and that Raza workers are disproportionately relegated to low paying, low prestige, heavy manual, hazardous, and dead-end jobs. Two-thirds of the Raza workforce are in blue collar, agricultural, and service occupations. Approximately 975,000 of the Raza workforce represents undocumented workers, overwhelmingly in agriculture. Since not all Raza workers are unionized, many Raza work in environments which are unsafe and offer little opportunity for improvement through union-supported health and safety committees and provisions in collective bargaining agreements.

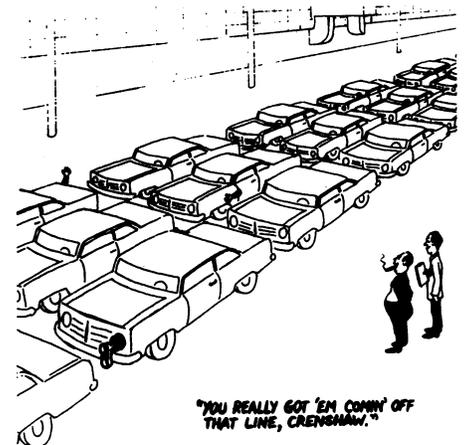
With such a large population at risk of work-related injury and illness, and with special needs, it is pointed out in the plan that there is a paucity of information on this workforce and that there is very little research or intervention carried out at any level on the impact or outcomes of health and safety hazards facing Raza workers.

In light of major deficiencies in current health and safety efforts toward Raza workers, Alliance-CHISPA has generated the first effort to delineate the health and safety needs of Raza workers and worked on establishing a Raza Health and Safety Task Force to oversee their efforts to improve the health and safety of Raza workers on the job. Through the resolution adopted at last year's Raza Health Alliance Conference, Alliance efforts have focused on institutionalizing a set of actions which will lead to a greater understanding of problems confronting Raza workers, and identify resources which will serve the determined needs. The Alliance believes that the initial focus of action must be preventive in nature and promote an increased awareness of Raza workers as a specific target pop-

ulation for planning, research, and intervention.

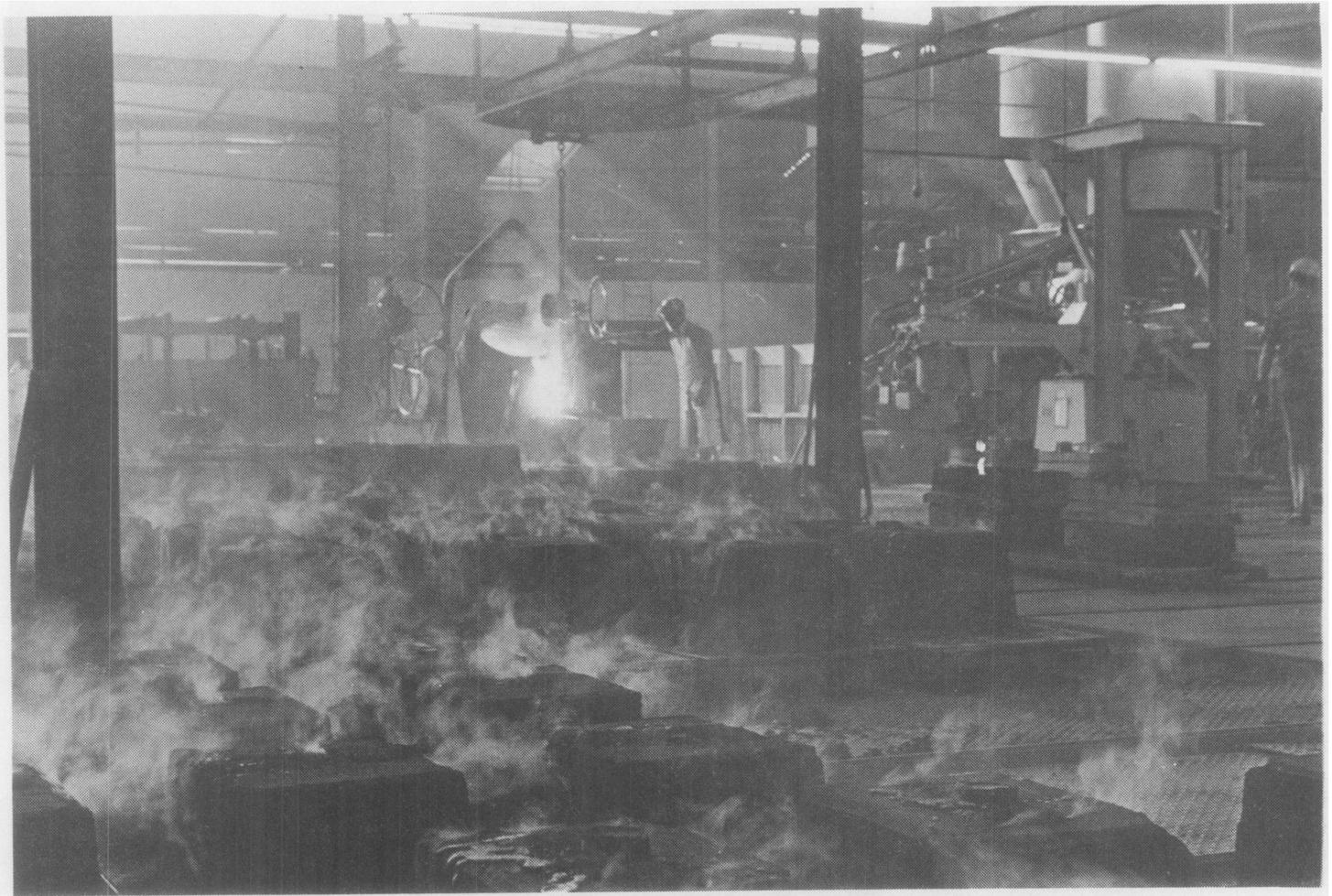
INQUIRIES AND INPUT

Alliance-CHISPA is now seeking the assistance and active involvement of local, state, and federal agencies, health based researchers, unions and worker associations, concerned community and student participants, concerned employers, and interested health providers. Inquiries requesting additional information, copies of the "Occupational Health Plan Component," or details of the upcoming California Raza Health Planning Conference in Sacramento can be directed to: Raza Health and Safety Task Force, c/o CHISPA, 2131 University Avenue, Suite #316, Berkeley, CA 94704. Telephone: (415) 548-9300.



Cancer

A Special Report



Foundry workers, exposed to a variety of chemicals, are at high risk of cancer. (Photo: Working Steel/LOHP.)

Occupational Cancer

by Janet Bertinuson

Cancer is a word that is frightening to most people. And a look at some statistics for this disease provides ample reason for such a reaction. One out of every four Americans can expect to get cancer, and two out of every three families will have a member who develops some form of cancer. Although early diagnosis and improved treatment techniques increase the chances of survival, the rate of cancer deaths (and reported cases) is rising. In 1973, 351,000 Americans died of cancer, but by 1975 the numbers had increased to 364,000.

One reason more cases are seen has to do with our increased life expectancy. There is a long delay between exposure to a cancer causing substance and appearance of the disease. Since life expectancy is greater today, more people live long enough for cancers to appear. But the increased rate of cancer cannot be explained solely by longer life span. We must look beyond life expectancy and examine the evidence which points to potential occupational and environmental causes.

This article will explore what cancer

is, potential and known causes, testing of cancer suspects, regulation of carcinogens, resources, and prevention of cancer. Because evidence strongly points to occupational and environmental exposures as major causes of cancer, the article focuses on this aspect.

CANCER—WHAT IS IT?

The term "cancer" describes a number of different diseases with a variety of causes. But basically, in all forms

continued on p. 6

CANCER

continued from p. 5

of cancer the body's cell division system becomes damaged, which leads to a rapid, out-of-control growth of abnormal cells. Generally cancer starts off as a disease localized in one area (often on the surface of an organ such as the skin or liver.) As growth continues, the cancer can spread deeper into the organ, and eventually spread to other parts of the body (metastasis) by way of the blood or lymph systems.

WHAT CAUSES CANCER?

There are many substances in our environment that are linked to development of cancer. In fact, environmental pollutants in air, water, soil, and the workplace are now estimated to cause between 75-85% of all human cancers. The increase in manufacture and use of petrochemicals is directly connected to the proliferation of cancer-causing substances in the environment.

Although we often hear that "everything causes cancer," this is not the case. From human studies, about 30 substances or agents have been identified as carcinogens, and about 50 others show evidence of carcinogenicity (ability to cause cancer) based on epidemiological evidence.* Known cancer-causers (carcinogens) include chemicals such as benzidine and other organic amines, asbestos, nickel and chromium, benzene, and arsenic, as well as ionizing radiation and ultraviolet radiation. Some cancers seem to have multiple causes, and exposure to more than one carcinogen may increase risk of cancer development. For example, both cigarette smoking and asbestos are linked to increased lung cancer risk. Asbestos workers who don't smoke have an eight times greater risk of developing lung cancer than an unexposed population, while asbestos workers who *do* smoke have a 92-times greater chance when compared to an unexposed population. On the whole, however, the potential for producing cancer when two chemicals interact is largely unstudied.

Although all occupational and envi-

*Epidemiology is the study of disease occurrence in a certain population. It involves comparison of disease rates with a normal (that is, unexposed) population.

Common Chemicals and Cancer Risks

Agent	Cancer Site
Arsenic (R)	Skin, lungs, liver
Asbestos (R)	Lungs; pleural and peritoneal mesothelioma; rectum
Benzene	Bone marrow (leukemia)
Chromium	Nasal cavity, larynx, lung
BCME (bis-chloromethyl ether)	Lung
Benzidine (R)	Bladder
Alpha-naphthylamine (R)	Bladder
Beta-naphthylamine (R)	Bladder
4-aminodiphenyl (R)	Bladder
4-nitrodiphenyl (R)	Bladder
Wood dust	Nasal cavity and sinuses
Coke oven byproducts (R), shale, and mineral oils	Nasal cavity, larynx, lung, skin, scrotum
Vinyl chloride (R)	Liver, brain
Anesthetics	Bone marrow (leukemia)
Ultraviolet radiation	Skin
Uranium (radon daughters)	Lung

ronmental carcinogens have not been identified, there are numerous substances which are considered human carcinogens based on results of epidemiological studies as well as animal studies. The list in the box, above, includes some of the chemicals associated with increased cancer risk in humans, as well as the type of cancer usually associated with each chemical. Where the substance is regulated as a carcinogen by OSHA, an "R" follows the listing.

TRACKING DOWN CARCINOGENS

Unfortunately, the majority of known carcinogens have not been discovered by any systematic method of testing chemicals before introducing them into the workplace or general environment. Instead, workers have been exposed to substances for many years, and *after* increased cancer rates are seen, confirming tests in animals may be conducted. Because most chemical carcinogens have a long latency period (time between initial exposure and the appearance of cancer), by the time a chemical is confirmed as a carcinogen large numbers of workers may have already been exposed.

Epidemiological studies are one of the major methods for determining that a chemical is a carcinogen. In such a study, scientists follow a group

of people who have been exposed to a certain substance. They compare the number of cancer cases and deaths with a similar group (control group) who were not exposed to the substance. Epidemiological studies are the best evidence that a substance is a human carcinogen. Their obvious drawback is that people continue to be exposed while waiting for the results. So we have a situation where, as Bill Lloyd of OSHA has said, "Almost everything we know now about occupational cancer comes from counting dead bodies."

Obviously other methods must be used to determine if a chemical is capable of causing cancer. The most widely used tests are long-term animal studies, although short-term tests in bacteria, insects, or plants are being used more frequently.

ANIMAL TESTS

The basic aim of an animal test is to measure the effects of exposing a particular group of animals to a specific substance. Two groups of animals are used: experimental (exposed to the substance) and control (unexposed). These groups are further divided into subgroups, e.g., 50 animals of one sex and species. Generally, testing is performed in two strains of animals. Because of their short lifespan (about four years) rats, mice, and hamsters are the

common test animals.

The animals are normally exposed in the way that most closely resembles human exposure (for example, inhalation of asbestos fibers). Generally, at least two doses should be used: the *maximum tolerated dose*, which is the largest dose that will not shorten the animal's lifespan by causing some other toxic effect; and either one-half or one-quarter of that dose. At the end of the test period the animals are killed and their organs examined for evidence of cancer. If the number of cancers in the exposed group is significantly greater than in the control group, the substance is considered a carcinogen.

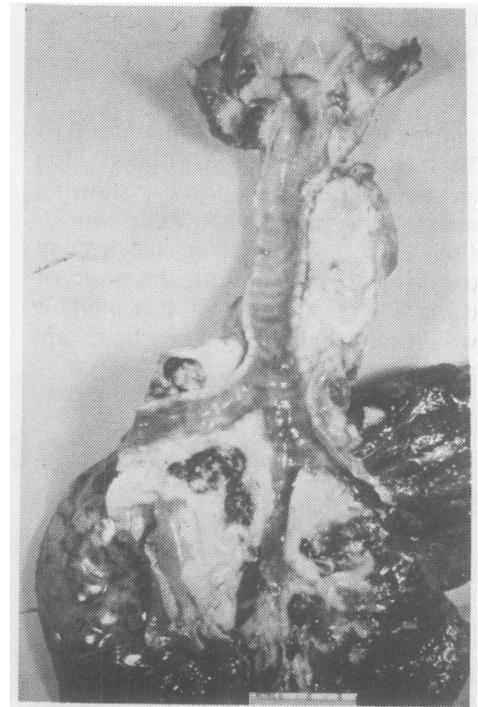
Animal tests are considered appropriate in determining the cancer-causing potential of a substance because evidence of carcinogenicity in animal tests agrees with known human experience. One scientist who reviewed animal test data on 82 substances for which there was some epidemiological evidence of

human carcinogenicity found that only one of the chemicals, arsenic, did not cause cancer in test animals.

Although most scientists agree that chemicals which cause cancer in humans will also cause cancer in animals, the reverse is not true. One major reason that people resist using animal test data to predict effects in humans relates to dose. The doses given to test animals are high, and this leads to the misconception that anything will cause cancer if the dose is high enough. Yet, numerous chemicals have been tested in animals at the normal high doses and have not been found to be carcinogenic.

High doses are used so that the possible effects will be easier to detect, since the group of test animals is relatively small when compared with the number of potentially exposed humans. For example, what if a low dose of a substance caused cancer in one of every 10,000 persons (or 10,000 tumors in 100 million Americans.) If you used the

continued on p. 8



Bronchogenic carcinoma in an asbestos worker. (Photo: LOHP Photo File.)

New OSHA Cancer Policy

Federal OSHA has announced its final generic policy for identifying and regulating cancer causing substances in the workplace. This policy establishes a system for identifying and classifying carcinogens and provides a procedure that will guide future activity in this area by OSHA including the annual publication of a "Candidates List" of potential carcinogens. The policy becomes effective in late April, 1980.

Among other things, the policy establishes that potential occupational carcinogens will be identified and classified on the basis of positive results from human or animal studies. These substances will be classified into two categories depending on the nature and extent of available scientific evidence.

Category I Potential Carcinogens: Substances that meet the criteria of a potential occupational carcinogen in (1) humans, or (2) in a single mammalian species in long term studies where the results are in accordance with other scientifically evaluated evidence. Evidence of concordance includes positive results from testing in the same or other species, positive results in short term tests, and evidence derived from tumors at injection or implantation sites.

Category II Potential Carcinogens: Substances which meet the criteria for a Category I evaluation but the evidence is only "suggestive" or based on positive results in a long term bioassay in a single mammalian test species.

Worker exposure to Category I carcinogens will be reduced to the lowest feasible level, primarily through engineering and work practice controls. If OSHA determines that one or more suitable substitutes exists for certain uses of Category I carcinogens, no occupational exposure will be permitted.

Proposed regulations for Category I Potential Carcinogens will set the permissible exposure limit as low as feasible through engineering and/or work practice controls and will follow guidelines for other protective measures contained in the model standards. The proposal will contain provisions for: a permissible exposure limit; monitoring; regulated areas; methods of compliance; respiratory protection; protective clothing and equipment; medical surveillance; employee information and training; signs and labels; record keeping and observation of monitoring by employees.

Notices of proposed rulemaking for

Category II carcinogens shall contain notification of use, monitoring, housekeeping and training, and shall follow the guidelines in the model standard and whenever a permissible exposure limit is established, will call for compliance primarily through engineering and/or work practice controls.

When OSHA decides to initiate rulemaking in this area the *proposed* regulation will be made public and will be published in the *Federal Register*. The notice of such a proposal will be followed by a 60-day comment period and may provide for a hearing to be held no later than 100 days after the notice of proposed rulemaking.

OSHA may implement "emergency temporary standards," where appropriate, if it is determined that exposure to a Category I carcinogen is a "grave danger."

Any interested person may petition OSHA on amendments to the policy based on significant new evidence or issues if the evidence or issue is introduced in a timely fashion. If amendments are subsequently recommended, they would have to be proposed in the *Federal Register* within 120 days.

Workers' Compensation Law Bulletin

CANCER

continued from p. 7

same corresponding dose in a group of 50 rats (as opposed to 10,000 rats) clearly the chance of cancer showing up would be minimal. Reliable conclusions can't be drawn from such a small test sample. In addition, the costs of using a large number of test animals would be prohibitive. When doses are

high, the cancers are more likely to be seen in a small group of test animals because the cancer rate would be increased proportionately. And negative results at high doses increase the likelihood that the substance is not a carcinogen.

OTHER TESTS

Because animal tests are expensive (up to \$400,000 per test) and involve

at least 3.5 to 4 years per test, it would be an impossible task not only to test all the new chemicals introduced into the workplace each year, but also to test those already in use. So there is a great deal of interest in short-term tests such as the one developed by Bruce Ames at the University of California, Berkeley. The test identifies substances which are mutagens (capable of changing genetic material.) Ames and other scientists believe that most muta-

Cancer at Work: Some Historical Notes

by Janet Bertinuson

Although the links between a number of chemicals and cancer have only been made in recent years, reports of occupationally-caused cancer are not new. In fact, early reports of unusual cancer rates in a variety of industries and occupations should have served as a warning that job exposures were causing or contributing to cancer incidence. And, using information which decades ago demonstrated excess cancer rates in certain work groups (for example, chimney sweeps and gas producer men), connections could have been made to other occupations where chemical exposures were similar (for example, coke oven workers.)

Unfortunately, this has generally not been the case, and in recent years workers have been dying of cancers that could have been predicted based on much earlier studies. The following list makes it clear that ignoring earlier studies because numbers were not "statistically significant," or for any other reason, has meant that thousands of workers have been needlessly exposed to cancer causing substances.

1775 Percival Pott, a British physician, described excess cases of scrotal cancer in chimney sweeps: "When they get to puberty, (they) become particularly liable to a most noisome, painful, and fatal disease."

1822 J.A. Paris, an English physician, reported "a cancerous disease in the scrotum, similar to that which infests chimney sweeps" among men exposed to arsenic fumes in a copper smelter. (By 1930, scientists knew that makers of a veter-

inary pesticide containing arsenic were prone to skin cancer.)

1876 Bell reported excess scrotal cancer rates among shale oil workers.

1936 A Japanese study showed excess lung cancer rates among gas producer men.

1921-38 Death statistics from the British Registrar General showed excess lung cancer mortality for gas producer men, chimney sweeps, and other gas works employees.

1895 Rehn reported bladder cancer in four workers in the same dye factory. (He suspected aniline.)

1955 Excess bladder cancers were reported among workers exposed to 4-aminobiphenyl.

1955 Definitive study implicates benzidine and beta naphthylamine as causes of bladder cancer. (Death rates from bladder cancer were 19 times higher than expected for benzidine and 61 times higher than expected for beta naphthylamine.)

1890 First report of nasal sinus cancer in chromate workers.

1911 Two cases of lung cancer were reported among chromate workers. (Lung cancer was considered a rare disease at that time.)

1940's-50's A study showed chromate workers had lung cancer rates 25 to 30 times higher than expected.

1932 Cases of nasal sinus and lung cancer were reported among nickel workers.

1950's Lung cancer risk for nickel workers was reported at five times the expected rate and nasal cancer risk at 150 times the expected rate.

1935 American and British investigators first reported observations of lung cancer among persons with asbestosis.

1945 First cases of mesothelioma of pleura and peritoneum (linings of chest and abdominal cavities) were reported.

1955 Sir Richard Doll made a clear association between asbestos and lung cancer.

1930's Vinyl chloride was reported to cause ill effects in animals.

1970's Italian scientists saw excess tumors in rats exposed to vinyl chloride.

1974 A physician at B.F. Goodrich reported three cases of angiosarcoma (rare liver cancer) in workers.

gens are also carcinogens. In fact, nearly 90% of those chemicals which are known carcinogens test positive as mutagens in the Ames test.

Numerous other short-term tests are in use or being studied.

Despite problems with short-term and animal tests, some such testing program must continue. Past experience with asbestos, BCME, vinyl chloride, and numerous other carcinogens has clearly shown that we cannot wait for absolute proof of carcinogenicity in humans before regulating exposure to potential carcinogens.

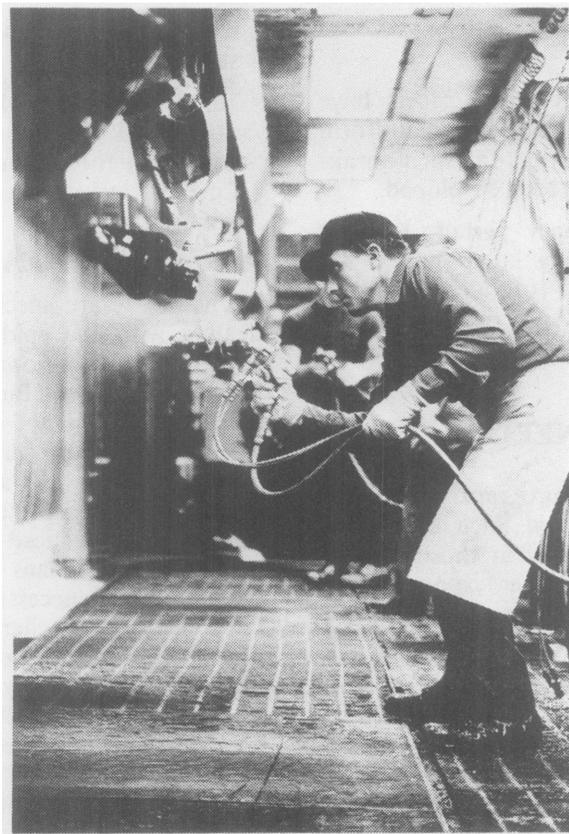
PREVENTION

Because the vast majority of cancers are caused by agents in the environment, it follows that they are potentially preventable—remove the substance, remove the risk. Experience has shown, however, that it is not that simple. In fact, this country has failed abysmally in controlling exposure to carcinogens. When other countries have banned substances (for example, Italy and England banning benzidine and other organic amines) the U.S. has continued its quest for “safe” exposure levels. So despite knowledge of carcinogenicity, workers continue to be exposed to benzene, coke oven emissions, asbestos, and other carcinogens. And in many cases they continue working without being told that substances to which they are exposed cause, or are suspected of causing, cancer.

The reasons for this country's failure to regulate carcinogens and adequately protect workers and the general public include:

- **Pressure from industry related to economic costs of control.** This is evident in industry's support of cost-benefit analysis for new health standards. But, as Samuel Epstein points out in his book, *The Politics of Cancer*, the benefits of using a carcinogen go to one group of people (corporations and stockholders) while the real costs in terms of illness, death, lost wages, medical expenses, and so on, paid by workers and society are dismissed or ignored.
- **Lack of a coordinated approach.** The many government agencies which have authority in terms of research, control, prevention of cancer, or enforcement of carcinogen regulations have different approaches

continued on p. 10



Spray painter. (Photo: LOHP Photo File.)

Cancer Programs Aid Workers

by Susan Salisbury

Before workers can act to limit their exposure to carcinogens, they must know they're being exposed. By law workers are guaranteed that right, but what appears on the books and what actually happens are often two vastly different things. For example, NIOSH discovered in 1977 that more than 7 million workers are exposed to regulated substances without knowing what they are. NIOSH had at that time collected names of some 74,000 workers exposed to carcinogenic substances over the previous five years who had not been notified of their possible risk.

Historically, a great deal of federal and nongovernmental money has been put into cancer research (although not generally related to environmental/occupational carcinogens) but much smaller sums have been allocated for prevention, surveillance, or notification. Notification programs are aimed at informing workers of their exposure to carcinogens. These programs may give recommendations for controls, and may provide information on generic

names of chemicals and existing exposure limits. With increased awareness of the role that occupational exposure plays in cancer rates, more notification programs are being implemented through a number of different agencies.

WIOES

An important Northern California program is the **Bay Area Environmental Cancer Resource Center**, a part of the Western Institute for Occupational and Environmental Sciences, Inc. (WIOES). The Western Institute has a three-year contract with the National Cancer Institute to establish a pilot community-based program addressing the concerns of citizens who are exposed to carcinogens in the environment.

Under a separate two-year contract with the National Cancer Institute, WIOES also has responsibility for the development of a worker notification program.

More generally, the primary aim of the WIOES worker notification program

continued on p. 10

CANCER

continued from p. 9

to these areas. Some efforts have been made to arrive at a uniform approach, but thus far such an approach has not been developed.

- **The long latency period.** Because of cancer's long latent period it's often difficult to identify cause with effect. And regulations are directed toward short-term, acute health effects.

PROGRAM NEEDED

An effective program to prevent cancer is necessary. Such a program must also be aimed at those workers who have already been exposed. What are some of the aspects of such a program?

- Workers currently exposed to known carcinogens must be informed of their exposures and the hazards involved. In addition, controls must be instituted in those situations where carcinogens are used (for example, protective clothing, air-supplied respirators, closed systems handling carcinogens.) Education and training programs should be developed for such workplaces. Labeling requirements should also be developed and enforced.
- All carcinogen use should be reported to government agencies for enforcement and compliance purposes. As part of the reporting system, workers should receive a copy of the carcinogen use report form.
- Efforts must be made to find and contact workers formerly exposed to carcinogens, so that they can be channeled into screening programs aimed at early detection of cancer, and receive medical attention if necessary.
- Research on reliable short-term tests to identify carcinogens should be performed.
- New chemicals introduced into industry and the environment must be tested for carcinogenicity. Chemicals already in use should also be screened. A method for prioritizing chemicals to be tested should be developed. (The Toxic Substances Control Act enforced by the Environmental Protection Agency as well as OSHA's new cancer policy focus on this aspect of carcinogen regulation.) Efforts should also be made to

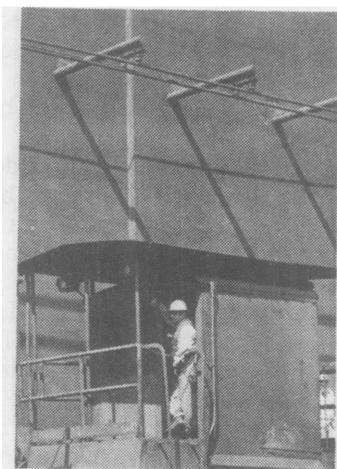
identify effects of interacting substances.

- Tumor registries, where all cancer cases would be reported, should be developed throughout the country. Currently very few such registries exist.

A SOCIAL DISEASE

The above are specific avenues for dealing with the epidemic of cancer related to occupational and environmental exposures. But implementing such programs is not enough. Cancer is not just a biological phenomenon. It is a disease with social, political, and economic aspects. Carcinogenic chemicals are produced and used despite their effect on humans because industry considers them necessary, and efforts to control such chemicals are met with the argument that in many cases it is not economically feasible to do so. Controls or substitutions would be costly, and increased product price would then be passed on to the consumer. These arguments caused delays in standards for substances such as coke oven emissions and arsenic, and will continue to do so as long as economic impact statements remain a crucial issue in standard setting.

Cancer is also a social disease. It robs the victims, their families, and society. And it heaps ever-increasing insurance and medical costs on society as a whole. Yet we demand certain goods that are manufactured using carcinogens—pesticides, hair dyes, dyes for other materials, plastics, and so on. So we must determine how important such things are in light of their terrible cost. Cancer is potentially preventable, but all sectors of our society must be committed to prevention if we are to see an end to the cancer epidemic.



Coke oven worker. (Photo: Ken Light.)

PROGRAMS AID WORKERS

continued from p. 9

is to develop a manner in which to identify and then contact workers who have been exposed to a carcinogen on their job, whether they are currently working, are former workers, or have moved from the area. The effectiveness of this process will be analyzed and may serve as a model for other programs. An attempt is being made to give attention to small businesses and non-union shops as well as the worker groups that are more easily identified.

OCAW

The **Oil, Chemical and Atomic Workers International Union** in Denver, Colorado, has implemented a notification component as a part of their education program. When nasal cancer rates in formaldehyde workers were found to be abnormally high, the OCAW began to determine the locations of workplaces where formaldehyde is being used. A formaldehyde alert will be sent out to OCAW workers in all bargaining units, warning of the high cancer rate. Workers will be asked to send back information on their use of formaldehyde, and their knowledge of morbidity and mortality (illness & death) experience in their plants.

OCAW has plans to develop a surveillance program, whereby these workers may be observed. In addition, NIOSH will be sent the information gained from the responses, so that computer lists may be organized which will show all workplaces within the International that are using that particular chemical. Similar alert processes have been used with benzene and ethylene oxide.

ICWU

A similar notification program is being included in the operations of the **International Chemical Workers Union** in Akron, Ohio. Again, lists are being sent to NIOSH for computer use, indicating workplaces that have been found to have exposures to carcinogenic chemicals. The chemical lists are broken down by department (indicating which chemicals are being used in which department of a shop.) Members of the health and safety committee of that department or the local union president can then be contacted with an outline of suggested controls or action. The chemicals that are included are those for which a NIOSH alert has been

issued, or which have pressing pertinence. Also, a letter is being sent to manufacturers, requesting generic names, monitoring data, and morbidity data.

NATIONAL CANCER INSTITUTE

The National Cancer Institute funds and cosponsors a large number of cancer research and education programs, some of which have a notification component. Several of the programs mentioned in this article are connected with NCI in some aspect of their operation. Additionally, NCI's Cancer Information Service provides toll-free numbers which may be called by the public for information on causes of cancer, prevention, detection, diagnoses, treatment, available facilities, and referrals. Trained staff are available to distribute information from the NCI Comprehensive Cancer Center, state and local health departments, and the American Cancer Society. The national toll-free line is (800) 638-6694. For Cancer Information Service offices in your state or region, contact the national line.

HOWARD UNIVERSITY

Howard University in Washington, D.C. houses an epidemiology program in cancer, which serves as one of NCI's Comprehensive Cancer Centers. As a predominantly minority institution, Howard is particularly interested in the high rates of cancer in Blacks, and efforts are being made to determine the role that occupation plays in these rates. Contact with workers and the general public exists in the form of educational outreach, with informational programs being conducted in schools and churches within the communities of concern. A cancer hotline has been coordinated between Howard and Georgetown University, and pamphlets and columns in local newspapers have been written by individuals in the program.

OTHER CALIFORNIA PROGRAMS

The Resource for Cancer Epidemiology in Oakland, California, is a part of the Preventive Medical Services Branch, a division of the State Department of Health. One component of the Resource is the Occupational Group Monitoring Project, which conducts cancer research specifically relating to work. Hazards are identified through

statistics compilation and evaluation, and causes are determined by drawing correlations with known data.

The California Department of Health also oversees the Hazard Alert System in Berkeley, which serves labor and industry as a repository of information on toxic substances. The System is mandated to keep records of agencies that are doing testing, which substances are being tested, and what regulations are in existence. Animal cancer test results are interpreted for applicability to humans.

Individuals who wish testing information similar to that which the Hazard Alert System provides may wish to contact the Occupational Health Research and Development Unit, also a part of the Preventive Medical Services Branch of the State Department of Health. Phone: (916) 322-2097. Their responsibility is to advise Cal/OSHA on cancer incidence and they may also request testing from NCI and NIOSH when high rates of occupational cancer are discovered.

California Carcinogen Program: Some Successes, Some Problems

by Gene Darling

SB 1678, the California Carcinogens Act, was signed into law by Governor Brown in the fall of 1976. The Act, originally proposed by former Senator Arlen Gregorio, brought sixteen recognized carcinogens, many not previously regulated, under the purview of Cal/OSHA. (The number has since been increased to twenty.) California became the first state to actively inspect workplaces for carcinogens.

Among the provisions of the Act were requirements that all users of these substances report this use to the State, that medical exams be provided for employees exposed to carcinogens, that the Occupational Safety and Health Standards Board adopt standards for carcinogens, and that the Division of Industrial Safety and the State Department of Health enter into an agreement to share responsibility for enforcing these standards.

In 1978, the Occupational Health Branch of the State Department of Health was merged with the Division of Industrial Safety, bringing all Cal/OSHA components into one agency, the Division of Occupational Safety and Health, headquartered in San Francisco. Thus, responsibility for implementing the Carcinogens Act came to rest solely with DOSH. The merger was controversial when first proposed, with opponents arguing that it would result in less effective enforcement (see *Monitor*, February-March, 1977 and April, 1977). However, DOSH Chief Art Carter (see *Monitor*, September-October, 1978), writing just after the merger, argued that it "will simplify administrative channels and procedures to provide more rapid and efficient responses to health hazards . . . (and) will guarantee a permanent, built-in health emphasis at the highest level of Cal/OSHA, while still preserving the identity of the health component."

What is the state of carcinogen enforcement in California today? *Monitor* interviewed Dr. Richard Wade, DOSH Deputy Chief for Health, and Irene Sharenbroch, Senior Industrial Hygiene Engineer at DOSH.

Monitor: How many staff are now handling carcinogen enforcement for DOSH?

Wade: Since September, 1979, we have not had a separate unit responsible for carcinogens. Carcinogen enforcement was combined with our other health-related compliance activities. All of our industrial hygienists now deal with carcinogens; all have been through a training program in carcinogen control. We have 55 nonsupervisory IH's in the field in California, 20 in the North and 35 in the South. There are also 16 Senior IH's and supervisors. Finally, we have recently hired 17 Junior IH's who are currently undergoing training. They are being assigned to the field with more experienced personnel.

Monitor: Who are these Junior IH's?

continued on p. 12

CARCINOGEN PROGRAM *continued from p. 11*

Wade: We initiated this program to help solve a chronic shortage of qualified IH applicants. For example, we now have nine unfilled positions for IH's. The Juniors are individuals with very diverse backgrounds, but usually not in industrial hygiene. They are very competent people—there are several Ph.D.'s and many Masters' degrees among them. We are training them in industrial hygiene.

Monitor: Before the merger, there were complaints that IH's couldn't issue citations on their own authority; they had to be cleared through the safety people. Is that the case now?

Sharenbroch: Not at all. Now the IH's are Compliance Officers and they may issue citations. I will generally countersign them.

Monitor: Would you say that you are keeping up with the volume of carcinogen complaints quite well?

Wade: 80% to 85% of the inspections we do are made in response to worker complaints; the rest are targeted compliance efforts of our own. Right now, we have a backlog of about 492 complaints pending, some up to eight months old. We have to prioritize the complaints we receive because of our shortage of resources.

Monitor: Who determines how much of a priority a particular complaint should be?

Sharenbroch: The supervisors and Senior IH's.

Monitor: You mentioned that you select targets for some of your carcinogen inspections, rather than only responding to complaints. How does that work?

Wade: First, every serious violation which we cite requires a follow-up inspection. We also follow up on most of the Special Orders which we write. We follow up on some registrations by carcinogen users, particularly on certain substances. We have targeted pesticide formulators and manufacturers recently, and we are beginning targeted compliance efforts now on the plastic pipe industry and inorganic arsenic users. We are starting a special study of the electronics industry, but it will not initially be a compliance activity.

Monitor: There has been some criticism of the Carcinogens Act in that it appears to require that all violations be considered "serious." What has your experience been—do IH's feel they have to issue "serious" citations or else not cite at all?

Sharenbroch: I believe that the law has been misinterpreted. It is not that rigid; it allows for some flexibility. We have to look at the total context in which a violation occurs; a fair judgment can usually be made as to whether or not it is "serious."

Monitor: How many carcinogen citations are appealed, and how many appeals does DOSH win?

Wade: About 75% of our carcinogen citations are appealed. That is a much higher percentage than on other DOSH citations. Some of the appeals are subsequently dropped; but when an appeal is pursued, we win about 75% of the time.

Monitor: Another criticism of the Carcinogens Act has been that it only regulates twenty substances, but the best scientific evidence indicates that there are hundreds of carcinogens. How do you deal with this problem?

Wade: Occasionally we will issue Special Orders requiring employers to use controls on other clearly carcinogenic substances, but there have been relatively few of those. The situation should improve because of federal OSHA's new generic cancer policy. The California counterpart of that policy will allow us to regulate all carcinogens in Category I as they are identified. *(See related story on OSHA Cancer Policy.)*

Monitor: In view of your backlog of complaints, what would you advise workers to do? Should they file complaints whenever there is a problem with a carcinogen?

Wade: Yes. But they should be aware that we will prioritize complaints. It is important that complaints be honest as to the degree of severity, and as to whether or not there is an imminent hazard. That will give us good information to use in prioritizing. If there is an imminent hazard, we will usually be able to inspect right away.



(Photo: LOHP Photo File.)

NIOSH Studies Flight Attendants' Rash

A red ink that peels off demonstration flotation vests and sticks to skin appears to be the cause of the red "rash" experienced by some airline flight attendants recently, reports Dr. Anthony Robbins, Director of the National Institute for Occupational Safety and Health (NIOSH.)

NIOSH was asked to investigate the problem by the International Transport Workers' Union and Eastern Airlines after no one had been able to discover the cause of the mysterious "red sweat," which attracted considerable media attention.

To demonstrate the use of safety equipment to passengers, flight attendants put on the yellow vests, marked "DEMO ONLY" in three-inch red letters and bearing red stripes, on Eastern flights between Miami and New York. These flights are Eastern's only East Coast flights to travel over the ocean and require demonstrations of the use of a flotation vest.

Dr. Robbins noted that the problem occurred when a portion of the red ink peeled off and stuck to the attendants' skin. In all cases, the red substances could be wiped off, although some flight attendants may have developed rashes if allergic to the ink. The ink, which appears to be lead oxide, also may run when mixed with perspiration. NIOSH, the airlines, and the flight attendants' union are each analyzing the ink to determine its contents.



AFL-CIO Executive Council Opposes Schweiker

On January 11, 1980, the Executive Council of the Industrial Union Department of the national AFL-CIO adopted a resolution opposing S.2153, Senator Richard Schweiker's amendment to the Occupational Safety and Health Act of 1970. (*See related story on p.3.*)

The resolution emphasizes that it is "particularly distressing" to the Executive Council that "the four Democratic sponsors of the Schweiker bill—including Chairman Williams of the Labor and Human Resources Committee—are Senators who have been friends of the labor movement." The Council calls upon the four—Senators Harrison Williams (D.-N.J.), Gaylord Nelson (D.-Wisc.), Frank Church (D.-Idaho), and Alan Cranston (D.-Calif.)—to "disavow their cosponsorship of this legislation and instead work with us for *real* improvement in the program authorized by the Occupational Safety and Health Act of 1970."

According to the resolution, the Schweiker amendment represents a "serious attack" on OSHA and marks

a "dramatic retreat from the commitment spelled out in the landmark Occupational Safety and Health Act." Pointing out that there was a 10% reduction in the work-related fatality rate in the U.S. in one year (1977-78) and that the deaths due to injuries in businesses with 19 or fewer employees doubled in one year after Congress eliminated much of OSHA's authority over small business (in 1976), the IUD concludes that OSHA has been effective. The IUD's statement is particularly critical of the Schweiker amendment's exclusion of an estimated 90% of U.S. workplaces from safety inspections, its provision that employers who report low injury rates could receive advance notice of inspections, its prohibition against inspectors responding to worker safety complaints if "satisfactory assurances" are provided to OSHA by management, and its diversion of OSHA's resources from enforcement to the processing of exemption requests.

On March 4, 1980, the IUD sponsored the first of a scheduled four regional

meetings on the Schweiker amendment in Pittsburgh, Pennsylvania. Subsequent meetings are planned in Milwaukee, Los Angeles, and Houston. At the Pittsburgh meeting, more than 700 delegates from more than two dozen unions reflected an "outpouring of solid rank-and-file support to defeat the Schweiker-Williams bill and to end the yearly attacks on OSHA," according to the IUD.

IUD President Howard D. Samuel summarized the feeling at the Pittsburgh meeting as a determination that "political attacks on OSHA will be dealt with politically." The unexpectedly high attendance shows, Samuel said, that "health and safety on the job is an issue our members understand and support."

Meanwhile, at a Chamber of Commerce luncheon on March 5, Senator Schweiker accused the labor movement of fighting a "holy war" to prevent the passage of his bill to "improve" OSHA.

U.S. Supreme Court

Right to Refuse Unsafe Work Upheld

In February, a unanimous U.S. Supreme Court upheld the right of a worker to refuse a dangerous work assignment when there is no other reasonable recourse.

The decision, written for a unanimous court by Justice Potter Stewart, came in a 1974 case against Whirlpool Corporation in Ohio in which two workers refused to crawl out on a screen from which a co-worker had plunged to his death nine days before.

An appeals court decision in Cincinnati had upheld the workers' rights in the Whirlpool case, and the Supreme Court affirmed that decision. However, two other appeals court decisions in recent years—in New Orleans in 1977 and in Denver in 1978—on similar cases had gone the other way, leaving the issue in a legal limbo.

The decision affirmed the legality of

a 1973 interpretation of the Occupational Safety and Health Act of 1970, issued by the U.S. Department of Labor. Business argued before the Supreme Court that the Labor Department had exceeded its congressional authority with the interpretation. Whirlpool's case was supported by the U.S. Chamber of Commerce.

The local OSHA office brought the suit on behalf of the two Whirlpool employees. The two workers had notified OSHA of their predicament before their refusal to work on the screen. When the jobsite was later inspected, the OSHA representative asked that the two letters of reprimand be removed from the workers' files. Such a removal was also sought in the original court suit.

The Supreme Court said that the issue of payment to workers who refuse a

dangerous assignment was "not before the court." However, several related cases have arisen in appellate courts recently which do involve the issue of payment, and that issue could be decided by the U.S. Supreme Court if it chooses to hear them.

AFL-CIO President Lane Kirkland hailed the decision as a victory for common sense. "If the court had permitted employers to force workers to choose between their jobs and their health, the results would have been barbaric," he said.

In California, the right to refuse unsafe work is explicitly provided in state law, so that California workers have enjoyed that right for some time.

CORRECTIONS

Black Workers and Cancer

In Andrew Rowland's article, *Black Workers and Cancer*, on p. 14 of *Monitor* for January-February, 1980, several lines were inadvertently transposed in the second paragraph (p. 14, column one.) We apologize for the error.

The paragraph should read as follows:

THE RISE OF CANCER IN THE BLACK COMMUNITY

In the early 1930's, many people thought that cancer was primarily a "white disease." At that time, the incidence of almost every type of cancer, including lung cancer, was very low for Black Americans. Then, sometime in the late 1930's and 1940's, a dramatic reversal in these trends took place. Black Americans began to get cancer at a faster rate than white Americans. In a twenty-year period between 1935 and 1955, Black male cancer incidence rates passed white male cancer rates for cancers of the esophagus, stomach, pancreas, prostate, and lung. Black females passed white females in their incidence rate for cancer of the esophagus, stomach, pancreas, colon, and lung.

Today, the overall cancer rates are... (etc.)

Arsenic Wood Preservatives

In the January-February, 1980 issue of *Monitor*, an error appeared in the article on arsenic wood preservatives (pp. 8-10) regarding regulation of chromium. Contrary to statements made on pages 9 and 10, chromium is not presently regulated by OSHA as a carcinogen and chromium does not fall under the provisions of the California Carcinogens Control Act (i.e., Health and Safety Code Sections 24200 *et. seq.*) at the present time.

Clearinghouse



PAMPHLETS

Health Protection for Operators of VDTs/CRTs is 16-page pamphlet recently published by the New York Committee for Occupational Safety and Health (NYCOSH). Reviewing the technical details of how video display terminals operate, it describes the possible health hazards to operators caused by glare, flicker, poor posture, and stress. A bibliography is included, as is a sample questionnaire for use in workplaces. Copies are available at \$1.00 each from NYCOSH, P.O. Box 3285, Grand Central Station, New York, N.Y. 10017.

Chemicals of Death is a 16-page tabloid-style pamphlet on herbicides and pesticides issued by the San Jose (California) Mercury News. Six editorials which originally appeared in that newspaper are reprinted. Topics range from the DBCP case to new revelations about Agent Orange to problems of state regulation. Single copies are available free from: Public Relations Department, The Mercury News, 750 Ridder Park Drive, San Jose, CA 95190.

Occupational Disease in California: 1976 is a recently-issued pamphlet by

the California Department of Industrial Relations, Division of Labor Statistics and Research. Analyzing in detail the 44,206 physicians' reports of occupational disease submitted in California in 1976, originating from job-related exposures of eight million California workers, the report determines disease rates by industry, by type of disease, by causal agent, by geographical area, and for women. Copies are available from the Division of Labor Statistics and Research, P.O. Box 603, San Francisco, CA 94101. There is no charge.

Cleaning Up: Health and Safety for Drycleaners is a new, eight-page brochure from the Labor Occupational Health Program on hazards in the dry cleaning industry. It discusses major chemical exposures encountered by drycleaners, including trichloroethylene, tetrachloroethylene ("perc"), Freon 113, and Stoddard solvent. Heat, noise, fire hazards, and other health and safety problems in the industry are also described, as are corrective measures including OSHA complaints. Written by LOHP Intern Jo Molloy, the brochure is available at no cost (single copies) from LOHP. Bulk orders of 10 or more: 25¢ per copy. Make checks payable to: The Regents of U.C.

NIOSH Standard on Confined Spaces

The National Institute for Occupational Safety and Health (NIOSH) has developed recommended standards designed to protect the health and safety of workers who must enter confined spaces.

"The danger of explosion, exposure to toxic substances, and asphyxiation must be considered every time a worker enters a confined space," according to NIOSH Director Dr. Anthony Robbins. "Because rescue is difficult once an accident occurs, all necessary safety precautions must be taken and emergency exit plans made before a worker enters such a space."

The NIOSH recommendation classifies each confined space as an A, B, or C area, depending on the physical characteristics, the oxygen content, and toxicity and flammability levels of substances in the space. NIOSH recom-

mends that confined spaces be classified according to the most hazardous condition present.

The recommended standard is designed to make working in confined spaces as safe as possible, and to inform employers and employees about potential hazards. It includes a checklist of requirements for entering and working in confined spaces, selecting personal protective equipment, monitoring work atmospheres, conducting training programs, and maintaining worker records.

The recommendations have been transmitted to federal OSHA, and will be published as a NIOSH technical publication. Single copies are available free from the National Clearinghouse for Occupational Safety and Health Information, NIOSH, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

Around LOHP . . .

LOHP Holds Conferences on Building Trades, Noise

In February and March, 1980, the Labor Occupational Health Program sponsored two health and safety conferences for trade unionists. Both were held on the University of California, Berkeley campus.

The Bay Area Building Trades Health and Safety Workshop on February 7 and 8 attracted local unionists from the construction field. Featured speakers were Stanley Smith, Secretary-Treasurer, San Francisco Building and Construction Trades Council; Fred Ottoboni, Coordinator of the Special Education Program of the California Division of Occupational Safety and Health (DOSH); and Michael Schneider, Deputy Chief of

DOSH. Among the topics covered were chemical hazards, noise, unsafe tools and work areas, occupational diseases, and using Cal/OSHA rights.

From March 12 to 14, more than 60 participants attended LOHP's West Coast Trade Union Noise Conference. Unions represented included Teamsters; Steelworkers; United Auto Workers; Printing Specialties; Glass Bottle Blowers Association; Longshoremen; Operating Engineers; Laborers; Service Employees; Pulp and Paper Workers; Electrical Workers; Sheet Metal Workers; and several public employee unions such as AFSCME and CSEA.

LOHP staff members Paul Chown,

Richard Ginnold, and Janet Bertinuson joined in presenting the program with several guest speakers.

Participants studied recognition, evaluation, and control of noise hazards; effects of noise hazards on health; social and economic handicaps of hearing loss; workers' compensation; OSHA standards on noise; and union noise programs including health and safety committees and contract language. Workshops were also presented on noise hazards in specific industries such as canning, sawmills, foundries, shipyards, printing, and construction.



Participants at LOHP-sponsored West Coast Trade Union Noise Conference watch televised exercises on noise control with workshop leader Richard Ginnold, standing (left), and discuss work experiences (right.) (Photos: Ken Light.)

Materials from the West Coast Noise Conference are now available for sale from the Labor Occupational Health Program. Included in the approximately 200 bound pages are technical articles on noise which were distributed to participants, relevant OSHA standards, sample citations, charts and graphs. Cost is \$10 prepaid. Mail orders to LOHP and make checks payable to: The Regents of U.C.

LOHP Union Conference in Modesto in June

On June 6 and 7, 1980, the Labor Occupational Health Program will present a conference for trade unionists in conjunction with the Stanislaus and Tuolumne Central Labor Council, AFL-CIO. Entitled "everything You Wanted to Know About Health and Safety," the conference will be held at Bob's Covell Restaurant, Table Room, 1021-11th St., Modesto, California.

Fee is \$15., not including lunches. Registration information is available from LOHP at (415) 642-5507.

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APHA ON SCHWEIKER

continued from p. 3

6. *Limit fines for all serious and other than serious safety violations in hazardous workplaces, not exempted from inspections, where an advisory labor-management safety committee and consultation program exists.* The bill sets a maximum penalty of \$700 for serious safety violations and \$300 for other than serious safety violations for all non-exempted hazardous industries where the employer maintains a labor-management committee and consultation program.

Like committees in exempted workplaces, safety committees in hazardous workplaces are only advisory and have no enforcement rights or powers. Similarly, employers are protected from willful violations if they believe in "good faith" that a hazard is not a violation of the law.

7. *Base the workplace exemption process on dubious statistical data.* Employers with no injuries reported to the state worker's compensation agency during the preceding year will, according to Senator Schweiker, "automatically qualify for the exemption." Those not meeting this requirement can still be exempted by the employer filing an affidavit with OSHA stating no deaths occurred and there is compliance with a low-lost-workday-injury rate.

The state compensation process is unreliable for some of the following reasons:

- a. State worker's compensation agencies are reluctant to enter

into agreements with OSHA even if financed by OSHA.

- b. There are wide variations among state reporting requirements. In some there are numerical exemptions, lack of lost work day data or of restricted work activity.
- c. Some states have only voluntary reporting, which means many employers do not report at all.

This system has two major faults; these are:

- a. There is an incentive for the employer to discourage filing of worker's compensation claims.
- b. There is an additional incentive for the employer to be less than truthful in completion of OSHA accident reports.

Since the founding of APHA 106 years ago, prevention of disease and disability has been the major focus of the organization. With the virtual elimination of the communicable diseases, other public health matters were given priority. Recently, however, the primacy of prevention is once more being recognized as the single most important factor in prolonging productive life and containing the rising costs of medical care.

Crucial to this concept is the reduction of the unnecessary job-related loss of life and limb occurring throughout

the nation. There has been some measure of success in this endeavor since the passage of occupational safety and health legislation a decade ago.

Passage of S. 2153, however, will so attenuate OSHA that it will become a victim of attrition. The American Public Health Association strongly opposes the approach taken in S. 2153 as one which will cause the ultimate destruction of OSHA.

One of the avowed precepts of our government has always been the protection of property. In fact it has long been recognized as a right extended to all citizens. This right of the people to have their property protected was essential for protecting the home and the place of business. Of more recent date this protection as a right has been extended to include health. This was necessary because the maintenance of good health and the ability to work is the only property workers have to assure economic sustenance. Thus, government has the responsibility to take all possible steps to protect the workers' health—this is their property. Loss of this property through illness or injury will ultimately increase government expenditures. Prudence certainly indicates that job-related illness and injury must be avoided if this obligation is to be fulfilled. Such a goal cannot be reached without a strong federal program for occupational safety and health.



—PHILAPOSH Safer Times

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