

Labor Occupational Health Program

MONITOR



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In This Issue:

- **WORKERS' COMPENSATION: A UNION APPROACH**
- **ART INSTITUTE HAZARDS**



On the Cover:

University of California, Berkeley industrial hygiene students have recently launched a study of health and safety hazards in the arts. Supervised in part by LOHP staff, the IH students have been working with students at the San Francisco Art Institute to improve conditions in ceramic, silk screening, photography, painting, and other operations. Here, Art Institute student John DeFazio wears respiratory protection while using a clay mixing machine. The story is on p.3. (Photo courtesy of U.C. Berkeley School of Public Health.)

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Staff: Robin Baker, LOHP Director; Paul Chown, Labor Center Chairman; Gene Darling, Monitor Editor; Anne Maramba-Ferrell; Lela Morris; Brenda Presley; Pat Quinlan; Susan Salisbury; Lula Simmons.

LOHP Catalog and Brochure Now Available



Two new publications designed to introduce LOHP—our purposes and goals, our services, our printed and audio-visual materials—are now available free.

The **LOHP Catalog** describes the educational materials which may be ordered from us. LOHP has available for sale three 16mm films, seven slide/tape shows, and a wide range of books and pamphlets on various health and safety topics. We also offer information packets on certain subjects, sets of materials previously distributed at LOHP conferences, research papers, article reprints, and a health and safety poster. The **Catalog** provides details on all of these, together with an order form. Information on **Monitor** subscriptions and back issues is included, as is film rental information.

A new brochure is also available which describes LOHP and its services to unions and workers. LOHP can arrange special training sessions for unions, ranging from a one-hour presentation at a union meeting to an intensive day or week-long training program. A list of available topics is included in the brochure. LOHP's technical assistance services, from experts in occupational medicine, law, industrial hygiene, education, and industrial relations, are also described. There is also a brief description of our health and safety library, which is open to the public.

The **LOHP Catalog** and/or the brochure on our services are free. Write for copies to: Labor Occupational Health Program, 2521 Channing Way, University of California, Berkeley, CA 94720 or phone (415) 642-5507.

Hazards at San Francisco Art Institute

by Patricia Quinlan

LOHP Industrial Hygienist

For the last nine months, the San Francisco Art Institute, a private educational institution, has been the focus of a study by a group of industrial hygiene students from the School of Public Health at the University of California, Berkeley.

The Institute offers a wide variety of programs for students in the arts, including filmmaking, painting, photography, printmaking, and sculpture. In many of these activities, issues of health and safety arise.

STUDY METHOD

In 1982, several students became concerned about the possible health effects of exposure to hazardous chemicals in the course of producing their art work. One group of Institute students began investigating the health hazards in their own department—photography. After these students contacted the Occupational Health Clinic at San Francisco General Hospital for assistance, a joint project was set up involving industrial hygiene students from the U.C. Berkeley School of Public Health, supervised by industrial hygienists from LOHP, the School of Public Health, and the S.F. General Hospital Clinic.

An initial walk-through inspection in October, 1982 revealed potential problem areas at the Institute. The first three areas chosen for further investigation were ceramics, printmaking and photolithography.

The first step was to identify specific hazards associated with the various processes used in each of these areas. The industrial hygiene students visited the Institute several times in order to: (1) familiarize themselves with the processes; (2) identify the products used; (3) observe the work practices and use of protective equipment; and (4) ascertain the periods of greatest potential exposure (if any) so as to design appropriate sampling strategies.

In ceramics, exposure to silica dust was thought to be a potential problem, and heavy metals in pigments (such as lead and cadmium) could be a problem

if ventilation and protective equipment were inadequate. In the silk screen printmaking operation, there was exposure to organic solvents such as xylene and petroleum distillates, as well as lacquer thinners and paint pigments. In photolithography, exposure to acids, bases, and solvents used in the etching and developing processes appeared to present the greatest hazard. Another potential hazard of photolithography was ultraviolet light exposure.

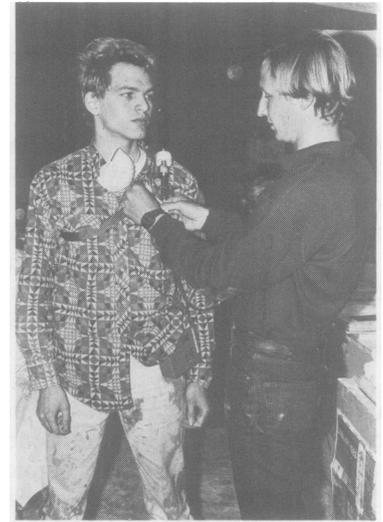
The study entailed numerous complications. First of all, it was difficult to obtain Material Safety Data Sheets for many of the products because either the manufacturers were reluctant to reveal information or the products had been discontinued. Secondly, the work schedules of the students varied markedly and it was often difficult to establish typical durations of exposure.

By early February, 1983, the student investigators began to get responses to some of their MSDS inquiries and had begun sampling contaminants in several of the areas. In some cases, this involved pre-arranging sessions with the instructors where "worst case" situations could be monitored. In other cases, monitoring was conducted over the course of several class periods. In the silk screening operation, for example, exposures to solvents appeared to range from light to heavy, depending on the time spent and the amount of work produced.

PRELIMINARY RESULTS

During this same period, preliminary inspection of the local exhaust ventilation system was made by means of smoke tubes and anemometers. This resulted in recommendations for ventilation system improvements in several areas of the Institute.

Examination of work practices and use of protective equipment was another major focus of investigation during this time. It became apparent that education in the area of protective equipment was necessary. Discussions with students revealed that those using various types of respiratory protective equipment had never been instructed as to the proper type of respirator for their particular work. Additionally, most had never been fit-tested and were wearing respirators which were affording them no



Sampling for silica during a clay mixing process at the San Francisco Art Institute. University of California, Berkeley, industrial hygiene student Eric Borbe (right) fits Art Institute student John DeFazio with monitoring equipment (a cyclone preselector for respirable silica.) (Photo courtesy of School of Public Health.)

protection. In regard to protective gloves, it again became apparent that clear, concise information was needed, in order to inform people concerning the right gloves for the particular chemicals used.

The student investigators also made a recommendation that the photolithography area be painted with zinc oxide paint to absorb ultraviolet radiation and cut down exposure.

In early May, 1983, a meeting was held with the Art Institute students to discuss the preliminary results of the study. At this time, instruction in the use of protective equipment was begun.

Presently the industrial hygiene students are preparing final reports of their investigations, and are producing fact sheets which will be given out to students during future student orientations at the Institute. These fact sheets will alert students to the potential hazards and protective measures they should take to avoid exposure to harmful substances during the course of their work.

It is hoped that the project will continue in the fall, 1983 semester. Other areas of the Institute such as metal, wood, sculpture, photography, and painting have yet to be examined.

Labor and Workers' Compensation

by **Lula Simmons**

LOHP Labor Intern

When workers' compensation laws were originally enacted, workers lost their right to sue their employers in court. Workers' compensation ("workers' comp" for short) thus became the "exclusive remedy" for workers who are injured on the job, except in very limited situations. However, the system that began in the early 1900's is still today not adequate to its tasks of providing realistic and equitable benefit payments and profitable new employment for injured workers. Organized labor, to some degree, has sought to address this problem through negotiated contract language and more active participation in the workers' comp system.

Every year over 100,000 workers in the U.S., as a result of their work, sustain injuries leading to permanent partial disability. The number of occupational *disease* cases suffered by workers is significantly higher than the number of cases that are reported and that actually get compensated by the workers' comp system. This is so because the complicated process that workers must endure in proving and obtaining compensation for occupational disease prevents most occupational disease victims from even filing claims. Additionally, over 60% of disease claims that *are* filed are contested by employers and their insurance carriers, while only 10% of injury cases are so contested.

Some estimates of the figures are astounding. The U.S. Department of Labor estimates that over 700,000 U.S. workers are currently severely disabled by an occupational disease, and of that group, only 5% are receiving workers' comp benefits.

THEORY AND REALITY

The development of the workers' comp system over the years has supposedly been guided by three principles. In exchange for workers accepting the system as the "exclusive remedy" for

all on-the-job injuries, the system is supposed to provide:

1. **Adequate income protection for injured workers;**
2. **Health and safety incentives for employers; and**
3. **Full medical and rehabilitative care for injured workers.**

The effectiveness of the system, however, leaves much to be desired. It does not give justifiable compensation to injured workers. For example, the workers' comp benefit is considerably less than the actual take-home pay of a worker before injury on the job. The benefit is supposed to approximate two-thirds of regular weekly earnings. But there is a maximum limit on the weekly earnings. In California, the maximum wage considered, for purposes of computing benefits, is \$294. per week (for injuries occurring on or after January 1, 1983.) Thus, even if a worker earned more than \$294. per week before injury, she or he will receive only the maximum benefit of \$196. per week (two-thirds of the maximum earnings of \$294.)

Also, the benefits for total disability and permanent partial disability are extremely low, thereby creating the need for a disabled worker to apply also for Social Security disability and/or state aid. In this situation, much of the financial burden is taken off business and placed on federal and state governments, and on society as a whole. Tax burdens increase to cover the increased costs.

In workplaces where no union exists, the workers must rely solely on the workers' comp system, attorneys, and their own ingenuity to obtain adequate benefits and medical care. Where there are unions, it inevitably falls upon them to take up the slack and provide help for their injured members. To make up for some of the weaknesses in the workers' comp system and also to relieve injured workers of some of the financial, emotional, and physical burdens placed upon them by the system, organized labor has sought solutions in several ways. These include:

- **Negotiated clauses in the contract;**
- **Active and knowledgeable Compensation Committees and/or other union representatives; and**
- **Education of members about the workers' comp system and laws.**

UNION SURVEY: CONTRACT CLAUSES

In line with this concept of unions involving themselves in the workers' comp process, LOHP recently surveyed a small sample of 25 local union contracts in the Bay Area to determine to what extent collective bargaining clauses associated with workers' comp were prevalent.

Of the 25 local unions surveyed, we found that 92% had clauses providing supplemental benefits which were paid in addition to the workers' comp benefit. The supplemental benefits varied from one contract to another in terms of the length of time the benefits were paid (usually dependent upon length of service with the employer.) Also, the percentage of take-home pay that was provided varied from 75% to 100%.

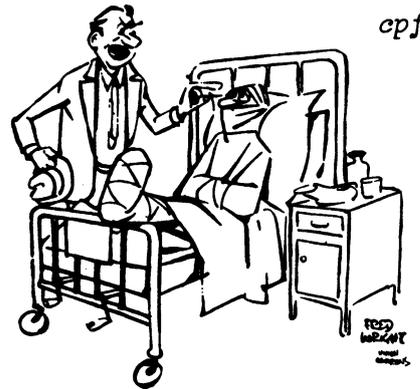
A smaller number of contracts (about 20%) had provisions for retraining of injured workers for other types of work within the company if the injured worker was no longer able to perform her/his normal job. This statistic closely resembled one from the U.S. Bureau of Labor Statistics in which 1724 agreements were surveyed and 25% had clauses which provided transfer rights to another job for disabled workers.

Aside from these two types of clauses, no other contract language dealing with workers' comp existed in the sample of collective bargaining agreements we surveyed.

Examples of other types of contract language negotiated by some unions throughout the United States include:

- **No loss of wages for workers injured on the job, and payment in full for all expenses related to the injury (e.g. follow-up medical appointments, therapy, etc.);**

- Once recovered, injured worker entitled to old job, or if unable to do normal job, another job with no loss of pay;
- Life and medical insurance to continue for the duration of the disability; and
- No discrimination against the injured worker or discrimination because of a compensation claim.



"You clumsy idiot . . . On account of you Department Six lost the safety award . . ."

For some model and sample clauses on various workers' comp issues, see **Workplace Health and Safety: A Guide to Collective Bargaining**, an LOHP publication by Paul Chown.

MEMBER ASSISTANCE

Although the negotiated clauses from our small sample were very limited, all of the unions we surveyed had some type of non-negotiated member assistance service. These included:

- Help with the processing of disability claims;
- Professional health and safety staff;
- Attorney referral (many of the unions had their own workers' comp attorney on staff);
- Referral to physicians who specialize in occupational medicine;
- Legislative advocates; and
- Help with job placement if the worker is unable to do her/his normal job and there is no contractual right to an alternative job.

COMP COMMITTEES

One very interesting union approach to assisting injured workers was described in the journal **American Labor** (published by the American Labor Education Center), no. 16 (no date). It was suggested that a union might form a Compensation Committee. We did not find any union in our survey that actually had such a committee. In most cases, we found that the Business Representative or another full- or part-time officer usually advised the member on workers' comp procedures.

Given the complexities of the workers' comp laws and the problems that workers face in using the system, Compensation Committees can prove to be very bene-

ficial in protecting injured workers' rights. Unions could use collective bargaining not only to expand the compensation rights of their members, but also to secure rights for a Compensation Committee to function properly. Such rights should include:

- The right to be notified of all accidents and injuries occurring on the job; and
- The right to investigate and gather evidence of injuries and exposures with no loss of pay.

The duties of a Compensation Committee should include the following:

- Educating themselves and the membership about the workers' comp laws;
- Making sure the injured worker notifies the employer about her/his injury immediately;
- Making sure the injured worker receives proper medical care;
- Identifying illnesses and injuries that are work-related;
- Helping workers to gather evidence needed to support occupational disease claims;
- Making referrals to competent workers' comp attorneys;
- Keeping accurate records of job-related accidents and illnesses; and
- Coordinating information with the union's Health and Safety Committee. (Many times the findings of the Health and Safety Commit-

tee can also be used to identify and document workers' comp claims.)

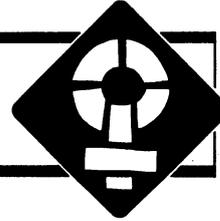
Nearly 25% of all workers each year experience some type of job-related injury or illness. Unions can provide valuable assistance to injured workers by assuring that they receive proper medical treatment and adequate compensation. Having Compensation Committees that are knowledgeable and active is one very important way that unions can help to protect the rights of injured workers.

However, the real challenge continues to be in the prevention of on-the-job injuries and illnesses. Adequate workers' comp benefits and medical care are but one part of the machine needed to eliminate unhealthy and unsafe workplace conditions. Efforts toward prevention must also include increased union involvement in the workers' comp process, educating the workforce about health and safety, and strict enforcement of the Occupational Safety and Health Act.

COMP CONFERENCE MATERIALS AVAILABLE

In February, 1983, LOHP, the Center for Labor Research and Education, and the Northern California Occupational Health Center co-sponsored a two-day conference, *Workers' Compensation*, designed for unionists and union leaders, other workers, and occupational health professionals. The conference covered historical developments and recent improvements in the workers' comp system. The focus was on how the system works in California; there were also a panel discussion and workshop on union approaches to workers' comp problems.

Materials from the conference are available for \$10.00 postpaid from: LOHP, 2521 Channing Way, University of California, Berkeley, CA 94720. Please make checks payable to: The Regents of U.C.



International Women's Health Conference in Canada

A five-day conference, "Working Conditions and Women's Health," was held in mid-May at the University of Quebec at Montreal, and more than 100 trade unionists and professionals attended from around the world.

Sponsored by the Women's Committee of the Confederation of National Trade Unions (CSN Canada), the international conference was designed to bring together working women and women researchers to examine the questions raised by women's work and its impact on health. Participants from Canada, the United States, Europe, Africa, Asia, and Latin America discussed female job sectors in their countries, the main health problems caused by women's working conditions, and possibilities of international collaboration.

Conference organizers believe that women's occupational health has been virtually ignored in most countries because women are not thought of as working in jobs that can be hazardous to their physical or psychological health, except perhaps for reproductive hazards. Most occupational health hazards which have been researched are in primarily-male jobs. Yet, the organizers point out, working women are concerned, and they have waged battles against poor working conditions for a long time. Those battles have also had to be battles against prevalent attitudes about women in the workplace: ideas such as "work outside the home is not women's principal role, so it isn't worth paying much attention to."

During the first three days of the conference, representatives of working women from various countries described the roles and problems of the women in each nation. From factory workers in Thailand and the Philippines to slaughterhouse workers in Canada to office workers in the U.S., women workers seem to have several factors in common, conference speakers noted:

- **They work in jobs that require standing or sitting without moving for long periods of time;**

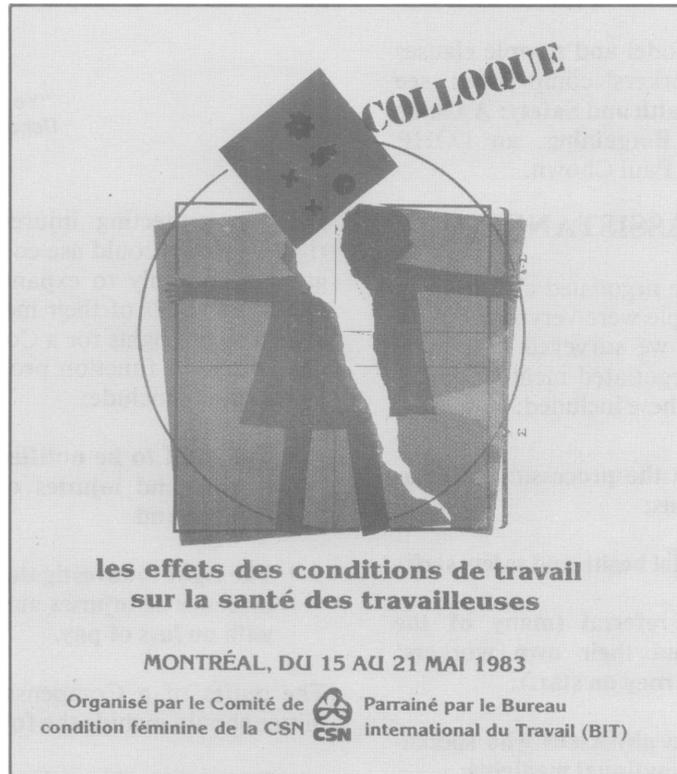
- **They work at high speed, especially where there are assembly lines, piecework, or job speedup due to cutbacks (as in public service);**
- **The mental stress is often very high in women's jobs;**
- **Women work a long workday, especially when they also have home and family responsibilities;**
- **Women face many of the same hazards as male workers: dust, heat, noise, solvents, radiation, chemical exposures, etc.**

Later portions of the conference dealt with research methodology and findings, labor movement follow-up, and means of international cooperation. Speakers emphasized the importance of reporting research findings to the involved workers

themselves, in non-technical language, because this widespread understanding is the basis on which unions can take action.

One presentation at the conference was a report on problems faced by office workers by Patricia Quinlan, LOHP's Industrial Hygienist. Quinlan said that stress is the "number one problem" in offices, and that it can be caused by isolation, harassment, mechanization, and loss of a sense of control over working conditions.

Indoor air pollution by office products, chemicals, and cigarette smoke is another frequently reported problem, Quinlan said. Also, there have been increasing complaints about video display terminals, which are associated with eye strain, backaches and fatigue as well as increased potential for employers to monitor work output.



LOHP 'Intensive Training' for Unionists in September

LOHP will present its Third Annual Intensive Training Institute, **Health and Safety in the Workplace**, the week of September 12-16, 1983 at the Institute of Industrial Relations, 2521 Channing Way in Berkeley.

Like the two previous Institutes, the week-long session is designed to help union members become experts on health and safety within their unions. Talks by professionals in the field, combined with skill-building activities, will teach the union health and safety activist to identify job hazards, use legal rights, negotiate health and safety contract language,

maintain an effective health and safety committee, educate the union membership, and utilize resource agencies in the community.

Participants will include union officers, shop stewards, business agents, and health and safety committee members from a wide range of unions. After the course, unions should be able to call upon the new skills that participants will have learned. Unions are urged, therefore, to carefully select the best person(s) to attend.

Sessions will run Monday through Friday from 8:30 a.m. to 4:30 p.m.

each day. Optional evening sessions may also be offered. The \$90. per person cost includes five days of instruction plus training materials. (The cost is \$75. each for additional registrants from the same union.) A limited number of half-tuition subsidies are available; contact LOHP for details.

To enroll, mail full payment, or a \$15. deposit, to: LOHP, 2521 Channing Way, Berkeley, CA 94720. Full payment must be received by September 1. Contact LOHP at (415) 642-5507 for more information.

California 'Right to Know' Law Takes Effect

California's new worker "right to know" law (the Hazardous Substances Information and Training Act) took effect on February 21, 1983.

The new law, passed by the legislature in 1980 and enforced by the Division of Occupational Safety and Health (DOSH), is implemented by new General Industry Safety Order 5194. It applies to all employers who use hazardous substances in the state. (It does not apply to consumer goods intended for the general public or to certain substances already regulated by federal pesticide laws.)

Under the law, the Director of Industrial Relations was required to develop a List of Hazardous Substances, which was issued last year. Within 60 days of the effective date of GISO 5194 (February 21, 1983), employers who use substances on the list must notify employees in writing of the names of the substances used. They must also supply information based on each substance's Material Safety Data Sheet (MSDS) to employees, make the MSDS available to employees for copying on request, and provide training to employees in safe handling of the substances.

Under another Cal/OSHA regulation (GISO 3204), workers also have the right to see and copy their medical and toxic exposure records.

Under the new law, responsibility for producing Material Safety Data

Sheets rests with manufacturers. Manufacturers must prepare and provide direct purchasers of any substance on the list with an MSDS which is current, accurate, and complete and which lists: the health effects of exposure to the material; its potential for fire, explosion, and reactivity; safe handling practices; necessary protective clothing and equipment; emergency procedures for spills, fire, and disposal; and first aid. Manufacturers must send DOSH a copy of each MSDS.

To obtain a copy of the Act, General

Industry Safety Orders 5194 or 3204, or the List of Hazardous Substances, please contact: Cal/OSHA Communications, 525 Golden Gate Ave., 3rd Floor, San Francisco, CA 94102. Phone: (415) 557-2237.

The Bay Area Committee on Occupational Safety and Health (BACOSH) has begun a "Right to Know" Project to assist workers in using their rights under this new law. For more information, or for help, contact BACOSH c/o LOHP, at (415) 642-5507.

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PCB Fire Closes San Francisco Office Tower

On May 15, 1983, smoke from a fire in an underground electrical transformer vault spread toxic PCBs through parts of a 28-story San Francisco office building at One Market Plaza. More than one month later, sections of the building remained closed.

In investigating the contamination, city and state health officials discovered excessive levels of polychlorinated biphenyls (PCBs) and also feared that there could be dangerous concentrations of tetrachlorodibenzofurans (TCDF) in the building. TCDF, a combustion byproduct and also a contaminant of

PCBs, is 1000 times more potent than PCBs. It is chemically related to dioxin. Some TCDF was found in the building, but health officials could not yet agree whether the levels present constituted a serious hazard.

The Pacific Gas and Electric Co. (PG&E), owner of the underground transformer which exploded and burned, has estimated that it still has about 850 power transformers containing PCBs in San Francisco despite an ongoing program to replace them with newer types which contain no PCBs. The Health Committee of the San Francisco

Board of Supervisors has requested that the company provide a timetable for removal of all PCB transformers.

At a June 15 hearing of the Health Committee, more than 100 members of Service Employees International Union Local 87 demonstrated to demand that all PCB transformers in San Francisco be removed by May 15, 1984, the first anniversary of the One Market Plaza fire. The local represents several thousand janitors in various downtown office buildings.

Indoor Air Pollution Update

In December, 1982, a coalition of unions and interested individuals petitioned Cal/OSHA for a comprehensive standard on indoor air pollution. (See *Monitor*, November-December, 1982, p. 7.)

The coalition included International Brotherhood of Electrical Workers (IBEW) Local 1245; San Francisco/Oakland Newspaper Guild Local 52; Teamsters Local 2707; Office and Professional Employees (OPEIU) Locals 3 and 29; International Federation of Professional and Technical Engineers Local 21; Service Employees (SEIU) Locals 390, 400, and 535; Communications Workers of America (CWA) District 9; American Federation of State, County and Municipal Employees (AFSCME) Local 1695; and Department Store Employees Local 1100. The California Labor Federation, AFL-CIO,

joined with the coalition members in urging the Cal/OSHA Standard Board to develop a new standard.

The petitioners requested that a new standard be adopted to (1) provide for adequate ventilation rates; (2) control the use of hazardous office products and building materials; and (3) establish acceptable levels for indoor pollutants for which no current standard exists.

In the following months, while Cal/OSHA staff and the staff of the Standards Board were preparing their comments on the petition, the members of the Indoor Air Pollution Coalition were active in soliciting support from other interested unions and organizations. Articles were published in union newspapers concerning the issue and indoor air pollution surveys were circulated by Coalition members. At the same time, letters were written and calls

were made to members of the Standards Board voicing support for the petition.

Finally, at its meeting on May 26, 1983 in Los Angeles, the Standards Board heard testimony backing the proposed standard from Coalition representatives Ann Miley of IBEW Local 1245 and Paul Papanek of the Los Angeles Committee on Occupational Safety and Health (LACOSH). The Board voted to establish an advisory committee on indoor pollutants, which will be responsible for developing a regulation on minimum acceptable ventilation rates in workplaces.

While the Standard Board's action did not address all aspects of the problem, the Coalition feels that this is an important first step in dealing with the issue of indoor pollution.

—Patricia Quinlan

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