

# Labor Occupational Health Program MONITOR



*In This Issue:*

- CHILD CARE WORKERS
- WORKERS' COMP REFORM



# Labor Occupational Health Program MONITOR

Vol. 13 No. 1, January–February, 1985

Published bimonthly except July–August; five issues per year. **Monitor** is a publication of the Labor Occupational Health Program, Institute of Industrial Relations, University of California, 2521 Channing Way, Berkeley, California 94720. LOHP is a labor education project of the Institute of Industrial Relations which produces a variety of occupational health materials and conducts workshops, conferences, and training sessions for workers and unions in California.

The opinions expressed in **Monitor** represent the views of the authors and not necessarily those of the Institute of Industrial Relations. All materials may be reprinted without permission. Please credit "LOHP **Monitor**."

**Subscriptions: \$10.00 per year.** When available, single copies of back or current issues are \$2.00 each. Quantity shipments are also available to union locals or other groups at a cost of \$1.00 per year for each extra copy, with an annual subscription at the regular price. Thus a subscription for two copies per issue to the same address is \$11 per year, etc. Please prepay; make checks payable to: The Regents of U.C.

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

## On the Cover:

*Like any other workplace, a child care center has its share of health and safety hazards. There are over 600,000 childcare workers in the U.S., and they face exposure to communicable diseases, toxic substances, and stressful conditions. Heavy lifting and frequent bending can lead to muscular strains. But working conditions for caregivers can be improved. See the article on page 4. (Photo: Helen Stein.)*

## Reform Proposals

### "Workers' Comp in California" Conference in April

In its 1985 session, the California legislature will consider competing proposals which seek major overhauls of the state's workers' compensation system. Both employer groups and the labor movement are planning to introduce packages advocating change.

To help injured workers, unionists, professionals, and others understand the controversy, LOHP and several other organizations will sponsor a conference, **Workers' Compensation in California—A New Fight for Justice**, on Friday, April 19, 1985. The program will run from 9 am. to 5 pm. at the University YWCA, 2600 Bancroft Way (at Bowditch), in Berkeley. Registration fee is \$25., including lunch and materials.

The conference will focus on the six recommendations for basic improvements in California workers' compensation which were recently adopted by the California Labor Federation. (See story on page 3.) This emphasis on reform legislation is a departure from LOHP's last two annual conferences on workers' compensation, which dealt with workers' rights and responsibilities under present law.

The conference will begin with a historical overview of workers' compensation—how the present system came to

be, and how the struggles between interest groups were resolved in the past. There will then be a panel discussion of the California Labor Federation proposals, along with a panel of injured workers who will discuss their experiences with the compensation system. The luncheon speaker is expected to be a legislator currently involved in the politics of workers' compensation. In the afternoon, there will be an overview of proposed reforms submitted by other interest groups—manufacturers, insurers, attorneys, and physicians. Most of the afternoon will be devoted to workshops on developing strategies for group and individual action to help pass labor's reforms.

Co-sponsoring the conference with LOHP are the California Workers' Compensation Reform Coalition, several Northern California Committees on Occupational Safety and Health, Disabled Workers United, the Occupational Health Section of the American Public Health Association, and the U.C. Berkeley Center for Labor Research and Education.

For more information, and to obtain registration forms, call LOHP at (415) 642-5507.

*This issue begins Volume 13 of Monitor for 1985. Volume 12 ended with the September–October, 1984 expanded issue. All subscriptions have been extended so that subscribers receive the correct number of issues.*

# Labor Federation Will Seek California Comp Reform

by Kim Hagadone

*California Workers' Compensation Reform Coalition*

Workers' compensation reform is the top priority of the California Labor Federation (CLF), AFL-CIO, for the current session of the state legislature in Sacramento.

Not content with pushing for annual benefit increases, this year (1985) the CLF will seek major changes in the structure and operation of California's workers' comp system.

Legislation is now being drafted by the CLF to this end. It is expected that several bills will be introduced, based on a package of resolutions which were passed by the Federation's 1984 convention, held in September in Oakland.

The resolutions were developed by the California Workers' Compensation Reform Coalition, a new group composed of injured workers, union representatives, COSH group members, and professionals. Several Bay Area local unions then carried the resolutions to the convention. The convention passed five of the six resolutions, and the sixth was referred to the CLF Executive Council, which later passed it also. The resolutions thus became

part of the Federation's legislative program.

## PROPOSALS

The comprehensive package brought to the CLF convention dealt not only with improvements in benefits and in the promptness of payment, but also with areas such as occupational disease compensation, workers' right to sue employers for negligence and insurers for bad faith, and abolition of private workers' compensation insurance. The Coalition's six proposals were:

**Resolution on Benefits. (Passed.)** Workers' compensation is supposed to provide replacement of two-thirds of lost wages after an injury at work. But under present law, California workers are restricted to a maximum benefit of \$224 per week. This restriction keeps 52% of California workers from receiving the intended two-thirds replacement. The maximum benefit should be raised significantly, and the law should provide for automatic increases in the maximum to correspond to increases in the cost of living. Also, injured workers lose fringe benefits as well as wages. The workers' compensation system should replace lost fringe benefits, particularly health care.

**Resolution on Benefit Delivery. (Passed.)** Benefits are often arbitrarily denied or delayed by companies and their insurers. Workers receiving benefits also sometimes have those benefits arbitrarily terminated even though they have not returned to work. Benefits should be paid promptly (every two weeks.) Medical payments to treating physicians should be made within 30 days. Benefits should not be terminated unless or until the injured worker actually returns to work, until there is some agreement among all parties, or until there is a hearing. Hearings should be held within 30 days of a request, and judges' decisions should be issued within 30 days after submission of a case. Benefits awarded by a judge should continue pending the outcome of any appeal by the employer or insurer. If the employer or insurer is ordered to pay benefits after initially refusing, they should pay the injured worker's attorney fees. Finally, where compensation insurers or administrators act in bad faith, workers should have the right to sue them for damages.

**Resolution on Exclusive Remedy. (Passed.)** Under the present law, workers are forbidden to sue their employers for injuries and illnesses resulting from the job; workers' compensation pre-empts other types of legal action and is the "exclusive remedy" available to injured workers. This is true even if the injury was caused by the employer's willful disregard of an OSHA rule or willful refusal to correct a known hazard. But employers who are insulated from lawsuits have little or no financial incentive to maintain a safe and healthy workplace. Accordingly, workers should be given the right to sue for damages in cases resulting from an employer's gross negligence, criminal negligence, or willful violation of existing rules.

**Resolution on Occupational Disease Compensation. (Passed.)** Many substances in the workplace are known to adversely affect human health. Workers in particular hazardous industries and occupations are known to suffer much higher rates of certain diseases than the



*Disabled workers demonstrated in Sacramento in January, 1985 against employer attempts to weaken the compensation system. (Photo: Alyce Sheehan.)*

*continued on p. 7*

# 600,000 Child Care Workers Need Health, Safety Protection

by Helen Stein

The field of child care has received considerable attention in the media during the last few months, with revelations of child sexual abuse in day care centers and family day care homes. But the public generally is not aware of the adverse conditions under which many child care employees work. Even the workers themselves often do not realize that their jobs, though certainly not life-threatening, have significant consequences for their health.

## THE WORKERS

According to the 1980 census, over 600,000 people in the U.S. earn their living working in child care centers. Hundreds of thousands more offer child care to others in their own homes. Most of these workers are women, and one-third are minorities. They work in a variety of settings, from publicly financed institutions, to non-profit parent cooperatives, to large, for-profit franchises, to their homes. With a few exceptions, workers are unorganized. Pay is extremely poor. According to the Children's Defense Fund, two-thirds of center-based caregivers earn incomes below poverty level, and 87% of family day care workers earn below the minimum wage. Day care franchises typically pay their employees, even college graduates, less than \$4 per hour. Not surprisingly, the turnover rate is high.

## THE HAZARDS

A national survey conducted by the Child Care Employee Project (CCEP) of Oakland, California documents the problems which child care workers experience on the job:

**(1) Exposure to childhood diseases.** This is a significant hazard, shared with the children. Medical problems can include colds, flu, and head lice. Workers have an increased risk of contracting giardia and hepatitis, as a consequence of contact with toileting and diaper changing. In an editorial in the *AMA Journal* last year, S.H.



(Photo: Helen Stein.)

Schuman described day care centers as networks of disease, "reminiscent of the pre-sanitation days of the 17th century." A certain amount of risk is built into the job, but this basic level can be exacerbated by a number of organizational factors—for example, lack of an isolation area and separate staff to supervise sick children; lack of a consistent policy on the care of sick children; and lack of employee breaks, health benefits, sick leave, and substitutes.

**(2) Toxic substances.** These include cleaning agents, disinfectants, art materials, pesticides, and asbestos. Powdered tempera and powdered clay are respiratory hazards. 50% of the CCEP sample reported pesticide spraying at their sites. Old buildings may contain asbestos, and new or remodeled sites may contain synthetic materials that release formaldehyde gas. (*See the related story on toxics in schools.*) In many instances, child care staff are not informed about the toxic nature of the substances they handle, nor of simple safety precautions which they can take to prevent exposure.

**(3) Ergonomic problems.** For many workers, muscular strains are the consequences of using child-size furniture, lifting and moving heavy equipment, and lifting children. Frequently, all

tables, chairs, toilets, and sinks are at the level of a four year old. Often a caregiver will injure him/herself moving heavy equipment, an injury which is then aggravated by the necessity of lifting and carrying children (up to 50 wiggling pounds) and using child-size furniture. Other ergonomic problems encountered include stressful levels of noise (especially in basement programs with low ceilings), and clutter which can lead to falling and tripping hazards.

**(4) Stress.** Although child care is viewed as low stress, rewarding work, many workers report physical symptoms related to stress nevertheless. Symptoms include headaches, backaches, increased susceptibility to illness, high blood pressure, and ulcers. The major source of stress cited by the CCEP sample was lack of positive communication, especially with parents. Family stress or conflict may be directly expressed to staff members, or indirectly conveyed through children's behavior at the day care center. The issue of trust between parents and child care workers is an additional source of stress, and has reached explosive proportions with national publicity focused on sexual abuse in child care. While many workers welcome parental concern as it reflects greater selectivity and attention to quality of care, parental fears about the integrity of the center



are potentially threatening to staff. False accusations can be extremely damaging to programs and workers, who may lose jobs, become unemployable, face difficulties in personal relationships, and have to finance a legal defense. In many instances, employees are now hesitant to perform the physical acts necessary to protect and nurture children, sensing that they are under scrutiny. Some workers say they are afraid to disagree with parents. This stress is most acute for male workers.

But the focus on child sexual abuse tends to divert attention from other stress-related concerns which actually present a far more frequent threat to the well-being of workers and the children. The reality is that high levels of stress are often a function of inadequate numbers of staff, low pay, lack of benefits, little employee training, and high turnover rates. Research indicates that trained, responsive staff working with high adult-child ratios provide the most beneficial care for children. Most child care settings are far from this ideal, which is bound to lead to employee frustration.

## SOLUTIONS

Unfortunately, many of the problems which child care workers face on the job (particularly pay, benefits, and inadequate staffing) are not easily amenable to change. Staff salaries

generally account for 80% of program budgets, and any increases must be borne by either public funds or tuition increases. Since 1971, public financial support for child care has generally diminished, and parents are often unable to pay more. State licensing requirements (which determine adult-child ratios, level of employee training required, and other health and safety considerations) are directly affected by the economic and political mood of the country. Recently, funding for enforcement has been reduced drastically, and the day care industry has lobbied strenuously against the establishment of federal standards, maintaining that labor costs must be kept down in order for services to be affordable and for the companies to survive. Sadly, this lack of regulation is neither in the interests of the workers nor in the interests of the children they serve.

On a practical level, action is possible to improve working conditions and eliminate hazards. Increasing employee awareness is the first step; most workers do not know that their work is hazardous. Training—for example, in lifting and bending—can also help. Walk-throughs of child care programs can suggest pragmatic solutions to some problems. Measures such as the purchase of a few adult-size chairs and the establishment of proper sanitary procedures for diaper changing are real ways to make the worksite healthier.

Information, consultation, and training are available from the Child Care Employee Project, P.O. Box 5603, Berkeley, CA 94705. The Project also publishes a newsletter, and has available information packets on occupational health issues.

Change is also possible in the area of communication with parents. Many of the occupational hazards which child care workers face are also problems for the children they work with, and a focus on issues of mutual concern can link workers and parents. Devising methods to establish trust is imperative. For example, parents and employees should be involved together in decision-making about program policies, and the issue of sexual abuse should be discussed so that parents and workers can share their fears and take preventive measures.

There are some hopeful signs. Active child care worker organizations now exist in Minneapolis, Madison, Ann Arbor, and Rochester, New York, as well as in Oakland. Unionization is increasing. And professional organizations which formerly ignored the area of working conditions are now devoting some attention to employee concerns.

LOHP has compiled a packet of educational materials on occupational health and safety hazards facing child care workers. The **Child Care Workers Packet** is available for \$5.00 (postage included). Make checks payable to: The Regents of U.C. Mail orders to: LOHP, 2521 Channing Way, Berkeley, CA 94720.

## New California Laws Regulate School Art Materials

In October, 1984, California governor George Deukmejian signed new legislation which will bring potentially toxic art materials used in the state's schools under tighter regulation.

Deukmejian signed two bills, both originally introduced by Assemblyman Byron Sher (D.—Palo Alto). AB 3438 requires that art supplies containing toxic substances be labelled with information on ingredients, potential hazards, and precautions the user should take. It will go into effect in 1986. AB 3439, which took effect in January, 1985, bans from elementary schools certain toxic art products contained on a list compiled by the state Department of Health Services.

California is the first state in the nation to pass such legislation. Similar bills have been introduced recently in Massachusetts and New York.

Sher's bills were sponsored by CalPIRG (the California Public Interest Research Group), and supported by the state Department of Education, the state PTA, and the California Teachers Association.

CalPIRG, a consumer/environmental organization with nearly 100,000 members in California, said that the new legislation should help alert and protect artists as well as children and teachers. Some observers predict that art supply manufacturers may begin labelling all their products, not just those sold in California. One impetus for such nationwide labelling is the fact that the American Society for Testing and Materials, a respected national standards organization, recently adopted a voluntary standard on labelling hazardous art materials. (Manufacturers generally support the ASTM's

voluntary approach as preferable to any type of government regulation. Thus, most opposed the California bills.)

While the bills were under consideration in the legislature, CalPIRG released a report detailing the extent of the art hazards problem, based on a one-year study it conducted in 39 California school districts. The study found young children using materials containing lead, arsenic, mercury, cadmium, chromium, and manganese. Rubber cement containing hexane, ceramic glazes, and certain colored marking pens were other hazardous materials found in widespread use. CalPIRG cautioned that the toxic dangers of a substance are greater in young children because of metabolism and because children are more likely than adults to put objects into their mouths.

# California's Compensation Problem

by Glenn Shor

LOHP Research Associate

As 1985 begins, workers' compensation has become a topic of great interest in California's legislature. A final report of the Joint Legislative Study Committee on Workers' Compensation is now expected March 15. And with some consensus that the system needs massive repair, several interest groups are introducing reform proposals of various types. Each is staking out its position for the battle ahead.

For example, the California Labor Federation, AFL-CIO, has labelled workers' compensation as its top priority legislative issue and has drafted a package of reforms. (See *accompanying article*.) Employers report that their campaign to raise \$1 million to pass a new "wage loss" compensation system in California is moving along. And workers' compensation applicants' attorneys are raising their own war chest for campaign contributions.

What's the problem? There are many reasons to be concerned about the workers' compensation system in California.

## OVERHEAD COSTS

The system currently costs California employers about \$4 billion per year. Yet, a much smaller amount is paid out in benefits to injured workers. According to estimates by the California Workers' Compensation Insurance Rating Bureau (the independent agency that determines the premium rates charged by insurance companies), only 67.3% of the net premium dollar in 1984 was spent on workers' benefits and medical payments; the remainder covered various operating costs of the compensation system. (See *Table 1*.)

In addition to the "medical payments" item (the largest single component, which represents fees paid to physicians to treat injured workers), substantial additional medical costs are included as "operating costs" of the system. These are fees paid to physicians to evaluate the severity of workers' disabilities. Since benefits for the lingering effects of injury (so-called permanent partial disability ratings) are based on such evaluations, workers are often sent to one physician by their employers, another by their attorneys, and a third

Table 1.

### How the California Premium Dollar Was Spent (1984)

#### Benefits and Other Payments

Medical Payments	27.4%
Permanent Partial Disability	19.2%
Temporary Total Disability	13.0%
Death Benefits	1.5%
Permanent Total Disability	1.1%
Vocational Rehabilitation	5.1%
TOTAL	67.3%

#### Operating Costs

Loss Adjustment Expenses	8.6%
Commissions and Fees	6.2%
Profits	4.8%
Taxes	4.0%
Other Expenses	9.1%
TOTAL	32.7%

Source: California Workers' Compensation Insurance Rating Bureau.

by the workers' compensation judge. A state agency tracked the 1983 cost of only those medical evaluations requested by judges, and found that there had been 954 referrals at an average cost to the system of \$541 each. (The range was from an average of \$449 for orthopedic exams to \$716 for psychiatric evaluations.)

Thus, in seeking the "best" rating for its own purposes, each party in a compensation case helps to drive up the system's "medico-legal" costs.

## NO AUTOMATIC INCREASES

Workers' compensation benefits are generally intended to replace two-thirds of earnings lost after disability. But some states, like California, set a ceiling on benefits, which makes the actual benefit for many injured workers much less than two-thirds of previous earnings. However, 40 states and the District of Columbia adjust the maximum benefit to correspond to changes in the average weekly wage. Without this automatic increase, California's maximum benefit remains well below both national and regional averages. 28 states set their maximum benefit at 100% or more of State Average Weekly

Wage. California's maximum is now 59% of State Average Weekly Wage, ranking it above only Indiana, Arkansas, Texas, Tennessee, Mississippi, and Georgia.

## DELAYS

The law requires a hearing on disputed California workers' compensation cases within 30 days of a request, and decisions from judges within 30 days after submission of a case. But with case backlogs and full court calendars, it can take as long as 45 to 90 days to obtain a hearing, and 90 to 120 days to get a judge's opinion. Thus, whenever anything is disputed between worker and employer or insurance carrier, it may require from six months to two years to get the dispute resolved. 50% of "lost time" cases and 75% of permanent partial disability cases are currently litigated, slowing the system considerably. It is clear that the "quick and sure" benefits of workers' compensation are no longer flowing very quickly.

## CARRIERS SLOW TO PAY

Currently, California employers can meet their obligation to provide workers' compensation benefits in three ways: (1) by insuring through a private insurance company; (2) by insuring through the State Compensation Insurance Fund; or (3) by self-insuring in accordance with certain specific statutory requirements. (Some public jurisdictions which, in effect, self-insure are known as "legally uninsured employers.")

In 1982, the State Fund wrote about 15% of the coverage in the \$3 billion insured market. That year, there were 1,381 self-insured employers in California, accounting for over 25% of covered payroll.

Figures compiled by the state Division of Industrial Accidents show that the State Fund pays benefits much more promptly than either private insurance companies or self-insured employers. In 1983, for example, the average first payment in a workers' comp case took 16.9 days under the State Fund, compared to 22.5 days under private carriers and 32.6 days under self-insured employers.

*continued on p. 7*

## CALIFORNIA'S COMP PROBLEM

*continued from p. 6*

Possibly the most difficult problem confronting workers' compensation today lies in whether the system can adapt to new (and newly recognized)

types of work-related injury and illness. The fastest growing area of workers' compensation is claims arising from stress, mental disorders, or anxiety reactions. Workers seeking compensation for these claims, along with victims of occupational diseases, face a long and complicated fight for benefits. It

is well known that other income support systems (such as Social Security and welfare) often pick up the costs of compensating them, shifting the costs from responsible employers and their insurers to workers and the general public.

---

## LABOR'S COMP REFORMS

*continued from p. 3*

general public. Yet workers who try to get compensation for occupational disease face a much longer and more complicated fight for benefits than those with physical injuries. The California workers' compensation system is not structured to recognize or to deal adequately with occupational diseases. Most occupational disease claims are challenged by employers, and the burden of proof is put on the worker to show that the health problem is "work-related." Often, workers do not even file claims because they are unaware of the relationship between their work exposures to hazardous substances and their illness. The result is that the burden of occupational disease compensation is often shifted to other income support systems (Social Security disability, welfare, etc.) which are funded by tax revenues, not by the employers who are responsible.

California should establish a Division of Occupational Disease Compensation to: (a) educate workers on the potential relationship between exposure to hazards and adverse health effects; (b) collect, maintain, and analyze statistical information pertinent to occupational disease compensation; and (c) research and develop presumptive standards for compensation eligibility to improve the adjudication of claims.

The "presumptive" standards are the key to occupational disease reform. When sufficient evidence is available to confirm that a health hazard exists in a workplace, a worker suffering the established health effects of this hazard would be presumed to have a legitimate workers' compensation claim (as firefighters are presumed to have, with respect to heart attacks.) There should also be a provision for regular updating of the "presumption" schedules.

Finally, the initial review of disease claims should be done by a neutral administrative body, rather than by the

financially interested company or insurer. Where evidence of work-relatedness of an illness is equally balanced with evidence of other possible causes, the benefit of the doubt should be given to the worker.

**Resolution on "Wage Loss" Proposals.** (*Passed.*) Employer lobbyists have started bankrolling a \$1 million legislative lobbying campaign in California, designed to change the present compensation method to one where only injuries that result in loss of wages will be compensable. Groups such as the California Manufacturers' Association and the state Chamber of Commerce are seeking this "wage loss" system. In states where this type of system has been adopted (for example, Florida), total benefits paid to workers have declined sharply.

Many types of disability are not pegged to wage loss. These include noise induced hearing loss, sterility resulting from industrial chemical exposures, and various debilitating occupational diseases that only show up after retirement. Currently, California uses a rating system for permanent partial disabilities, which the wage loss concept would replace. The rating system can award benefits for loss of members or bodily functions, or for disfigurement, even if no wages are lost.

The CLF considers the wage loss concept too untried and unproven to be adopted in California. If it is adopted, the CLF will push for worker safeguards.

**Resolution on Exclusive State Compensation Fund.** (*Passed by CLF Executive Council.*) In California, most workers' compensation insurance is sold by private companies under a system where premiums are set to guarantee a profit. Only about 60 cents of every premium dollar paid in California goes to provide compensation or medical treatment to injured workers. A number of states have prohibited

private insurance coverage and set up exclusive state funds for workers' compensation. Most are successful and economical; they often deliver benefits more promptly and at a lower cost. In Ohio, for example, the overhead cost of the exclusive state fund is only 10% of the total system cost (i.e., 90 cents of each premium dollar paid goes for benefits.)

California currently has a non-exclusive State Compensation Insurance Fund, which writes about 15% of the total workers' comp coverage in the state. Statistics compiled by a state agency have demonstrated that this state fund pays benefits more promptly than California's private carriers.

The CLF supports legislation which would require all California workers' compensation to be underwritten and administered by an exclusive state compensation fund.

It remains to be seen how the Coalition's proposals will fare during the lawmaking process. As we have noted, there are other pressures on the legislature to take the workers' compensation system in a very different direction, a direction much less favorable to workers. The legislature is also conducting its own study of the system (through the Senate and Assembly Joint Study Committee on Workers' Compensation) and is expected to issue a report in March, 1985.

(For a more detailed discussion of the Coalition's proposals, see "Reform of Workers' Compensation in California" by Bruce Poyer, in *Labor Center Reporter*, numbers 136 (January, 1985) and 140 (February, 1985), available from Center for Labor Research and Education, 2521 Channing Way, Berkeley, CA 94720.)

# AROUND LOHP

## LOHP Job Opening for Labor Coordinator

The Labor Occupational Health Program has an opening for a full-time Labor Outreach Coordinator.

The position will be available beginning May 20, 1985 for one year, renewable if funding permits.

Duties will include organizing and conducting labor training sessions on health and safety topics; developing written and audiovisual materials for labor education; and providing assistance to Northern California unions planning health and safety activity.

Salary is \$23,000-\$26,400, depending upon experience. University of California benefits are provided.

Applicants should have a strong background in occupational health and safety, a minimum of four years' experience in a responsible position in a labor organization, familiarity with the labor community, strong skills as a trainer, and writing experience. A Bachelors' degree or equivalent experience is required, and a background working with minority groups would be desirable.

The University of California is an Equal Opportunity/Affirmative Action Employer. To apply, send resume and references by April 8, 1985 to: LOHP Search Committee, 2521 Channing Way, Berkeley, CA 94720. For information, call (415) 642-5507.

## CONFERENCE

**Indoor Air Quality: Practical Approaches to a Healthy Work Environment**, a two-day course to be offered by LOHP, will be held Wednesday and Thursday, March 20-21, 1985, at the Sheraton Palace Hotel, in San Francisco.

Co-sponsors of the course with LOHP are the American Lung Association of San Francisco and the Indoor Air Quality Program of the California Department of Health Services.

Designed for employees and their representatives as well as employers, building managers, owners, and health and safety professionals, the course will examine the sources of indoor pollution, documenting and identifying health problems, improving ventilation, other means of prevention, and applicable regulations. Attention will also be given to specific hazards such as asbestos, formaldehyde, organics, and tobacco smoke.

Continuing Education credit will be offered for nurses and industrial hygienists; contact LOHP for details.

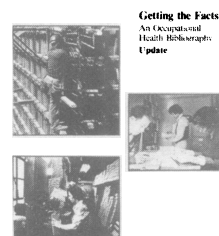
Registration fee is \$85. (including study materials and lunch on the first day.) A limited number of reduced tuitions are available. A block of rooms has been reserved at the hotel for out-of-town attendees. For more information, contact Lela Morris at LOHP, (415) 642-5507.

## BOOKS

**Getting the Facts: Update**, by Susan Salisbury, is now available from the Labor Occupational Health Program. This 64-page booklet is a supplement to the occupational health bibliography in LOHP's 1981 publication, **Getting the Facts**. The **Update** lists books, pamphlets, periodicals, reporting services, films, videos, and slide shows issued since 1981; it also includes corrections and deletions which make the 1981 edition current. New categories have been added as well, reflecting new areas of concern. Complete ordering information is included with each listing.

Price is \$3.00 (postage and handling included). Since listings from the 1981 edition have not been repeated, this new supplement will prove most useful as a companion to the original book. **Getting the Facts** and the **Update** may be purchased together for \$9.00 (postage and handling included).

Order from: LOHP, 2521 Channing Way, Berkeley, CA 94720. Make checks payable to: The Regents of U.C.



Labor Occupational Health Program  
Institute of Industrial Relations  
University of California  
Berkeley, CA 94720

Address Correction Requested

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