

# Labor Occupational Health Program MONITOR



## *In This Issue:*

- NEW NICARAGUA  
VISIT BY  
U.S. HEALTH WORKERS



## On the Cover:

*In August, 1985, eighteen occupational health professionals from the U.S., Canada, and Mexico visited Managua, Nicaragua, to deliver donated equipment and to work with their Nicaraguan counterparts in labor, management, and government. Field visits to industries in the Managua area were a highlight of the week-long program. See the articles on pp. 3-5. Here, LOHP industrial hygienist Patty Quinlan, a participant, presents hearing protectors and other personal protective equipment to Carlos Gonzalez of the Sandinista Trade Union Federation (CST). (Photo: Karen Cohn.)*

# Labor Occupational Health Program MONITOR

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

## *LOHP's Intensive Training for Union Staff, Stewards*

### **"Health and Safety for Unions" Course in February**

Once again in early 1986, LOHP will present a week-long, comprehensive course designed to help trade unionists become experts on occupational health and safety.

The Fifth Annual LOHP Intensive Training Institute, **Health and Safety for Unions**, will be offered Monday through Friday, February 10-14, 1986, at the Institute of Industrial Relations, 2521 Channing Way in Berkeley. Sessions will run from 8:30 am.-4:30 pm. each day, and there may also be optional evening meetings.

Union officers, shop stewards, business agents, and health and safety committee members from unions in many different industries will attend. All interested union members are invited. Topics will include identifying hazards, exercising legal rights, negotiating health and safety contract language, functioning on health and safety com-

mittees, educating the membership, and using resources in the community. After the course, participants should be equipped to handle day-to-day health and safety problems as well as to help develop education and action programs suited for their own unions.

Cost is \$120. per person, and includes all training materials. Discounts are offered for multiple registrations from one union, and there are also a limited number of half-tuition subsidies available. Contact LOHP for details. Registration deadline is February 3.

Registration checks should be made payable to: The Regents of U.C. Mail to: LOHP Intensive Training, 2521 Channing Way, Berkeley, CA 94720. For more information, contact Darryl Alexander at LOHP, (415) 642-5507.

***Beginning with this issue, MONITOR will be published quarterly (four issues per year.) All present subscribers will receive the number of issues for which they paid. Effective immediately, new subscriptions will be \$10.00 per year (four issues.)***

# Health Workers Donate Equipment, Technical Aid to Nicaragua

*(Editor's Note: The articles here update Monitor's coverage of the Technical Aid Project to Nicaragua, which was organized in 1981 by the Occupational Health Section of the American Public Health Association. See the May-June, 1983 issue (page 4) for an earlier report. The Project coordinates donations of equipment to the Nicaraguan occupational health system, and sponsors visits to Nicaragua by North Americans to furnish consultation and training. The highlight of 1985 for the Technical Aid Project was a week-long August visit of 18 health workers to Managua, which is reported here through information supplied by Scott McAllister, Karen Cohn, Charles Piller, and Patricia Quinlan.)*

*adapted from an article by Charles Piller*

## FANATEX

The *Fabrica Nacional Textiles* in Managua, Nicaragua (known as FANATEX) produces cloth from raw cotton and synthetics. More than a thousand workers on three shifts labor over row upon row of antiquated machines, refining, weaving, processing, and printing huge rolls of fabric.

In the weaving room, 360 machines operate 24 hours a day. Each time a thread is moved, five times per second per machine, a clanking noise makes its contribution to the almost overwhelming roar. Buck Cameron, an industrial hygienist for the Teamsters union in Oakland, California, recently inspected the plant and measured the sound at 98 decibels—nearly four times the U.S. OSHA limit for an eight hour shift. The workers are slowly going deaf.

But human beings are amazingly resilient, and hearing loss often takes years before it is detected. Until Cameron arrived, the workers at FANATEX—few of whom are over 40—didn't realize the significance of their problem.

"The two things which characterize the plant are dust and noise," Cameron said. "And 99.9 percent of the machinery is unguarded."

## AUGUST VISIT

Cameron came to Nicaragua with a group of 18 North American health and safety professionals, who were in Managua August 17-24 to join in a week-long occupational health conference. Their visit was sponsored by the Technical Aid Project to Nicaragua (see related article). The 18 travelled south to deliver donated technical equipment and to help their Nicara-



Nicaraguan Ministry of Labor inspectors monitor the air for sulfuric acid mist at the Willard lead battery plant, using a donated Draeger pump. (Photo: Karen Cohn.)

guan counterparts improve their skills in safeguarding workplace conditions.

The invitation for the exchange was extended by the Occupational Health and Safety Division of Nicaragua's Ministry of Labor; the Ministry of Health; the Health Workers' Union (FETSALUD); and the Sandinista Central Labor Federation (CST).

Several Bay Area health professionals were part of the group including industrial hygienists Cameron; Patty Quinlan of LOHP; Karen Cohn of UC Berkeley's Environmental Health and Safety Office; Elizabeth Katz and Scott McAllister of Cal/OSHA; Peggy Kivel of IBM; and health educator Merri Weinger. They joined other health workers from Utah, Maryland, New Jersey, Massachusetts, and Pennsylvania as well as from Canada and Mexico. The group included occupational physicians, a physician's assistant, an occupational nurse, health educators, a safety engineer, an epidemiologist, and a journalist. The majority did not speak Spanish, and had never been to Central America.

During the week the visitors and hosts split into teams, and ten technical aid workshops ran simultaneously at both government-owned and private industrial sites throughout the Managua area. At each workshop, one or two visitors and their translators met with about 15 Nicaraguans: government inspectors and engineers; plant managers; and labor representatives.

Among the problems addressed in the various workshops were lead poisoning, silicosis, asbestos exposure, pesticides, noise, and construction safety. The visitors also helped train the Nicaraguans in measurement of toxic vapors and dusts, evaluation and design of ventilation systems, and techniques for screening hearing capacity and lung function.

## NEW SKILLS, BETTER COMMUNICATION

The overall goals of the exchange were to raise the technical capacity of

*continued on page 4*

## NICARAGUA

*continued from page 3*

Nicaraguan health professionals, and to study specific problems where new technical skills can be put to use. The ten projects were chosen as priorities by the two Ministries involved. In the future, the trainees will use donated equipment (from simple ear plugs to state-of-the-art sound level meters and spirometers) along with their new skills to train others and to expand the occupational health base.

The conference stressed the need for increased communication between workers, managers, and government representatives in order to achieve cross-fertilization of their different perspectives. Both hosts and visitors agreed that workers themselves should be given access to the information that can improve their conditions.

"In our country we have a medical elitism," Cameron said. "Doctors seem to think medical information is theirs, and the patients accept that. But

in Nicaragua, we found a more natural inclination to share as much information as possible." He added that "We hardly had to tell the medical professionals to explain the purpose of the hearing tests to the workers. They did it automatically."

### THE EXPERIENCE

Many of the participants said they considered the event a rare opportunity to share their expertise with a developing country that sincerely wants such exchange. Many were also curious to see something of controversial Nicaragua for themselves.

The visitors reported that they were received with enthusiasm and cooperation. The Nicaraguans, they said, consumed conference information as though starved. Visitors were allowed full access to factory processes and workers, and had frank discussion with Nicaraguans in the workshops.

Many participants expressed the view that Nicaragua has made impres-

sive progress in health and safety—for example, providing many workplaces with sanitation, adequate lighting, lunchrooms, and medical services for the first time. Yet many other desirable changes are still far in the future, especially since Nicaragua is handicapped by limited professional resources and the need to defend itself against a guerrilla war while trying to reform society at the same time.

Also, U.S. products are increasingly difficult to obtain, especially since the Reagan Administration's embargo. Shortages and a lack of spare parts have devastated the largely U.S.-built industrial infrastructure. Occupational health and safety conditions have deteriorated due to aging machinery and equipment which cannot be properly maintained and repaired. Yet health supplies and equipment are often not available either. A lack of foreign exchange and credit aggravates these problems.

### *Background to the NTAP Trip*

## Nicaragua: Health Advances in the Third World

In common with most of Central America, Nicaragua, a country of 2½ million people, is underdeveloped. Manufacturing has traditionally been based on processing agricultural products, such as fruits, coffee, and tobacco, followed in importance by the manufacture of textiles, clothes, and shoes. Large factories began to be constructed in the 1960s, producing new items such as fertilizers, insecticides, tires, and detergents. Rebuilding after the disastrous 1972 Managua earthquake generated more new industries, including cement, roofing products, and paving blocks.

From its 1960 status as the least industrialized country in Latin America, Nicaragua had become the most industrialized by 1978. Half of Nicaragua's industry is in the Managua area.

Under the Somoza dictatorship, which ruled until 1979, medical care was fragmented and available only to the relatively well-off. For most of the

population, unemployment was common, and malnutrition, malaria, leprosy, tuberculosis, and other diseases of poverty and underdevelopment were everywhere. Occupational health hazards were severe and widespread in agriculture, mining, fishing, and manufacturing. Organophosphate poisonings occurred regularly on the coffee and cotton plantations. Mercury and lead intoxication, silicosis, and hearing impairment were found at rates unknown in developed countries.

Today the new Nicaraguan government is developing a national health system which will provide comprehensive care to all citizens. It has already made major improvements. Starting with some of the worst infant mortality and preventable disease rates in Latin America in 1979, changes were so dramatic that Nicaragua won the 1982 World Health Organization prize for greatest achievements by a third world country.

Occupational health is now a government priority. New industrial hygienists, safety inspectors, and medical personnel are being trained. Workplace inspections are occurring for the first time. Despite a severe lack of resources, many workplaces have seen improvement in **sanitation** (drinking water, toilets, seasonal housing); **safety** (housekeeping, wiring, machine guarding); **physical conditions** (lighting, heat, ventilation, rest periods); and **education** (of both workers and supervisors).

The government Ministry of Labor's Division of Occupational Health and Safety has doubled the number of inspectors based in Managua; set up new district offices in outlying regions; adopted reforms in the use of pesticides; established an industrial hygiene laboratory and library; and developed worker education programs. The Ministry of Health has also set up a Workers' Clinic in Managua.



Despite rising expectations and notable improvements, occupational conditions in Nicaragua, like most developing countries, are very primitive. Solutions appropriate to Nicaraguan capacities and resources were the most useful. The challenge for the North Americans was to adapt their knowledge and experience to the Nicaraguan realities.

For example, when advising on ventilation in the Willard battery plant, Katz and Kivel found lead levels four to ten times the U.S. limits. But they realized that truly adequate engineering controls, like a sophisticated ventilation system, would cost hundreds of thousands of dollars and are impossible in the immediate future. For now, they suggested administrative controls such as job rotation, combined with better use of existing fans, to reduce exposure levels. They also explained how to sweep the lead dust properly by wetting it down first.

Jerry-rigging is something of a national crusade in Nicaragua. Nicaraguans make do with materials at hand, and improve conditions any way they can. When a conference noise team inspected a furniture factory, they found high noise levels in rooms adjacent to the machines due to a lack of wall insulation. When the team considered available materials to control the noise, they thought of newspaper, sand, and old tires. In the same way, hospitals live by their wits and ingenuity, with makeshift repairs on everything from air conditioners to otoscopes.

The notion of standards—key to U.S. health and safety practice—is almost totally inapplicable in Nicaragua. Compliance to U.S. norms is often impossible due to lack of technology or expertise. Instead, a more general prevention-oriented approach is used.

Professional education in health and safety is also minimal. There are virtually no industrial hygienists in the entire country. Also, the population is very young—about half of all Nicaraguans are under 15, and many government officials are in their twenties and thirties. These factors lead to an emphasis on practical rather than theoretical knowledge. One example is that McAllister learned of many construction deaths due to elementary problems such as not tying-off ladders. A little of this kind of information goes a long way in saving lives.

Basic public health education also



*LOHP's industrial hygienist Patty Quinlan (seated right rear), with translator, joins in discussion as union, management, and Ministry of Labor representatives review health and safety conditions with workers at ENABUS, Nicaragua's public bus company. (Photo: Karen Cohn.)*

has a major job to do. Nearly everyone over 14 smokes cigarettes in Nicaragua. And industrial workers sometimes resist post-shift showers and clothing changes when they are available. Part of the challenge is to teach the value of reducing toxic exposures in a society that lives with much more immediate dangers.

## **BUS AND CONSTRUCTION WORKERS**

Patty Quinlan, LOHP's industrial hygienist, visited drivers at ENABUS, the public bus company in Managua. These drivers suffer stress, as do bus drivers around the world. But ENABUS stress is in a league all its own, Quinlan said.

Managua is a city of a million people that relies on about 200 buses, she explained. 50 more buses are out of service due to a shortage of replacement parts. Drivers cannot control the crush of humanity.

In addition to stress, drivers do not have adequate rest breaks, sanitary rest rooms, or meal facilities. Quinlan found that the Mercedes buses may have interior noise levels of 90 dB. Bus maintenance mechanics also have problems with poor equipment, unsafe work practices, and asbestos exposure.

It was frustrating to the team that the most blatant stress factors, overcrowding and scheduling, were out of their control, although they were able to recommend other kinds of improvements.

The ENABUS drivers were one group the North Americans found to be somewhat critical of the government's efforts. Many drivers complained that the government's health and safety inspectors study their complaints but never do anything to correct them.

Cal/OSHA's Scott McAllister visited construction workers who are rebuilding the stadium in downtown Managua after the earthquake devastation of 1972. McAllister said the prevailing Nicaraguan methods for trenching are nothing short of terrifying, and may lead to many preventable deaths.

McAllister and others in the group taught Nicaraguan safety engineers proper trenching, shoring, and scaffolding, and recommended a crane certification program and new construction safety guidelines.

## **A SUCCESS**

Ana Kimball, an industrial hygienist presently working in Massachusetts, helped organize the Technical Aid Project in 1981. She spent a year and a half working as a technical advisor on occupational health and safety in the Nicaraguan Ministry of Labor.

"The trip was a tremendous success," she said, "both in terms of the technical knowledge shared and the support created for developing close ties with the Nicaraguan people."

*continued on page 6*

## NICARAGUA

*continued from page 5*

Several of the North Americans expressed a willingness to return to Nicaragua next year. Some even "adopted" Nicaraguan factories and pledged to continue providing technical aid.

"What other country at war would ask you into the factories, let you talk to the workers, and let you take pictures?" asked Merri Weinger, a Bay Area health educator on the trip. Weinger is currently spending a year with the Ministry of Labor and private organizations, conducting a pesticide education project.

Despite the Nicaraguans' determination, and technical aid from around the world, it is apparent that the war and embargo are taking their toll. Conditions are worsening steadily. The ultimate question is not whether the Nicaraguans will succeed in improving the health of their workers, but if the country will survive aggression long enough to have an honest chance to try.

## The Technical Aid Project

In 1981, the Occupational Health Section of the American Public Health Association established a Technical Aid Project to Nicaragua (NTAP), to provide Nicaragua with needed material resources and expertise. Since then the project has:

- Sponsored a full-time industrial hygienist and a health educator to work with the Division of Occupational Safety and Health for one year each;
- Sent more than \$26,000 worth of industrial hygiene and personal protective equipment, technical books, and training materials, much of it donated by U.S. corporations;
- Donated the services of four physicians to assist in a major study of pesticide-related illness in a cotton-growing region in 1984; and

- Organized several working visits by health professionals, together with an international colloquium.

The Project wants to keep supplies flowing to Nicaragua. Donations of occupational health equipment and supplies, and of printed and audio-visual materials, are urgently needed. Particularly important are Spanish language books and films. Audiovisual equipment (slide and film projectors) would also be useful. Monetary donations are also welcome, and all donations are tax-deductible. Another need is for volunteers to help with outreach and fundraising efforts.

The Project also has available two different slide/tape shows on occupational health in Nicaragua, which may be borrowed free of charge.

Contact: Technical Aid Project to Nicaragua, c/o Catherine Sonquist, 3024B Fulton St., Berkeley, CA 94705, or phone (415) 848-2025.

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# Clearinghouse



## BOOKS

*Reviewed by Gene Darling*

**Taking Back Our Health** is a series of paperbound booklets on the threat which toxic substances pose to minority workers and minority communities. Published by the Urban Environment Conference, many of these materials grew out of a major national meeting, "Taking Back Our Health: An Institute on Surviving the Toxics Threat to Minority Communities," which UEC convened in New Orleans in November, 1983.

The 56-page "Taking Back Our Health" Program Book is \$5.00 and includes background on the issue of

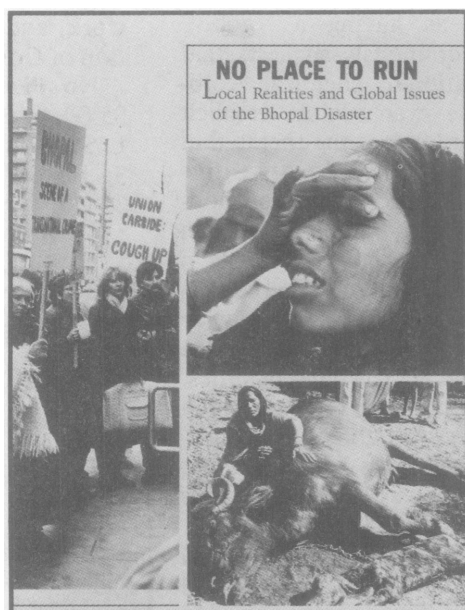
minorities and toxics as well as on Institute speakers, resource people, and program. It includes display ads for relevant educational materials. The 88-page "Taking Back Our Health" Resource Book, also \$5.00, combines articles, essays, songs, poems, and photos with a synopsis of the Institute proceedings. The Program Book and Resource Book may be purchased together for \$7.50.

Also available from UEC is the 36-page paperbound "Taking Back Our Health: A Training Manual on Job Safety and Health for Black and Latino Workers." It includes statistics on occupations and industries in which minority workers are concentrated and on the hazards there; a discussion of Black and Latina women workers; a

resource list of organizations; advice on strategies for change; and material on the controversy surrounding genetic testing. The price is \$3.00.

The Urban Environment Conference is an alliance of labor, minority, and environmental organizations, founded in 1971. Its first priority is the environmental and occupational health of minority and working Americans. It lobbies, conducts educational programs, provides training and technical assistance to grassroots organizations, and helps build coalitions.

All these materials are available from: Urban Environment Conference, Inc., c/o United Auto Workers, 1757 N Street NW, Washington, DC 20036. All prices include postage.



**No Place To Run: Local Realities and Global Issues of the Bhopal Disaster** is a new, 40-page illustrated paperback jointly produced by a U.S. and an Indian organization which have both been active in the worldwide movement for worker health education and reform. The book was co-published by Highlander Center (New Market, Tennessee) and PRIA, the Society for Participatory Research in Asia (New Delhi, India). (*For details on the activities of PRIA in India, see Monitor, May-June, 1984, page 3.*)

The book begins with a description of the toxic gas leak at Union Carbide's Bhopal pesticide plant in the late evening of December 2, 1984, which killed at least 2500 people and injured at least 50,000. Potential causes are examined, including deficiencies in plant design, poor operating procedures, and inoperative safety equipment. This well-documented discussion brings out a wealth of seldom-reported facts—for example, that the section of the Bhopal plant's safety manual dealing with pressure buildup in methyl isocyanate (MIC) tanks, the condition which caused the leak, was blank. The authors also detail the history of the

*continued on page 8*

## NO PLACE TO RUN

*continued from page 7*

plant, which included frequent accidents and several previous major leaks. They point out that in 1982 the union at Carbide Bhopal wrote state and national government officials a series of letters about dangerous conditions. The city government of Bhopal had issued similar warnings. All these pleas were ignored.

There is a good analysis of how the state government, the Indian central government, and Union Carbide all share responsibility for the disaster. They not only allowed an unsafe plant to operate despite warnings, but they also demonstrated in the hours after the leak that they had no effective emergency response plan. Medical treatment of the injured was slow and disorganized. Local physicians had no information on MIC or its effects, and were misled by Union Carbide claims that the gas was not lethal. There was no assistance provided those who were forced to leave their homes, and no system established to deliver food or medical attention to those too ill to leave their beds at home. Public statements and directives issued by Union Carbide and the government were contradictory and confusing. One example is that the government apparently made a decision to evacuate the city but neglected to announce it to the public. Both company and government statements seemed intended more to project a reassuring, face-saving image than to convey vitally needed information. The authors, appropriately, characterize the public statements as "disinformation and double-speak."

The second section of the book, "Anatomy of a Multinational," travels beyond Bhopal to take a look at the health and safety record of Union Carbide's worldwide operations. Carbide is the third largest chemical company in the U.S., and the 37th largest U.S. industrial corporation. It operates 700 facilities—mines, mills, and factories—in 37 countries around the world. A large plant in Institute, West Virginia (surrounded by a Black community and adjacent to a residential rehabilitation center for the disabled) also manufactures MIC and has had at least 28 leaks in the last five years. MIC storage tanks at Carbide's facility in France, on the other hand, are required by the government to be much smaller than those at Bhopal and Institute, and

are tightly regulated. Despite Carbide's attempts to picture itself as having an exemplary worldwide environmental and worker safety record, there have been air pollution problems at its Puerto Rico graphite plant leading to a \$380 million lawsuit on behalf of 521 residents of the nearby barrio; mercury and other problems at a factory in Indonesia which led the plant's health officer to resign in 1979; and 22 deaths from brain cancer, documented by NIOSH, at a vinyl chloride plant in Texas City, Texas. Further, Carbide was the employer in 1930-32 on a tunnel project in Gauley Bridge, West Virginia, which led to what was probably the worst case of industrial death in U.S. history. At Gauley Bridge, a Carbide subsidiary employed primarily Black workers to dig a tunnel to provide hydroelectric power to a Carbide steelmaking operation. An estimated 476 workers died of silicosis, and 1500 were disabled. Carbide was well aware of the danger and took no precautions (except in the case of its engineers, who were given protective equipment.)

The book cites other examples in Oak Ridge, Tennessee; Taft, Louisiana; and at other Carbide facilities. The authors conclude that "carelessness to callousness have resulted in real threats to workers' and neighbors' lives." They also point out that Carbide's public image as having a "good" safety record ominously suggests that other multinational chemical companies may be even worse. Implicit throughout the book is the theme that Carbide is particularly insensitive toward the lives and health of non-whites and the poor, whether Blacks in West Virginia or Third World people in Puerto Rico and India. The details given on the company's worldwide operations, together with a useful table listing facts on all Carbide facilities, are a real strength of the book and should be very valuable to environmental or occupational health activists who find themselves challenging this multinational in any arena.

"Issues for the World," the final section of the book, is a thoughtful analysis of the need for regulation and change. Issues considered here include registration and testing of new chemicals, siting of hazardous facilities, and worker and community access to information. There is a good discussion of the "double standard" which seems to allow multinationals like Union Carbide to operate with fewer precautions in developing countries than

they are required to use in the developed world. Even more fundamentally, the book asks whether it is necessary to equate "development" with reliance on chemicals. Is the late twentieth century lifestyle in the U.S. and Europe, where chemicals are intrinsic parts of our lives, the only model to which developing countries can aspire? Does anyone really need all these chemicals? Or, as the authors question, "are there alternative paths of development, smaller in scale, drawing on indigenous materials, skills, and conditions?" They find some grounds for optimism in the success of new approaches like Integrated Pest Management for agriculture, which can reduce pesticide use by up to 75%.

Since companies like Union Carbide operate across national boundaries, regulation by national governments is often an inadequate safeguard. The lesson which this important book ultimately teaches is that it is necessary to build worldwide awareness of the problem, a worldwide movement for change, and coordinated worldwide pressure in order to keep multinationals under control. Fortunately, such an effort is now underway, involving residents and workers in Bhopal, Institute, and other Union Carbide towns, together with organizations like PRIA, Highlander, the Pesticide Action Network, and the International Organization of Consumer Unions.

**No Place to Run** is available for \$5.00 (plus \$1.00 for postage in the U.S.) from: Highlander Center, Route 3, Box 270, New Market, Tennessee 37820.

### DISCUSSION PAPER ON ELECTRONICS

Labor consultant Michael Eisenscher, west coast coordinator of a national network of electronics industry organizers called **The Integrated Circuit**, has written a 24-page discussion paper on the organizing potential in the industry. The paper advocates that international unions work together to carry out a major organizing drive in electronics. It includes an overview of health and safety problems in Silicon Valley. The paper is available for \$1.50 from: Michael Eisenscher, 138 S. 20th St., San Jose, CA 95116.



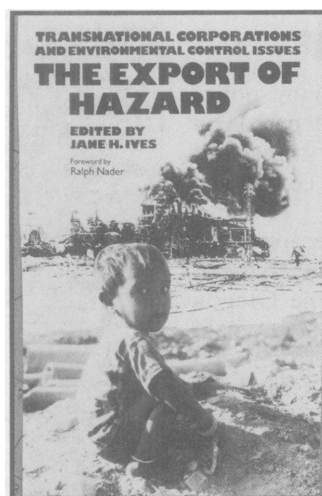
# Clearinghouse



**The Export of Hazard: Transnational Corporations and Environmental Control Issues**, edited by Jane H. Ives, is a 229-page hardcover collection of essays which deal in depth with many of the same issues introduced in *No Place to Run*. (See previous review.)

The twelve essays by various authors (plus a bibliography, an appendix on Bhopal, and a foreword by Ralph Nader) consider the export of hazardous materials and technologies into the developing world from several different perspectives. There are both case studies (such as on the Irish Republic and Latin America) and policy discussions. The essays offer much information which is new, unfamiliar, and fascinating. As Nader says in his foreword, this "pattern of international corporate damage" has a long history which has been "seriously overlooked by most scholars and social activists."

Two related themes which run through most of the essays are the "double standard" and the absence of international regulation. Workers and the public in industrialized countries enjoy much better protection than their counterparts elsewhere in the world, and there is no government, court, or law to which a global corporation can be held finally accountable. As Nader



says in the foreword: "Differing standards of justice, disclosure, remedy and sanction reflect, in large part, differing imbalances of power between perpetrators and victims in any given country."

One ironic point is sharply drawn by contributor Barry I. Castleman. How, he asks, have we found out about the hazards of industrial chemicals and processes in the first place? The evidence has come from the records of the multinational corporations themselves:

"The medical literature is largely based on the experiences of chemical and mineral companies that have been in existence for many years. These firms are now multinational corporations, and they are dominant in technology and marketing, worldwide. Governments are not only dwarfed by some of these companies economically, but also in terms of technical know-how. If anyone knows about health hazards and their control, it is the companies that have long been dominant in these fields. It is inexcusable that their far-flung affiliates and subsidiaries are allowed to operate as though the medical literature had not yet been written."

Castleman's solution, in part, is that "developing countries that do not want to be dumping and testing grounds for hazardous technologies" should "foster the development of (technical) expertise in government and trade

unions." Indeed, the potential for unions to help solve the problem is treated in a number of the essays in the book. We learn, for example, of attempts to coordinate the health and safety actions of individual national labor bodies by worldwide groups such as the International Labor Organization and the International Metalworkers' Federation. We are shown how, in the U.S., the AFL-CIOs Industrial Union Department has called for legislation authorizing U.S. government inspection of foreign plants which ship hazardous products into the U.S., as well as a ban on imports produced under unsafe conditions.

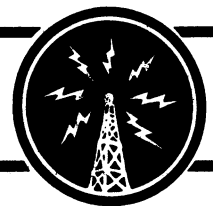
Implicit in many of these labor efforts, of course, is a concern about a new kind of "runaway" shop—companies which export hazardous jobs in order to escape U.S. health and safety regulation. This concern dovetails with more traditional labor fears about shops which run away to escape union wages and conditions. For unions in the developed world, these are matters of immediate bread-and-butter interest as well as of international morality. The *threat* of runaways is also a problem in its own right—U.S. employers could use the threat to extract union concessions on health and safety as well as on economic issues.

*continued on page 12*

## BUTTON AND STICKER

The Philadelphia Area Project on Occupational Safety and Health (PHILAPOSH) and the Delaware Valley Toxics Coalition have produced a striking button and sticker combination to draw attention to the health hazards of asbestos. They feature a "no asbestos" international graphic symbol.

Buttons are 2¼ inches in diameter, and are sold for 50¢ each. Stickers, which are 3×4 inches, are 25¢ each. Add \$2.00 for postage and handling to all orders, and mail to: PHILAPOSH, 5th Floor, 3001 Walnut St., Philadelphia, PA 19104.



*First in U.S.*

## Oregon Workers' Comp Pays For Heart Transplant

A former Coburg, Oregon police officer has become the first person in the U.S. to have his heart transplant bill paid through workers' compensation.

Harley Crandell, 33, received his new heart in July at the University of Arizona Medical Center. The Oregon workers' compensation system paid nearly \$200,000 for the operation and other expenses related to Crandell's illness.

The officer's claim that job stress caused his heart disease was initially rejected by Oregon's workers' compensation fund, but a state hearing officer ruled in Crandell's favor.

## Hearing Conservation Amendment Upheld on Appeal

On Sept. 23, 1985, the U.S. Court of Appeals for the Fourth Circuit in Richmond, Virginia upheld the legality of federal OSHA's "hearing conservation" rules. The rules are a new amendment to OSHA's workplace noise standard. (*For previous coverage of this case, see Monitor, March-April, 1985 (page 12) and May-June, 1985 (page 8).*)

The amendment requires employers to monitor workplace noise levels and at least annually to test the hearing of workers exposed to average noise greater than 85 dB. If a worker is shown to have an average hearing loss of 10 dB or more, employers are required to provide hearing protectors, reduced exposure, and training.

A three-judge panel of the same court had earlier overturned the amendment on the grounds that the observed hearing loss could be non-job related. The unanimous eight-judge decision in September disagreed, stating that there "is scant reason to characterize the primary risk factor as non-occupational."

## Nine Berkeley Campus Workers Reinstated After Asbestos Dispute

Nine skilled trades and maintenance workers at the University of California, Berkeley, have been reinstated to their jobs through a settlement agreement, after seven had been suspended and two fired in May for refusing to participate in an asbestos training program.

The nine employees—primarily University plumbers and steamfitters—had filed grievances through their union, the Alameda County Building and Construction Trades Council, as well as complaints of health and safety discrimination with the California Labor Commissioner's office.

The workers walked out of the University-sponsored training program on May 9-10, saying that it exposed them to asbestos under unsafe conditions that endangered their health.

The University, like many other public institutions nationwide, has recently been ordered to comply with state and federal laws which require asbestos abatement in the piping systems and insulation of its buildings. Although this work has normally been assigned to outside contractors, the

University sought to train some of its employees in asbestos removal as well, in order to handle "emergency" needs. Many of the workers in the University's Department of Facilities Management opposed this plan, feeling that it would lead to a gradually expanding definition of "emergency" and greatly increased potential asbestos exposure for them.

Among the workers suspended in May was the Department of Facilities Management's own asbestos coordinator, who directs an asbestos removal team. He and the other workers claimed that prior to the training, they were brought into a machine room, which they knew to be contaminated with loose asbestos, without respirators or protective clothing.

The settlement agreement rescinded all discipline against the nine workers, and guaranteed back pay. Some of the suspensions had been up to twenty working days. The agreement also provided for union observers at any future asbestos training programs.

## S.F. Nurses Lose AIDS Case

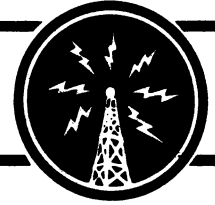
On September 9, 1985, a state hearing officer rejected complaints filed by four nurses at San Francisco General Hospital, who had been reassigned after they insisted on wearing gloves, gowns, and masks when treating patients suffering from acquired immune deficiency syndrome (AIDS).

The nurses were reassigned from their night shift to a day shift for "developmental training." They filed a discrimination complaint with the California Labor Commissioner's office, charging the hospital with violating Sections 6310 and 6311 of the state Labor Code. These sections prohibit retaliation against employees who exercise health and safety rights, including the right to refuse to perform work under unsafe or unhealthful conditions.

In four separate decisions, hearing

officer Timothy M. Sakamaki ruled that the reassignment was a "legitimate management decision." He based the ruling in large part on management testimony that S.F. General followed AIDS guidelines suggested by prevailing scientific opinion and by the federal Centers for Disease Control, which consider protective equipment for hospital personnel unnecessary in most cases.

After receiving Sakamaki's decision, the nurses filed a Complaint Against State Program Activity (CASPA) with Region IX of federal OSHA, asking the agency to review the case. According to federal OSHA officials, the review will consider only the procedures which the state used to evaluate the nurses' complaint, not the merits of their case.



## New Study Finds Fathers' Chemical Exposure Can Damage Offspring

A new study reported in a July issue of the British journal *Nature* suggests that men with persistent exposure to certain toxic chemicals run an increased risk of fathering children with birth defects.

The study, by researchers at McGill University in Montreal, offers the first direct evidence that the effects of fathers' chemical exposures can be passed along to their children. Although it has long been known that mothers' exposure to certain chemicals can produce

birth defects, until now the only evidence that the same is true of fathers' exposure came from statistical and epidemiological studies which scientists consider unreliable.

The new study used a drug, cyclophosphamide, which is used in treating Hodgkins' disease and other cancers, but the researchers believe the effects found could also be produced by other toxic chemicals. The drug was given to male laboratory rats. Although the researchers expected to find obvious

effects such as impaired sperm production, they instead found that "the reproductive system remained superficially normal, but that the number of spontaneous abortions and birth defects of offspring from females mated with the rats increased significantly."

Other scientists have cautioned that the number of rats in the Canadian study was relatively small and that the study does not establish that the same effect would occur in humans.

## New Legislation May Require Field Sanitation

The U.S. Senate Appropriations Committee has adopted an amendment by Sen. William Proxmire (D.-Wisconsin), which would freeze funding for restrooms and related facilities in all U.S. Dept. of Labor offices until federal OSHA issues field sanitation rules for farmworkers.

OSHA earlier this year dropped its proposal to require agricultural employers to provide farm field laborers with toilets, drinking water, and hand-washing facilities. (See *Monitor*, May-June, 1985 (page 8).)

A more serious legislative approach

is taken in another bill, HR 3295, introduced in the House Sept. 12 by Rep. Barney Frank (D.-Massachusetts). Frank's bill would require a federal field sanitation standard much like the one rejected by OSHA. It would not preempt any state regulation which is "more protective" of farmworkers.

Speaking at a Washington press conference, Frank criticized OSHA's rationale for dropping its proposal. The agency has said that states should have jurisdiction over field sanitation, and has set up guidelines to assist those states where such regulations do not

yet exist. Farmworker advocates at the same press conference pointed out that only 13 states currently have such rules, and often these are not enforced.

"The notion that some states should require field sanitation while others don't is incomprehensible from a health protection point of view," Frank said. "We are talking about people who work as hard as anyone in America. It is criminal for them to be denied such basics as a place to wash and go to the toilet."



(Photo: Ken Light.)

## EXPORT OF HAZARD

*continued from page 9*

Various authors represented in the book comment on these problems, although there does not seem to be a consensus among them and some lively debates develop. Castleman's environmentalist views, for example, are criticized in an essay by Charles Levenstein and Stanley W. Eller, who argue from a labor point of view. (Eller is former Director of Health and Safety for the International Chemical Workers Union.) In brief, Castleman warns of

wholesale capital flight from the U.S. to escape OSHA, while Levenstein and Eller find no evidence that major chemical plants have ever relocated for that reason. These are controversial questions. One interesting essay, by James Weeks, a former staff member of an Electrical Workers' local in Massachusetts, describes the range of responses he received from the local's rank-and-file members when he asked their opinion on these issues. He found a morality which he considers "part of the bedrock of the labor movement" in comments such as those of two

workers who said: "We want safe jobs but not at the expense of passing our troubles on to somebody else, especially to people who have enough problems already."

Other authors represented in the book include Dr. Nicholas Ashford of M.I.T. and Susan B. King, former chair of the U.S. Consumer Product Safety Commission.

**The Export of Hazard** is thought-provoking. It is available for \$19.95 in bookstores, or from the publisher, Routledge & Kegan Paul, 9 Park St., Boston, MA 02108.

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## UFW Seeks Ban on 12 California Pesticides

The United Farmworkers' Union (UFW) has launched a campaign to ban twelve dangerous pesticides from California agriculture. In August, 1985, UFW president Cesar Chavez and Dr. Marion Moses, medical director of the UFW-affiliated National Farm Workers Health group, announced that their organizations will work to force the state Department of Food and Agriculture to end use of a group of chemicals they call the "Deadly Dozen."

(*Monitor* reported in the May-June, 1985 issue (page 12) that the Pesticide Action Network has begun an international effort to ban twelve pesticides called the "Dirty Dozen." The UFW's list is somewhat different, since it focuses on pesticides in common use on California crops, especially table

grapes. PAN's list includes some pesticides already banned in the U.S.)

The UFW campaign was sparked by the summer, 1985 poisoning of hundreds of U.S. consumers who ate watermelons contaminated by the pesticide Aldicarb. Chavez and Moses felt that some of the pesticides used on California grapes are even more dangerous than Aldicarb, and could lead to even more serious worker and consumer poisonings.

Among the pesticides at which the new UFW campaign is directed are Parathion, Phosdrin, Methyl Bromide, Dinoseb, and Captan. "If you misused any of those pesticides the way Aldicarb was misused, somebody would have died," Moses said.

The UFW selected the "Deadly Dozen" with particular reference to

their potential effects on pregnant women field workers. The presence of pregnant women in the fields, Moses said, is a powerful argument for reducing exposure to zero.

In response to the campaign, a group of California table grape growers has called for a federal investigation of possible UFW criminal violations involving the spread of false information about consumer products. At the same time, however, the growers said at a Los Angeles press conference that most of the pesticides on the UFW list are no longer used extensively, and are being replaced by safer alternatives. Moses pointed out that the state has already given serious consideration to banning most of the pesticides on the list.

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