

A black and white photograph showing three men working on a city street. The man on the left, wearing a striped shirt and a cap, holds a long wooden pole. The man in the center, seen from the back, wears a plaid jacket and a cap. The man on the right, wearing a dark jacket and a cap, is using a pneumatic tool, possibly a jackhammer, on the ground. A 'No Left Turn' sign is visible in the background.

- **MINORITY WORKERS: DANGEROUS JOBS, HIGH HEALTH RISKS**
- **INTERNATIONAL CONFERENCE ON AIDS**



Labor Occupational Health Program MONITOR

Vol. 15 No. 2, Spring 1987 (April-June)

On the Cover:

Many studies have found that minority workers in the U.S. are disproportionately concentrated in high risk, low paying, and physically demanding jobs. Black workers, for example, face 37% more risk of occupational illness and 20% more risk of work-related death than those who are white. In June, 1987, LOHP sponsored a unique conference, *Minority Workers: The Impact of Work on Health*. A report appears on page 3. In a related story, Black workers were the victims of the worst industrial disaster in U.S. history fifty years ago in West Virginia. See the review of the new book, *The Hawk's Nest Incident*, on page 10.

Also in this issue: LOHP staff attended the Third International Conference on AIDS; see page 7.

(Photo: Con Edison crew in New York City, by Tom Tuthill/ LNS.)

Published quarterly; four 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. Phone: (415) 642-5507.

LOHP is a labor education project affiliated with the Center for Labor Research and Education at the Institute of Industrial Relations. We produce a variety of printed and audiovisual materials on occupational health, and conduct workshops, conferences, and training sessions for California workers and unions. A catalog of materials and a brochure which describes training services are available upon request.

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" and send a copy of the reprint to the address above.

Subscriptions: \$10.00 per year. Quantity subscriptions 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. When available, single copies of back or current issues are \$2.00 each. Please prepay all orders for subscriptions or back issues; make checks payable to: The Regents of U.C.

Staff: Marty Morgenstern, Labor Center Chairman; Robin Baker, LOHP Director; Gene Darling, **Monitor** Editor; Darryl Alexander; Elaine Askari; Stephanie Cannizzo; Anne Maramba-Ferrell; Lela Morris; Barbara Plog; Susan Salisbury; Laura Stock.

California

Cal/OSHA Cut Expected Despite Court Decision

California Governor George Deukmejian and the Department of Industrial Relations have been preparing to dismantle Cal/OSHA, the state's job safety and health agency, despite a court decision which held that such a move is illegal without legislative consent.

In January, Deukmejian proposed to save \$8 million per year by ending the program and turning over safety and health regulation in California to the federal government. (See *Monitor*, Winter 1987, page 3.)

The move sparked vocal opposition from labor and health advocates, who said that Cal/OSHA has been a model program with better standards and enforcement than federal OSHA. Virtually every major daily newspaper in the state editorialized against the plan. Even some employer groups such as the California Chamber of Commerce

spoke against it, arguing that an increase in injury rates in the state would raise employers' costs for workers' compensation. Labor pointed out that the claimed budgetary reasons for the cut were absurd in light of the state's recent discovery of an unexpected \$1.1 billion budget surplus.

In May, a Sacramento Superior Court judge ruled that, under the state constitution, Deukmejian has no legal authority to act without legislative consent. The governor has ignored the ruling, and Ron Rinaldi, director of the state Department of Industrial Relations, downplayed its significance, pointing to another ruling by a San Francisco Superior Court judge which upheld the governor's position. Meanwhile, both houses of the state legislature provided funding for Cal/OSHA in their versions of the 1987-88 state budget, but Deukmejian cut the money

when the budget reached his desk.

After July 1, under the governor's plan, Cal/OSHA will continue to exist only as a program for public employees, who are not covered by federal OSHA. A few other components of the present program are expected to survive, such as the Consultation Service and the telephone "hotline" for information on toxic substances run by the Hazard Evaluation System and Information Service (HESIS). Private sector safety and health enforcement will be run by federal OSHA, which has said it will initially set up five offices around the state and have a staff of about 150.

Many Cal/OSHA employees have resigned during the last few months, and major layoffs are expected soon. Some Cal/OSHA staff will probably be offered positions with the federal program.

LOHP Conference Targets Minority Workers' High Job Risks



(Photo: Mike Shuster.)

Many Americans face serious health and safety hazards on their jobs. Workers who are members of minority groups tend to encounter a disproportionately greater number of these threats because they have often been employed in especially dirty and dangerous jobs. But the job health hazards affecting minority workers have received much less attention than they warrant. Concerted efforts to identify the nature and extent of minority occupational safety and health problems are badly needed and long overdue.

In an effort to focus attention on these problems and their potential solutions, the National Institute for Occupational Safety and Health (NIOSH) convened a special national conference in July, 1981. Representatives of academia, private industry, labor unions, unorganized workers, Federal and local governments, civil rights organizations, public interest groups, and the health care community came together to exchange scientific information and to examine future needs in minority occupational health research and training.

A key recommendation of the NIOSH conference was to provide training in occupational disease recognition and prevention to those who routinely deliver health services to minority communities. In June, 1987, in accordance with that recommendation, the Labor Occupational Health Program and the University of California's Northern California Occupational Health Center sponsored a NIOSH-funded training conference on minority occupational health issues for community physicians, nurses, health educators, public health administrators, and attorneys in the San Francisco Bay Area.

This report on LOHP's conference was prepared by LOHP staff members and conference organizers Darryl Alexander, Labor Coordinator, and Lela Morris, R.N., M.P.H., Continuing Education Coordinator. The authors also plan to present a complete report on the conference and on related occupational health, policy, and legal issues to the Occupational Health Section of the American Public Health Association at APHA's Annual Meeting in New Orleans, October 18-22, 1987.

by **Darryl Alexander
and Lela Morris**

LOHP Coordinators

Over 75 participants in LOHP's two-day June conference, **Minority Workers: The Impact of Work on Health**, heard some discouraging news about the risk of occupational illness and injury faced by minority workers in the San Francisco Bay Area and the country. According to several speakers, minority workers continue to shoulder a larger burden of disabling job-related illnesses and injuries despite their gradual move into the economic mainstream.

LOHP organized the conference to sound a warning about these dangerous statistics, and to encourage health professionals in the minority community to assist workers with early detection and prevention.

THE WORKFORCE AND THE HAZARDS

The first session of the conference gave an overview of minority workers and the risks they face on the job.

Darryl Alexander of LOHP led with a profile of minority workers in the local labor market. According to Alexander, minorities constitute over 32% of the labor force statewide, and over 30% in the Bay Area. Blacks account for 10.5%, Latinos for 10.3%, and Asians for 10.4% of the California workforce. Despite their numbers, minorities tend to be concentrated in lower-paying, high-risk jobs in manufacturing, construction, and the service sector.

Alexander outlined the most striking examples, focusing on occupations where Bay Area minorities work in disproportionate numbers:

- **Construction.** A hefty 62.5% of all construction laborers in the Bay Area are minority workers (17.8% Black, 26.9% Latino, 17.8% other minorities). The construction industry is the most dangerous in the state. The California Department of Industrial Relations (DIR) reported that injuries and illnesses in this industry increased by 11.1% from 1984 to 1985. Construction was responsible for 10.7% of all work-related disabilities in California in 1985.

- **Health services support.** Minority workers in service sector jobs do not fare much better. Local Black and Latina women are heavily represented in health services support jobs (housekeeping, nurse's aides, food services, etc.). DIR also reported high rates of disability for this group. In 1985,

continued on page 4

MINORITY WORKERS

continued from page 3

nurse's aides and orderlies in California had 7,951 work-related disabilities and illnesses.

- **Cleaners/janitors.** Bay Area offices and other facilities rely on a workforce of institutional cleaners who are largely Black, Latin, and Asian. Over 64% of all janitors in the Bay Area are minorities. Among service workers, janitors and cleaners registered the highest number of occupational injuries and illnesses in 1985.

- **Garment workers.** The majority (over 53%) of garment workers and textile machine operators in the Bay Area are Asian women. Latinas are also overrepresented in the local textile industry. These workers have an excess risk of painful, disabling repetitive motion disorders as well as other injuries that can lead to permanent disability.

Alexander also reported that nationwide statistics illustrating the problem were recently compiled and analyzed by James C. Robinson, Ph.D., an assistant professor of health policy at the University of California, Berkeley. According to Robinson's analysis of U.S. Bureau of Labor Statistics illness and injury data over the last 18 years as well as of other data bases, "Black men continue to face the highest risk of any major group." In 1986, 6.5% of U.S. Black male workers suffered a work-related injury resulting in at least one day lost from work. Robinson also found that the situation for Black women workers is similarly bleak. (Robinson's findings will appear in a forthcoming 1987 issue of *Milbank Quarterly*.)

KEYNOTE: MINORITY WORKERS IN U.S. HISTORY

The keynote speaker was Linda Murray, M.D., M.P.H., chief of occupational medicine at Meharry Medical College in Nashville, Tennessee. Murray took participants through a historical review of the occupations held by minorities and the health consequences of those occupations. Social and political conditions have always put minorities at high risk of work-related illness and injury because of the



Tobacco workers in North Carolina. (Photo: Chip Berlet/ LNS.)

types of jobs in which they have worked.

Murray described the wholesale death and disability among workers, primarily Black, who worked on a tunnel project at Gauley Bridge, West Virginia, in the 1930s. Many of these workers, who were given no respiratory protection, collapsed and died from silicosis at work and were summarily buried on the site. Others were left with scarred lungs for life. Gauley Bridge, unfortunately, was not a rare occurrence. (See book review, page 10.)

There are numerous other high-risk occupations, Murray said, where minorities in this country traditionally have been exposed to dangerous substances and conditions. In many cases, the problems continue today. For example, many U.S. minorities still work in secondary lead smelters and foundries, where disabling respiratory disease and lead poisoning are facts of life. Also, although California closed its last steel industry coke oven in recent years, Blacks and Latinos who once represented the majority of California coke workers face a higher risk of lung disease today because of their former exposure to emissions from the ovens.

The excess risk of occupational disease and injury is not confined to male minority workers. Murray reviewed serious hazards faced by Black and Latina women in hospitals, janitorial work, and other occupations. Many of their toxic exposures, she said, are equivalent to industrial ones.

Murray emphasized that the tragedy

of occupational disease and injury for minority workers (and for all workers) is the fact that these diseases and injuries are preventable. She urged providers at the conference to take occupational histories from their patients and to get as much detail as possible about patients' routine occupational exposures.

According to Murray, unemployment and underemployment also pose a serious occupational risk for minority workers in today's labor market. She cited studies that found unemployed minority workers suffer high rates of cardiovascular disease, stress-related disorders, and other chronic illnesses.

Finally, Murray touched upon the fact that the problem of toxic exposure for minorities goes beyond the workplace into the community. A recent report released by the United Church of Christ revealed that a disproportionate number of toxic dump sites are located in Black, Latino, Asian, and Native American communities. The public health challenge, then, is to clean up both the workplace and the community to reduce the burden of occupational and environmental disease for minority people.

Other speakers on the first day of the conference included John Wilson, M.D., of the University of Washington, who gave an introduction to taking occupational health histories; Joel Wong, CIH, a former Cal/OSHA training officer, who urged health professionals to work with their patients and clients

to use "right to know"; and Robert Clayton, J.D., assistant dean of Tulane Law School, who discussed the erosion of worker health and safety rights under the current federal administration. Dean Clayton also reviewed federal Title VII law that provides some protection to those excluded from the workplace because of "genetic predisposition"; minorities may be especially affected as more employers conduct genetic screening of job applicants and workers for their susceptibility to occupational hazards. For example, sickle cell trait may be discovered in these tests and used to exclude Black workers from jobs.

REGULATION AND HEALTH POLICY: ISSUES FOR 1988

On the second day of the conference, James Cone, M.D., M.P.H., chief of the Occupational Health Clinic at San Francisco General Hospital, assessed the failure of our present regulatory mechanisms to protect workers in general and minority workers in particular from the ravages of occupational disease and injury. He invited participants to speculate with him on ways the system could be improved to be more responsive to the needs of minority workers. All agreed that far more research is needed about the effect of workplace exposures on the overall health status of minorities.

Cone proposed an "Occupational Safety and Health Agenda 1988," a platform designed to gain support for needed occupational health policy reforms in the coming national election year. (See summary on this page.) He especially emphasized the need to eliminate the overlap among federal agencies dealing with occupational and environmental problems, like OSHA and EPA.

The morning of the second day concluded with several workshops on specific types of hazards, focusing on those hazards which have been identified by NIOSH as the leading causes of work-related disease and injury. Workshop topics included occupational stress, occupational cancer, skin diseases and dermatology, respiratory diseases, musculoskeletal disorders, and reproductive hazards.

OTHER SPEAKERS

Several additional speakers rounded out the second day of the conference.

continued on page 6

A "Safety and Health Agenda for 1988"

At LOHP's June conference on minority workers, speaker James Cone, M.D., of the Occupational Health Clinic at San Francisco General Hospital proposed that workplace health and safety advocates adopt an "Occupational Safety and Health Agenda 1988." In the coming national election year, Cone suggested, such a program for reform of the nation's occupational health system would be a useful vehicle for raising issues and gaining support. Highlights of the Agenda, all of which would impact minority workers directly or indirectly, include:

- **Strengthen occupational/environmental enforcement.** OSHA should increase the number of compliance officers to allow a 3-day response time to worker complaints, and to inspect high-priority industries regularly. (Cone said there are currently more game wardens in the U.S. than factory inspectors.) Also, encourage local district attorneys to play a larger role in enforcing occupational and environmental regulations.

- **Reform Workers' Compensation.** Establish a national system with uniform benefits. The employer should have the burden of proof in high-hazard exposure situations, such as asbestos. Workers' Compensation should not be the "exclusive remedy" for workers seeking to recover damages from employers; allow pain and

suffering awards.

- **Reorganize training, research, and clinical occupational health services.** Form regional safety and health institutes. Provide funding to increase surveillance for occupational disease and injury, and to expand research. Encourage joint labor/management research projects.

- **Reorganize federal role in occupational/environmental health.** Occupational health policy in the U.S. has been artificially isolated from other environmental concerns. Merge current overlapping federal agencies (OSHA, EPA, NIOSH, parts of DOE, etc.) into one cabinet-level agency with responsibility for protection of the environment, including the workplace environment. Emphasize prevention of toxic hazards rather than cleanup. Simplify rulemaking, and adopt Cal/OSHA standards nationally in the interim. Ban obvious hazards like asbestos. Eliminate the role of the Office of Management and Budget in setting health and safety standards.

- **Reorganize corporate occupational health and safety.** Establish joint management/worker boards to run employee health programs in corporations. Give the boards the power to enforce OSHA regulations in-plant. Enforce the right to refuse hazardous work at the plant level.



Dockworker in New Orleans. (Photo: Chip Berlet/ LNS.)

MINORITY WORKERS

continued from page 5

Cornelius Hopper, M.D., vice president for health affairs of the University of California, recalled the devastating effect of coal mining on the health of his father. His father's declining health due to pneumoconiosis had a profound effect on his decision to become a physician. He reiterated the commitment of the University to increasing research and outreach in occupational health, and he encouraged providers to use the services of the University's Northern and Southern Occupational Health Centers (NIOSH Educational Resource Centers).

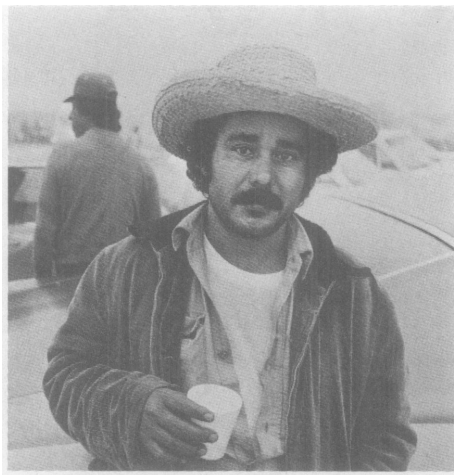
George W. Mason, J.D., an administrative law judge with the California Workers' Compensation Appeals Board, offered insight on the workers' compensation system and the types of information needed from health providers to make a fair compensation decision.

The conference ended with a presentation by epidemiologist Jerome Wilson, Ph.D., of the Howard University Cancer Center in Washington, D.C. Dr. Wilson reiterated a common theme of the conference—the fact that occupational diseases among minority people have been poorly documented. Nevertheless, he reviewed various cancers that are epidemic among Blacks, with some speculation about their possible occupational associations. Most notable were lung cancers and multiple myeloma (bone marrow tumors), which could have occupational causes. Dr. Wilson emphasized the need for more aggressive longitudinal studies to document the possible links. He explained how community providers can work with epidemiologists to produce needed documentation.

LOHP'S MINORITY WORKER PROGRAM

LOHP developed this conference as part of a larger project to reach both health providers and workers in the minority community with information about hazardous exposures, prevention, and legal rights.

The larger project includes several other efforts which emphasize training and sensitizing health professionals in the minority community, working with community clinics, and getting information to minority workers themselves. Since minority workers are often



(Photo: Andy Mercado.)

unorganized, they may be beyond the reach of the labor movement's education programs.

For example, LOHP has cooperated for nearly two years in joint patient education projects with La Clinica de La Raza, a community health clinic in Oakland, California that serves Latinos. La Clinica and LOHP surveyed clinic patients and discovered that they and their household members are concentrated in a number of high-risk industries and occupations, such as construction, auto repair, janitorial services, and furniture manufacturing.

Information from this survey is being used to develop a slide show in Spanish for La Clinica patients. The show will cover the typical occupational health hazards faced in the Latino community, resources workers can use to protect themselves on the job, and how to combat such problems as "job blackmail" (employers' threats to close rather than clean up the workplace).

At the policy level, LOHP continues to work for more research on the problem of minority workers' exposure to job hazards.

Individuals and unions interested in discussing any of the LOHP initiatives described in this article should contact Lela Morris or Darryl Alexander at LOHP; phone (415) 642-5507.

FOR MORE INFORMATION...

Several publications available from LOHP cover issues related to minority workers. To order any item listed below, please make your check payable to "The Regents of U.C." and mail to: LOHP, 2521 Channing Way, Berkeley, CA 94720.

- **Conference packets.** A comprehensive packet of information on the workplace health and safety problems of minority workers was distributed to each participant at the June conference. The packet, which also includes a complete conference syllabus, may be ordered from LOHP for \$20.00, including postage and handling.

- **Occupational Disease Among Black Workers: An Annotated Bibliography.** LOHP still has limited quantities of this 1980 publication by Morris Davis and Andrew Rowland. Although the bibliography may be updated in the future, the original 1980 edition contains a wealth of useful information. Price is \$8.00, including postage and handling.

- **Articles on minority workers in Monitor.** *Adding Injury to Insult: Black Workers' Hazards*, by Morris Davis, appeared in the January-February, 1979 issue. *Black Workers and Cancer*, by Andrew Rowland, appeared in the January-February, 1980 issue. These back issues are \$2.00 each, including postage and handling.

LOHP's publications on farmworkers and pesticides might also be of interest. Please write for a free catalog of all LOHP books, packets, and audiovisual materials.

"TOXICS AND MINORITY COMMUNITIES" CONFERENCE IN AUGUST

The Center for Third World Organizing will present a one-day conference, *Toxics and Minority Communities: Building the Movement*, from 8:30 am-5 pm on Wednesday, August 5, 1987 at St. Paul's Episcopal Church, Grand Avenue and Montecito, Oakland, California.

Conference topics will include hazardous waste sites in minority neighborhoods, farmworkers and pesticides, water contamination, and uranium mining hazards affecting Native Americans.

Among several strategy workshops will be a session on the occupational safety and health problems of minority workers, led by LOHP's Darryl Alexander.

Registration is \$10.00 in advance, or \$15.00 at the door. Group rates are also available. Make checks payable to CTWO and mail to: Center for Third World Organizing, 3861 Martin Luther King Jr. Way, Oakland, CA 94609. Please call (415) 654-9601 for further information.

International AIDS Conference Warns of Epidemic

by Elaine Askari

(Elaine Askari, director of LOHP's AIDS Labor Education Project, attended the Third International Conference on AIDS in June, 1987. Following are her impressions of the conference and of the significant issues it raised.)

The Third International Conference on AIDS, held in Washington, D.C., the week of June 1st, attracted 6500 AIDS researchers and educators from fifty nations. There were also 950 members of the press, who assured that the conference remained in the headlines throughout the week. Because there was no single room that could accommodate all the participants, many people watched the sessions on large television monitors.

MANDATORY TESTING— HELP OR HINDRANCE?

On the evening before the conference (May 31), President Reagan gave his first address devoted entirely to the six-year-old AIDS epidemic. He spoke at a fund raiser hosted by actress Elizabeth Taylor, which raised \$1.5 million for the American Foundation for AIDS Research. Reagan announced that all federal prisoners and immigrants coming into the U.S. would be routinely tested for AIDS. He also urged that Veterans Administration hospitals consider testing of all patients, and called on the states to consider testing prisoners and applicants for marriage licenses.

A great number of public health professionals disagree with the Administration's position on testing because they feel that testing will not significantly impact the transmission of AIDS and cannot prevent the disease. Many believe that the money would be better spent on providing more education programs to communities, and funding research for a vaccine.

Dr. Jonathan Mann, director of the Special Programme on AIDS for the World Health Organization (WHO), spoke to the issue of testing in his remarks at the conference. Dr. Mann suggested that the demand for testing

reflects rampant stereotypes and prejudices. He said that the AIDS epidemic has entered a new stage in which prejudice about race, religion, social class, and nationality is spreading as fast as the virus. "We are witnessing a rising wave of stigmatization: against Westerners in Asia, against Africans in Europe, of homosexuals, of prostitutes, of hemophiliacs, (and) of recipients of blood transfusions," said Dr. Mann. (His statement is underlined by the fact that many conservative voices have been raised in the U.S. not only for mandatory testing, but also for drastic measures such as the eventual quarantine of those with AIDS.)

Mandatory testing on the scale proposed by Reagan would be enormously expensive. According to U.S. Dept. of Justice figures discussed at the conference, there are 43,000 federal prisoners and 484,000 state prison inmates, as well as 234,000 people being held in local jails. The Veterans Administration runs 172 hospitals with a total of 1.4 million admissions per year. A study by the federal Centers for Disease Control (CDC) found that, on the average, testing costs \$45 per person, and in some places that figure doubles to \$90. These figures do not include the cost of finding and counseling the sexual partners of people who test positive, which may average from \$90 to \$98 for each partner.

In a report released several weeks ago, CDC, reflecting the overwhelming consensus of federal and state public health officials, rejected the concept of mandatory testing and urged instead expansion of opportunities for voluntary testing, such as in drug abuse clinics and for high-risk women considering pregnancy. CDC also emphasized the need for the federal government and the states to ensure confidentiality of test information, which could require new legislation. Many health professionals consider confidentiality to be vital, since those at risk will tend to avoid any voluntary testing program unless there is such a guarantee.

A GLOBAL EPIDEMIC

In other remarks at the conference, Dr. Mann said that AIDS is a global

epidemic requiring a multi-billion dollar international campaign. As of June 1, he said, there had been 51,535 cases of AIDS reported from 112 countries. From five to ten million people had been infected with the virus worldwide. (Not all those infected with the virus are expected to develop the disease.) However, these may be significant underestimates; few countries have accurate reporting of AIDS cases.

WHO estimates that by 1991 there will be between 500,000 and three million AIDS cases worldwide.

The underdeveloped world will need huge assistance programs to mount the prevention campaign that is needed, Dr. Mann said. WHO hopes to expand its AIDS budget from \$1 million last year to \$65 million for 1988.

AIDS IN THE U.S.

Dr. James Curran, head of the AIDS program at CDC, gave the conference an up-to-date statistical breakdown of AIDS in the U.S. Of those with the disease, 66% are gay and bisexual men; 25% are intravenous drug users (18% heterosexuals and 7% gay men); 7.5% are women; 4% are heterosexual; 2% are recipients of blood transfusions; and 1% are hemophiliacs. (Some people, obviously, fall into more than one of these categories.)

More than half of the 1000 heterosexual AIDS cases in the U.S. have occurred in New York and New Jersey, where the number of IV drug users with AIDS continues to soar. Of these 1000 cases, 70% have been linked to sex with IV drug users. Most of the 500 U.S. babies born with AIDS were infected before birth by mothers who were IV drug users or the sexual partners of IV drug users.

The proportion of women in the AIDS statistics is climbing dramatically. Some health studies reported at the conference showed that AIDS is now the leading cause of death in New York City of women 25 to 34 years old. Among women 35 to 44 years old, AIDS is the third leading cause of death in New York City, after cancer and heart disease.

continued on page 8

AIDS CONFERENCE

continued from page 7

Blacks are also severely impacted. Blacks account for 48% of all heterosexual transmission cases reported to CDC; whites for 26%; and Hispanics for 25%. In New York City, more than 80% of the AIDS deaths were among Black IV drug users or their sexual partners.

THE FUTURE

White House polls report that AIDS now ranks just behind issues of war and peace, and economic worries, as the most serious concern of the country. We are at a historic crossroads regard-

ing the AIDS epidemic: will we be able to put our emotional reactions aside and address ethical and constitutional issues objectively? The fears brought on by the epidemic sometimes border on hysteria—as seen during the week of the conference when Washington police wore bright yellow gloves for “protection” as they arrested AIDS demonstrators.

On a worldwide scale, the problems of AIDS become magnified even further. Will countries with fewer resources be able to get the financial help they need to combat the virus? The theme of the AIDS conference, “AIDS: Only A Worldwide Effort Will Stop It,” is a simple statement but requires an interfacing of economic, political, and social forces to become a reality. The question remains—will countries be

able to coordinate their efforts to check the spread of AIDS?

In this country, issues will have to be addressed for which there are no easy answers. How will the economic questions of AIDS be dealt with? How will the testing controversy be resolved: who will be tested, under what conditions, and what will happen with the test results? What kind of education will there be in public schools? Will support be offered to people with AIDS, or can we expect quarantine and isolation in the future? Since public education is the only weapon we have right now to combat the disease, the answers to these questions lie in the kind of support our educational programs receive as opposed to less effective measures like testing and quarantine.

AIDS NEWS UPDATES

Occupational Exposure Through Blood

AIDS Virus Found in Hospital Workers and Dentist

Three female hospital workers from various parts of the U.S., along with a male New York City dentist, were reported this spring to have tested positive for the AIDS virus after each came in contact with infected blood. None of the workers belong to any of the known groups at risk for AIDS.

There have been six previously reported U.S. cases of AIDS infection in health care workers through occupational exposure. All the previous cases involved pricks with contaminated needles or prolonged contact with patients' body fluids. The new cases are the first in which contact with blood was relatively brief and superficial.

According to the federal Centers for Disease Control (CDC), the first of the three hospital cases occurred in an emergency room nurse who exposed her gauzed finger to an AIDS patient's blood for about 20 minutes while trying to insert a catheter. The second involved a hospital worker who was filling a vacuum collection tube with blood when the top blew off and splattered blood on her face and in her mouth.

The third involved a woman who was operating a blood separation machine that broke, splattering her arms and hands.

A CDC official reiterated that the virus cannot pass directly through intact skin. According to CDC, one of the three hospital workers had chapped hands; two of the three were not wearing gloves; and the worker splashed in the mouth could have had the virus transmitted through her mucous membranes.

In the case of the New York dentist, CDC said that he treated patients who were members of groups at high risk for AIDS, had breaks in his skin, and frequently worked without gloves. CDC said that “the risk to dental professionals is still extremely low.”

Although some in the health community and in unions have said that these new cases may be evidence of a greater risk for health care workers than previously believed, CDC said it has changed neither its view of how the virus is transmitted nor its guidelines for worker protection. Dr. James

Hughes, CDC's director of hospital infection programs, said the new cases indicate a need to reemphasize rather than change existing policy.

CDC has long recommended gloves for health care workers who come in contact with blood or body fluids. It also urges that those in situations where splattering or splashing of blood is likely wear masks, gowns, and eye protection.

Union representatives contend that many health care facilities do not rigorously enforce CDC worker protection guidelines and sometimes do not provide necessary equipment and training to their staff.

“Some hospitals are fine. Some are lousy,” said Jordan Barab, health and safety coordinator for the American Federation of State, County, and Municipal Employees, which represents about 300,000 U.S. health care workers.

The National Union of Hospital and Health Care Employees, which represents 150,000 health care workers, said it is seeking to meet with government officials about the new findings.

Unions Want OSHA Standard on AIDS

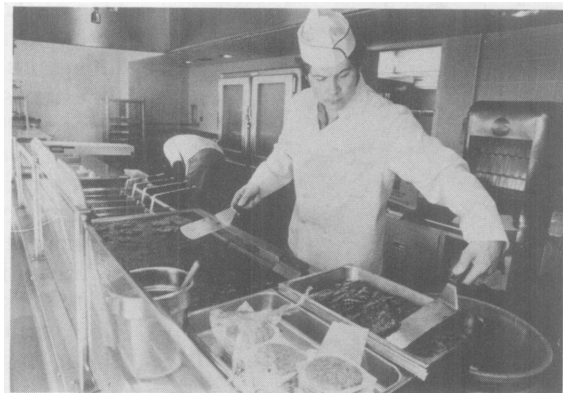
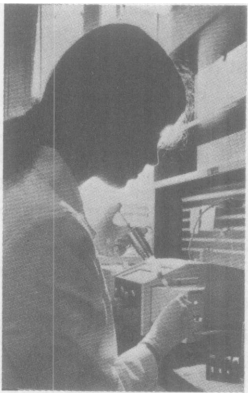
Federal OSHA is considering petitions from AFSCME and several other unions which ask for a standard to limit occupational exposure to blood-borne infections like AIDS and hepatitis B.

Such a standard could require mandatory precautions, including gloves,

gowns, masks, and other protective devices, whenever workers are in direct contact with blood or bodily fluids. In addition to health care workers, the standards might also apply to police officers, corrections personnel, and other workers who have potential contact with the AIDS virus.

The unions filing the petitions contend that the situation is sufficiently serious to warrant an "emergency temporary standard." This approach would short-circuit the delays of OSHA's rule-making procedure, which can take several years.

LOHP AIDS PROJECT TRAINS 1700



During the last year, LOHP's AIDS Labor Education Project has given training on AIDS to more than 1700 workers in Northern California. Most have been union leaders and rank-and-file members from SEIU, AFSCME, CWA, AFT, IBEW, the Stationary Engineers, and the A. Philip Randolph Institute.

LOHP's training emphasizes the relative risk of AIDS transmission in various occupations. For example, laboratory and health care workers have legitimate concerns about becoming infected from accidental needle punctures. (See photo at left.) But food service workers (along with their supervisors and customers) should be aware that AIDS cannot be transmitted through food. (See photo at right.)

A complete report on LOHP's AIDS Project appeared in the Summer, 1986 issue of Monitor. (Photos: At left, LOHP Photo File. At right, Ken Light.)

Datebook



Hands-On Introduction

LOHP Will Offer Spirometry Course in October

LOHP's Continuing Education program will present an intensive, hands-on training course, **Spirometry: Pulmonary Function Testing in Occupational Health Settings**, on October 29-30, 1987.

Spirometry is a technique for measuring a worker's respiratory capacity and function through use of a simple instrument. Now regarded as an essential component in any respiratory medical surveillance program, it is commonly used both for pre-employment evaluation of job applicants and for periodic monitoring of workers exposed to hazardous airborne substances. Its value is that it can detect respiratory impairment in its earliest stages when corrective measures are most likely to be beneficial.

Designed for occupational physicians, nurses, industrial hygienists, safety specialists, and others responsible for employee respiratory protection, LOHP's course will in-

clude theoretical discussion of anatomy, physiology, and the rationale behind screening spirometry. It will also feature a working introduction to spirometers and their specifications, calibration, and proper use. Finally, participants will learn to perform calculations with the data obtained through use of the spirometer.

The course will be held at the Holiday Inn, 1800 Powell St., Emeryville, California. It is approved by NIOSH (Course #074) and will offer Continuing Education credit for nurses and industrial hygienists. Discount hotel rates have been arranged at the Holiday Inn for attendees from out of town.

For more information, call LOHP's Continuing Education Coordinator, Lela Morris, or her assistant Stephanie Cannizzo at (415) 642-5507.

Clearinghouse



New Films, Videos, and Books

BOOKS

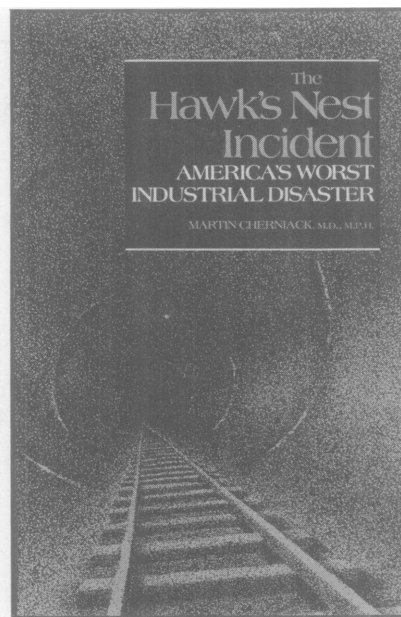
The Hawk's Nest Incident: America's Worst Industrial Disaster, by Martin Cherniack, M.D., M.P.H. New Haven, Yale University Press, 1986. 194 pages, hardcover. ISBN 0-300-03522-5. \$19.95 in bookstores or from the publisher.

The worst episode of industrial illness and death in U.S. history occurred on a tunnel project near Gauley Bridge, West Virginia, in the early 1930s. A new book, **The Hawk's Nest Incident**, tells the story of Gauley Bridge and shows how Union Carbide, the tunnel builder, tried systematically for years to cover up and downplay the dimensions of the tragedy.

The scene is rural West Virginia, in 1930-31. The New Kanawha Power Company, a subsidiary of Union Carbide, drilled a three-mile tunnel through the solid rock of Gauley Mountain to divert the water of the New River and use it to make electricity for a steel plant. The resulting Hawk's Nest Tunnel, hailed as an engineering marvel, was completed within two years. Jobs on the project were considered highly desirable and attracted workers, primarily Black, from throughout the South. But the tunnel workers were exposed to deadly silica dust, produced when rock was pulverized during drilling. Most of the workers were unprotected against the dust, and hundreds developed silicosis.

Author Martin Cherniack, a former NIOSH physician, studied local records and other historical material, interviewed survivors, and used statistical techniques to estimate the extent of the tragedy. (No accurate figures on the illnesses and deaths were kept at the time.) He concludes that over 750 workers died of lung disease within five years after the project's completion. Many hundreds more had crippling lung ailments the rest of their lives.

Cherniack found that company engineers wore respirators in the tunnel for protection against the rock dust, while the manual laborers had none. Working conditions on the non-union project



were appalling; the workers lived in three overcrowded company camps in tarpaper shacks, segregated by race, with up to ten men in a single shack.

About 75% of the silicosis victims were Black laborers earning 30 cents an hour. Cherniack says that some became too ill to work and were then run out of town by the local sheriff; others died and were buried near the job site. Racism and violence were facts of life on the project:

Physical force was used against Blacks, but never against whites, to force them back into the tunnels. It was also entirely Black muckers who loaded the dust-filled rubble, by shovel and by hand, onto the rail cars. A white engineer confirmed that Black workers were forced into the most dangerous work by beatings: "I have heard quite a few times that they used pick handles or a drillstead and knocked them in the head with it."

The fact that so many of the victims were Black delayed recognition that a major health hazard existed. Cherniack shows how the "racist currents of the period and the region" led many people, including the two company physi-

cians on the project, to overlook the occupational cause of the workers' illness. Some local press accounts attributed the high incidence of lung disease on the project to the "poor habits of nutrition" among the Blacks and to their general inability to resist disease. One of the company doctors later said he knew nothing about silicosis at the time (although Cherniack points out that silicosis and its causes were known before 1930, and some measures to prevent it were in wide use elsewhere.) This physician routinely assured workers their coughs and pneumonia were "transient" and "harmless."

The nation did finally become aware of the disaster later in the 1930s. A Congressional committee held hearings about Hawk's Nest in 1936. *Time* magazine covered the issue, as did numerous newspapers and the movie newsreels. But on the whole, Cherniack says, this national attention was fleeting, and Hawk's Nest was soon forgotten. Even today, the incident is mentioned in few history books.

538 lawsuits were eventually filed by workers or their survivors. (At one point, the *New York Times* charged in an editorial that the entire silicosis story was a fabrication by unscrupulous lawyers who had recruited gullible workers to file damage suits.) The lawsuits were settled for about \$400 each. As Cherniack says:

Powerful corporate entities, state officials, and the courts had determined that less than four hundred dollars was the average worth of a tunnel worker's health or life.

Further, silicosis was not compensable under West Virginia's workers' compensation law at the time. A labor-backed bill introduced in the state legislature in 1933 to cover the disease under workers' compensation was defeated. An employer-sponsored bill did finally pass in 1935, but it was deliberately written with time limits which barred all the Gauley Bridge cases.

This is a powerful and extremely

well-documented book, combining colorful oral history, useful and detailed statistics, and sociopolitical insight. It reminds us of a chapter in American history that Union Carbide would like

us to forget. In fact, Cherniack tells of visiting the University of West Virginia to view a large set of documents about the tunnel project donated by Union Carbide. There was, he says, "not a

single document related to work on the tunnel, allegations of silicosis, or the hundreds of legal actions that were brought."

—Gene Darling

FILMS

The Wrath of Grapes is a new, 14-minute, color documentary from the United Farmworkers Union, available in both film and videotape versions. Focusing on pesticide poisoning of farmworkers, their families, other residents of their communities, and consumers, the documentary illustrates some of the reasons behind the UFW's new boycott of fresh table grapes grown in California.

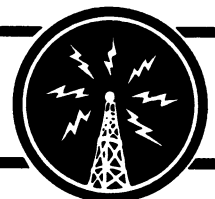
(Demands of the new boycott are that grape growers both restrict their use of pesticides and sign contracts with the UFW. From May to December each year, 98% of all fresh grapes in the U.S. are grown in California, none under union contract. Over 18,000 California grape workers have voted for the UFW, but have never gained a contract.)

Segments of the film/video describe several tragic cases where farmworkers have been killed by pesticides in the

field, where their children have been born with severe birth defects, and where whole California farming communities have been designated as "cancer clusters" because of the high numbers of children with cancer. Also documented are the anti-union tactics of the large grape growers.

For more information on obtaining the film or video, write to UFW, 1741 S. Harvard, Los Angeles, CA 90006; or phone (213) 734-8302.

NewsWire



Digital Equipment Corp. Study

High Miscarriage Rate in Semiconductor Workers

A study conducted by the University of Massachusetts School of Public Health has found that women workers who process microchips at Digital Equipment Corporation's plant in Hudson, Massachusetts have significantly more miscarriages than other women.

The study, commissioned by Digital itself, was the first of its kind in the semiconductor industry. The results were released in December, 1986. 29% of pregnant production workers in photolithography operations at the plant had miscarriages, as did 39% of those involved in wafer etching. Only 18% of a control group of pregnant women who were not production workers miscarried, a figure similar to that found in the general population.

No increased incidence of birth

defects, cancer, lung disease, or high blood pressure was found. But the study did discover significantly higher than normal levels of headaches, nausea, and rashes among both male and female production line workers.

The researchers cautioned that the study did not establish a "causal" relationship between worker health problems and any specific chemicals used in making semiconductor chips. But the process does make use of a number of known hazardous chemicals, including arsine, phosphine, chlorine, hydrofluoric and hydrochloric acids, and the solvent Cellosolve.

Digital said it encourages pregnant women working in production areas to transfer without loss of pay to safer jobs in the company. The firm is also

offering free pregnancy testing, and says it will transfer any female production worker of child-bearing age who has concerns about possible future pregnancy.

As word of the Digital findings spread to other U.S. semiconductor companies, a number adopted new policies in response. American Telephone and Telegraph (AT&T) made transfer mandatory, banning pregnant workers from semiconductor assembly lines. Many occupational health and women's rights advocates criticized AT&T, suggesting that the industry should "remove the toxic substances, not the workers."

Most U.S. semiconductor firms have responded by offering voluntary transfers, but not requiring them.

Connecticut

Liver Damage in 30 Workers at New Haven Plant

Nearly half the workers at a small fabric coating plant in New Haven, Connecticut are suffering from hepatitis and other liver problems, according to reports from the International Ladies' Garment Workers Union and the Yale-New Haven Occupational Medicine Program.

Dr. Mark Cullen of the Yale hospital tested 45 workers at Uretek, Inc., and found that 10 had acute noninfectious hepatitis (a liver inflammation), and 20 had other liver disorders. Workers had experienced loss of appetite, vomiting, abdominal pain, and yellowing of the skin. "To find as many liver problems as this in one location, you would have to go to a liver clinic," Cullen said. Cul-

len began his investigation in the fall of 1986, after two workers sought treatment at the hospital emergency room.

The 60 to 70 Uretek workers, who are primarily Hispanics with little ability to speak English, coat fabrics with polyurethane. Cullen and researchers at the federal Centers for Disease Control, which also investigated Uretek, said the most likely cause of the problems is the solvent dimethylformamide (DMF), which is used to dissolve polyurethane. DMF is readily absorbed through the skin and lungs.

Uretek workers began a strike Feb. 20. ILGWU organizer Daniel Perez said that 50 workers have signed union authorization cards, and the ILGWU

has petitioned for a National Labor Relations Board election. The union has also filed several unfair labor practice charges against the company. Perez called the plant a "sweatshop." He said that Uretek employees made \$4.50 an hour, worked 12-hour shifts, had no scheduled breaks, and ate lunch while tending their machines, surrounded by toxic substances. Press reports said that open 55-gallon drums containing foul-smelling liquids were stored in the plant's yard.

Neighborhood residents have picketed with Uretek workers and recently traveled with the workers in a motorcade to picket the home of Uretek's president in a nearby town.

Pennsylvania

PCB Contamination in Railyard is Highest Ever Found

A class-action damage suit claiming ill health effects from PCB exposure was filed in March by Transport Workers Union Local 2013 on behalf of 120 union employees at a 23-acre railroad maintenance yard in Paoli, Pennsylvania, outside Philadelphia.

A NIOSH study earlier this year found PCB concentrations on the site nearly 5,000 times greater than the En-

vironmental Protection Agency's proposed maximum of 100 micrograms per square meter. NIOSH said that the level of PCB contamination is the highest ever found during a health hazard evaluation.

Polychlorinated biphenyls (PCBs) have spilled and leaked from the electrical transformers on rail cars maintained at the yard since the 1920s.

Local 2013's attorney said the suit

alleges some of the workers have suffered health problems, and many have experienced concern over their future risk of cancer and immunological damage.

Senator John Heinz (R.-Pa.) has demanded an emergency cleanup of the facility under the federal "superfund," but the transportation agencies oppose such a move.

**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**

LR 0309191
INST OF INDUSTRIAL RELATIONS
LIBRARY
2521 CHANNING WAY
UNIVERSITY OF CALIFORNIA
BERKELEY CAMPUS
A1
D09