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CRITICAL ISSUES IN WORKPLACE HEALTH

Cutbacks in Regulation: How a Local Union Can Maintain Safety and Health at the Workplace

by Deborah Nagin

The Reagan Administration's efforts to dismantle the Occupational Safety and Health Administration (OSHA) is becoming ever more serious. While funds are cut and inspectors laid off, American workers in factories, hospitals, warehouses and offices continue to suffer epidemic levels of occupational disease and injury.

Each year well over 100,000 workers die of occupational diseases, twice as many as died in Vietnam. Official statistics estimate that well over 20% of all cancers are occupationally-related and that approximately 2.2 million workers are injured annually on the job. Despite these devastating statistics and the government's 1970 commitment to "provide a safe and healthful workplace" to all Americans, a systematic plan to scale down OSHA's operation and dilute or withdraw many important health standards is being implemented.

The Occupational Safety and Health Act (OSHA) was passed by Congress in 1970. At its heart it is a piece of public health legislation aimed at preventing unnecessary disease and injury in the workplace. This act created the OSH Administration which sets health and safety standards and enforces those standards through an inspection force made up of safety inspectors and industrial hygienists.

In 1970, the labor and public health community fought for federal legislation guaranteeing a uniformity of safety and health standards from state to state. This would mean that the employer could not move from one state to another to avoid safety and health regulations. Currently a section of the OSHA law provides for state enforcement plans with federal supervision. These plans, theoretically, must be "at least as effective" as the federal program. However, the experience over the last few years has shown us that "state plans" are lacking both a professionally-trained staff and an aggressive enforcement policy.

Consistent with Reagan's "New Federalism" we can expect further reduction in funding for enforcement as OSHA's enforcement powers are replaced by voluntary compliance programs.

These serious developments drastically reduce OSHA's policing powers and employers are no longer worried about the threat of an inspection or fines. What can a local union do to guarantee workplace safety and health? From a health protection standpoint this means that a union must establish a preventive health program at the worksite.

The most effective mechanism to provide unionized workers with health and safety protection is through the collective bargaining agreement. This agreement can specify worker and union rights, employer responsibilities, and procedures to resolve disputes. Unorganized workers, who lack the protecton of a bargaining agreement, all too often are left with only an employer's goodwill, as OSHA regulations are difficult to enforce without the support of a local union. Unorganized workers can avail themselves of the law's protection by joining a union.

Historically, most employers have resisted putting safety and health language in the contract. Their position has been that decisions around such matters are exclusively "management's prerogative," and that by virtue of ownership, management has jurisdiction over what goes on at the worksite.

This position was radically altered as a result of two actions. First, in 1968, the National Labor Relations Board

(NLRB) ruled in the Gulf Power case that health and safety is a mandatory subject for bargaining. As a result, employers can no longer claim that safety and health decisions are exclusively management's right. Secondly, the passage of the 1970 OSHAct mandated that employers provide a safe working environment. As a result of these two events and a growing awareness of the problem, more and more collective bargaining agreements address job safety and health.

However, no contract, no matter how well-phrased, will be effective without a mechanism to enforce the agreement. For this reason, an informed and active safety and health committee is essential. This committee must be backed up by an equally strong and active local union. Without these, the contract becomes merely a piece of paper.

While safety committees existed in the past, many were employer dominated and selected. Currently, many contracts establish joint labor/management committees. Such committees provide a forum to discuss and negotiate disputes over safety and health. However, experience suggests that the local union must also maintain its own union committee. The union committee must have an independent existence so it can research problems and establish its own goals and priorities. The contract should set forth specific rights of the union committee members in order to guarantee mobility throughout the workplace, access to information, and the power to exercise leadership without reprisal.

With these comments in mind, the following is a guide to the content of safety and health language in your contract. It should be adapted to meet your own specific needs.

SAFETY AND HEALTH CONTRACT LANGUAGE*

General Duty Clause

This is a broad statement establishing the general obligations of the company. It is similar to OSHA's general duty clause and is used to cover areas not specifically detailed in the rest of the contract. The general duty clause can also establish (1) the company's commitment to provide the safest workplace possible and its recognition that engineering controls are the most effective means of accomplishing this goal, (2) the need for sufficient heat, ventilation, air conditioning and the maintenance of these systems, (3) the commitment to comply with all local, state and federal standards, and (4) the agreement of both parties to cooperate in prevention, correction and elimination of unsafe and unhealthy work conditions.

Joint Safety and Health Committee

This clause establishes the joint safety and health committee. The committee should consist of equal numbers of union and management representatives. It should be chaired on a joint or rotating basis and meet regularly, but not less than once a month at a regularly scheduled time for the purpose of inspecting, investigating, reviewing and resolving safety and health problems. It should have the power to make decisions about the prevention and elimination of hazards. This includes training and educational programs for workers in the plant. The contract should clearly state that the employer is solely responsible for correcting workplace hazards. It should also provide a mechanism to deal with stalemates.

Rights of Union Members of Joint Committee

In order to fulfill their role as equal members of the committee, the rights of the union committee members must be set forth. As noted previously, these members should also meet independently of management in order to establish their own goals and priorities.

Union members should have the *right to*:

- *be paid at the regular rate* (including premium when applicable) when they are performing their duties on the committee;
- *departmental mobility* in order to investigate problems and effectively perform their duties;
- *meet separately* once a month as a union committee;
- *receive immediate notification* of an accident or serious illness;
- *accompany a government inspector, consultant, company personnel or union representative on all surveys of the plant* and *participate in these inspections*;
- *investigate any worker complaint* about a potential hazard;
- *receive notice of any new or additional chemical, procedure, operation, product or equipment* being introduced into the workplace no less than 30 days before arrival or introduction or before purchase at that location;
- *written notification of the chemical identity* (generic, not trade name) of any potentially harmful physical agent or toxic substance to which employees are exposed, and the receipt of appropriate safety data on such agents or materials;
- *receive copies of company safety procedures and reports* concerning health and safety matters such as accident reports, industrial hygiene survey reports, injury statistics and the OSHA injury and illness log;
- use all health and safety *testing equipment*;
- review and participate in *worker education and training* programs; and
- *distribute health and safety information* in the plant.

Rights of Individual Workers

This section outlines the company's obligations to individual workers. Individual workers should have *the right to:*

- a safe and healthful workplace without threats or other reprisals such as loss of pay;
- an accurate and complete written report of medical exams, tests or studies related to their occupational exposure;
- written results of industrial hygiene measurements or investigations related to the employee's exposure. These should be entered into the worker's medical record and medical records should be confidential, available only to the employee, his/her physician, or their designated representative;
- receive training before assignment to any job.

• personal protective equipment, at no cost, as an interim measure in controlling workplace exposure pending engineering changes. All such equipment or devices should be maintained by the company; and

International Union Access to Plant

Although the union already has legal access to the plant, which has been upheld by the National Labor Relations Board, the local union generally encounters fewer obstacles if this clause is included in the agreement.

Medical Surveillance

This clause asserts management's duty to provide medical examinations. Medical examinations can be used for two different purposes: by workers to enhance health protection, or by management to screen at risk workers out of the workplace. Therefore it is essential that the union be actively involved to assure that the medical surveillance program be effective for all workers. At a minimum medical exams should be:

- paid by the company;
- provided by a competent physician, mutually agreed upon by both parties. If a specialist is required s/he should be board certified;
- results should be confidential; and
- workers removed from a regular assignment as a result of medical test findings or disability should continue to receive all pay, benefits, and seniority status.

Plant Surveys

Although a safety and health committee exists to identify many problems, professional industrial hygiene consultation is often necessary for a more precise survey. The consultant should be mutually agreed upon and brought in at the company's expense. All reports should be made available to the union.

Imminent Danger

This clause sets forth a mechanism to handle imminent danger situations. No employee should be required to perform work which s/he believes will damage health or endanger physical safety. In some contracts, the individual contacts the union committee member on the joint safety and health committee. An emergency meeting is called to resolve the problem. No work is performed on that particular job until management corrects the danger to the satisfaction of the committee (both the union side and management side).

Health and Safety Grievances

Any disagreement or dispute related to health and safety should be resolved through the grievance procedure. Health and safety complaint procedures vary considerably from contract to contract depending on the grievance procedure itself and the labor/management history. Generally any dispute which cannot be resolved by the safety committee is processed through the grievance procedure. If the grievance is not settled at the first step, it moves to the last level of the grievance procedure immediately prior to arbitration (an expedited grievance).

Right To Strike

Health and safety grievances may either be subject to arbitration or work stoppage. This clause asserts the right of the local union to strike when, in good faith, it determines that dangerous or unhealthy conditions exist. Such work stoppage should not be considered a violation of the no-strike provisions of the bargaining agreement. Obviously, this particular clause is extremely difficult to negotiate.

Education and Training

This clause sets forth the company's responsibility to provide training to all employees, particularly new hires and workers on new job assignments. Training should include maintenance and safe handling of materials and equipment. No employee should be required to work on a job without adequate training, including emergency procedures.

Union members of the joint committee should receive lost-time pay for the purpose of receiving training from the International Union or another institution acceptable to the union.

Company Contribution to Research

This clause provides for company contribution to research in order to study the health hazards peculiar to the industry. This research fund should be jointly administered by the company and the union. The company should contribute a specified amount per worker per hour to this research fund.

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*The following information was drawn from health and safety publications issued by the International Chemical Workers Union (ICWU), United Auto Workers (UAW) and the United Steelworkers of America (USWA).

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GUEST EDITOR SPEAKS

Mobilizing Workers for Union Action

The importance of mobilizing individual workers to fight for the union's program is the common thread which weaves through the issues of workers' compensation, local union safety and health programs and public sector OSHA.

Organized labor has developed some excellent strategies to achieve important goals in these three areas. Concomitantly, workers are organized now, more than at any time in the past, to fight for rights which improve their working and living conditions. The challenge in the coming period is to mobilize this grassroots potential and to link the actual activity of workers on the shop floor with their union's policies on these three issues. This synthesis of policy and action will achieve practical short-range gains and bring long-range goals within closer reach.

Workers have a very real "feel" for workers' compensation. Whenever a new worker is hired s/he is asked by the employer to list his/her disability and compensation history. In addition, it's common for workers to discuss their experiences and problems with each other. They know all about workers' "comp." In fact, this is the issue where workers could make their most significant advances. Workers' compensation and disability are not the most romantic of labor's struggles, but they are the most dramatic in demonstrating what happens when employers violate job safety and health standards.

Unfortunately, workers' compensation is not the preventive program it was intended to be; it is rather a workplace clean-up and a barely adequate rehabilitation program for the disabled. (The same dichotomy between intent and reality would exist if the government proposed preventive mass immunization for cholera after the whole population had already come down with cholera.) The designers of the workers' compensation system theorized that it would create an economic incentive for employers to "clean up" the workplace since they would be charged with the cost of injury and disease stemming from workplace hazards. Renee Shanker's article in this issue of *Consumer Health Perspectives* explains that this is done by increasing the cost to employers of workers' compensation insurance premiums as their illness and injury incidents increase. This system of incentives is supposed to convince employers that it is less costly to fix up their workplaces than to pay the increases in the workers' compensation premiums. A one-time capital expense is usually preferable to ongoing increased production costs.

However, this whole approach is derailed by having private for-profit insurance companies write/provide this mandatory insurance. Replacing the financial incentive to clean up with an incentive to make a profit causes the following: workers' compensation insurance carriers concentrate on protecting their employer clients' interests, keeping prospective workers' compensation recipients off the books by challenging and trying to deny their claims, keeping compensation costs low, and keeping better (less expensive) workers' compensation carriers away from their clients.

In most states, workers and their unions are not involved in the workers' compensation system. On the contrary, the system is the hermetically sealed, exclusive province of employers and their private insurance carriers. What is needed is what takes place in Ohio. There, private for-profit insurance carriers are not allowed to write/provide workers' compensation insurance. Employers must buy their coverage from the *Exclusive* State Workers' Compensation Insurance Fund, or become self-insured. The state system is usually cheaper than the for-profit carriers. Organized labor is involved in this system by its normal participation in the political process of state government. For example, labor is often consulted about appointments to the state board which runs the workers' compensation system.

In other states, including New York, labor and big business both influence the selection of members of the Workers' Compensation Board, but the dominant influence is that of the private for-profit insurance carriers. This domination extends from the individual hearings which take place throughout the state to the determination of policies of the State Compensation Fund. Ironically, the New York State Fund, being heavily influenced by private for-profit carriers, is often worse for claimants than the private for-profit carriers themselves. Private carriers may turn out to be a little more flexible and sometimes more responsive to a claimant, while the state fund acts out of fear of the private carriers and tends to be very unresponsive to claimants.

In states that exclude the private carriers from the state fund, disabled workers can have an influence on workers' compensation if they still belong to a union. But the union must sustain the involvement of its disabled members through shop stewards or local union committees to harness this potential power source for lobbying legislators and carrying on other political activity. The importance of constant and meaningful involvement in a local union safety and health committee appears self-evident, but it is probably the most difficult objective to accomplish. For example, it is a fact that presenting the union case before management or before an arbitrator/mediator is not nearly as difficult as getting members to participate in the activities of their local union in general and in safety and health in particular.

As indicated in Deborah Nagin's article, active recruitment of the broadest sections of workers into the activities of the local union should always be taking place. A local union safety and health committee made up of representatives from each department or section of the plant should make sure that important groups of people are included. For example, the committee should be fully representative of Black, Hispanic and other national groups and women workers. This will insure wide participation in the committee. Such a local union committee is the first step toward an effective program of OSHA inspections and filing and winning safety and health grievances. Finally, with Mickey Green's article on the public sector OSHA law, public workers are now involved in guaranteeing that federal OSHA rules and regulations are enforced. This, however, requires active and organized participation by individual members/workers in the inspection system. Sometimes workers are inclined to act in isolation from other workers and the union in dealing with hazards and

requesting an OSHA inspection. But hazards almost always affect more than one or two workers, and getting rid of the hazard requires organized action. And if a hazard becomes a grievance, then it affects the whole union. Thus every safety and health hazard which results in a request for an OSHA inspection or a safety and health grievance should become the "property" of the union and its entire membership. This process can be facilitated by using the union newsletter and other educational materials.

The involvement and active participation of workers/union members in the workings of the local union in these three areas of worker protection is not a luxury or an added feature of a particular strategy to achieve a particular end. On the contrary, the mobilization and education of all workers is the only way to make advances stick. Takeaways, when the employer or the federal administration, be it a Reagan or a Carter, decide that workers have gotten "too much," is far more difficult to pull off.

There is another pay-off to increasing worker involvement in the safety and health affairs of the union. The whole union can be revitalized to gain greater job security, wages and benefits, as well as other rights such as low cost housing, free education, free national health care and meaningful affirmative action programs.

This guest editorial was written by Frank Goldsmith, Dr.P.H., Director of the Occupational Safety and Health Program, New York State School of Industrial and Labor Relations, Cornell University.

"Leave the facades--it'll be just like Hollywood."

Public Employee OSHA Protection: The New York State Experience

by Mickey Green

When Congress enacted the Occupational Safety and Health Act of 1970, it purported to "assure so far as possible every working man and woman in the nation safe and healthful working conditions." Nonetheless, it excluded millions of public workers from any protection under the act. As a result, most employees of state, county and local governments who work at jobs that are similar to and just as hazardous as those performed by their counterparts in private industry, have been without any legal protection of their on-the-job safety and health.

For New York State's public workers, however, the picture changed in 1980. After years of intensive pressure from public employee unions, and years of tough resistance put up by state and local governments, the New York State Legislature enacted the New York State Public Employee Safety and Health Act.

The fight for the New York State law was spearheaded by the Public Employee Conference, a coalition of 38 unions representing public workers in New York. At a 1979 legislative hearing, Victor Gotbaum, Executive Director of District Council 37 (DC 37) of the American Federation of State, County and Municipal Employees, a union that represents 110,000 New York City public workers, expressed the desires of the coalition: "DC 37 is not asking for more safety protection for public employees than is given to private sector workers—it is only asking for equal protection for public employees."

DC 37 members, like members of other public employee unions, work under hazardous conditions. According to the National Safety Council, the accident rate for public sector workers is three times as high as the national average for all workers. Moreover, injuries sustained by public employees are likely to be twice as severe as those suffered by private sector workers.

Consider these inequities:

- Federal OSHA standards cover workers employed by private trash haulers, but not city garbage collectors.
- Restaurant workers are protected, but school cafeteria workers are not (unless they work in a private school).
- Painters in a sign shop are covered, unless their employer is a public agency and they work, for example, in a highway department sign shop.
- OSHA's carbon monoxide and asbestos standards apply to automobile mechanics in the private sector, but not to mechanics working in a parks department garage.
- Hospital workers in voluntary and proprietary hospitals are covered, but workers in state, county, or municipal health care facilities are not.

The situation becomes more absurd in city hospitals that are affiliated with private medical schools, as is the case with all but one of New York City's 16 municipal hospitals. Affiliate employees in city hospitals enjoy federal coverage, but those employed by the hospital, often working side by side with affiliate employees, do not.

At public hearings and in the press, labor unions exposed these dangers faced by public workers and the un-

fairness resulting from federal OSHA's jurisdictional limitations. They drafted legislation that would give their members protection that was equivalent to the protection OSHA promised to private sector workers. The law they proposed mandated the State Department of Labor to set up a public employee safety and health program that would meet federal guidelines, and thus be eligible for fifty percent matching funds from the federal government for the program's administration. The proposed legislation would require the state to adopt all federal OSHA standards and many federal OSHA record-keeping requirements, and to hire safety inspectors. It would also grant workers and their unions many new rights, including the right to have a facility inspected, and the right to union representation during such inspections.

Local governments, concerned about the cost of bringing their facilities into compliance with OSHA standards, put up stiff opposition to the proposed legislation. Though some local officials may have been swayed by traditional union arguments that investing money to clean up workplaces would save money spent on workers' compensation payments, medical bills, and lost time, the unions also devised an ingenious plan that muted much of the opposition. They included in the proposed law a means by which local governments could receive state funds for capital improvements that would help bring a facility into compliance. The state legislature approved legislation that incorporated all of the major provisions sought by labor.

Although the law has been in effect for just over one year, public workers have already seen changes in the State Department of Labor, on the part of their employers, and in the functioning of their unions. However, because of a nearly non-existent system of record-keeping in the past, and the newness of the law's record-keeping requirements, it is difficult to judge how *much* working conditions have improved. (One can make a case that the very existence of a record-keeping system *is* a significant workplace improvement.)

The State Department of Labor had inspectors in the field shortly after the law went into effect on January 1, 1981. Since many of the inspectors are new on the job, the quality of inspections has been uneven. The state adopted all federal OSHA standards, as mandated by the act, but is still developing regulations and procedures for carrying out the law. The lack of regulations has contributed to some confusion. But it is safe to say that the program is functioning.

The law has been a shot in the arm for state and local government safety and health efforts. In New York City, a city-wide Director of Safety and Health has been hired, filling a significant void in the city's executive offices. Though new on the job, the new director has alerted city agency heads about their obligations under the law and is working with them to set up programs. Several agency heads have made efforts to comply with the law. Some have beefed up their safety programs; others have started programs where none existed before; but unfortunately, others have done little to bring their agencies into compliance with the law.

Labor unions that fought for the law's passage have kept up their activity to make sure that the state program will be a meaningful one. They are following the Department of Labor's progress in implementing the law, and are educating their members about their new rights. For example, though DC 37 already had a safety and health program, it has expanded its services and is training large numbers of workers at the union headquarters and at worksites. A training program has been initiated for DC 37 field staff and several joint labor management safety and health training programs are being planned. In addition, the union has kept close watch on the Department of Labor and has communicated their members' concerns to the state. The Public Employee Conference has held two well attended conferences for the purpose of educating union officials on the rights their members have under the act. Some unions have assigned staff to safety positions; others have expanded existing safety staffs.

The unions agree on the importance of this legislative victory, but are aware of the law's limitations. OSHA standards are an improvement over a situation where there was a complete lack of standards. Inspectors, even if they are few in number and are inexperienced, are better than no inspectors. To strengthen their members' protection, unions are focusing their efforts on training members in safety and health hazard awareness, and are continuing to use the grievance mechanism and other labor-management forums to resolve problems.

In one important way, New York public employee unions are in a better situation than unions representing workers in the private sector. They can draw on the experience of private sector unions during the eleven years that the federal Occupational Safety and Health Administration has existed. Aside from a three year period during the Carter administration, when Dr. Eula Bingham headed OSHA, industry has been fairly successful in weakening the agency's impact. Private sector unions have had to fight an uphill battle to make OSHA work for them. These unions have also learned that OSHA protection is no substitute for strong contract language and widespread rank and file activity and education. That New York's public employee unions appear to have learned these lessons is cause for optimism about the future of New York's public employee safety and health program.

Mickey Green is the editor of DC 37 Safety and Health News.

Workers' Compensation and Occupational Disease

by Renee Shanker

Workers' Compensation was designed to serve as the primary source of medical and financial benefits to be paid to victims of work-related injuries and diseases. Under this program, workers surrendered the right to sue their employers in exchange for a "quick and efficient" "no fault" system which would provide them with income maintenance benefits and pay for medical expenses related to the injury. Statistics recently released by the U.S. Department of Labor[1] indicate however, that the Workers' Compensation system is failing to adequately compensate the severely disabled, particularly those severely disabled due to an occupational disease. According to this report, only five percent of individuals severely disabled due to an occupational disease collect Workers' Compensation benefits, while 53% of this group collect social security disability insurance, 21% collect pensions, 17% veterans' benefits, 16% public assistance and 1% private insurance. While one in three individuals collect benefits from more than one program, one in four receive no income maintenance benefits whatsoever. Furthermore, continues the report, medical expenses for these diseases which by nature are often chronic and therefore expensive, are being borne by Medicare, Medicaid, private health insurance carriers and the savings of workers themselves.

There are many reasons why the Workers' Compensation system is inadequate with regard to occupational disease. To begin with, when the compensation program was begun in 1910 and 1914, there was a great deal of obvious experience with industrial accidents, but very little knowledge about the etiology of occupational diseases or any other diseases either. Therefore, the compensation system design was limited to the accident insurance model since no occupational disease model or concept existed. The system is therefore set up to deal with events which are sudden, unexpected and unforeseen and ones in which cause and effect are easily recognizable.

This is not so in the case of occupational disease. Occupational diseases are usually slow-starting and have many causes. Since long latency periods characterize many occupational diseases, significant periods of time pass between the workers' first or even last exposure to the hazard and the manifestation of the disease. Thus, many of the policies and principles which form the basis for making determinations in work-related accident cases are inapplicable to occupational disease cases.

A second reason why so few Workers' Compensation awards are made for work-related illness is that cases are not filed because physicians and other health personnel have not been trained to recognize the connection between the illness and the occupational exposure. In fact, a fairly recent study[2] indicated that only fifty percent of medical schools sampled specifically taught occupational health, that only thirty percent required it in their curricula, and that the median required curriculum time was four hours. Thus, physicians are generally ignorant of the importance of occupation and worksite as a major determinant of health.

A third reason to explain the compensation system's inadequacy with regard to work-related disease claims is that physicians are often unwilling to accept Workers' Compensation cases for treatment because of the extraordinary amount of paperwork, relatively low fees and excessive time needed for testimony if a case is contested. Indeed, most physicians are even more reluctant to involve themselves in occupational disease cases because the criteria for determining the work-relatedness of the illness are so ambiguous. In cases like lung cancer, for example, where the claimant who smokes and who has an exposure to asbestos has a five times greater risk of contracting the disease than when smoking alone is a factor,[3] physicians would rather not state which, in their opinion, is the causitive agent.

Another reason for the Workers' Compensation system's failure to award occupational disease claims is that workers and their surviving spouses are unaware of their eligibility for benefits because they are never told by their physician or social worker that they may be eligible for these benefits. A study nearing completion by Dr. Irving Selikoff[4] at Mt. Sinai Hospital in New York indicates that only 29% of a cohort of asbestos workers disabled due to an asbestos-related disease ever applied for Workers' Compensation benefits and only 36% of the surviving widows of asbestos workers ever filed a death claim for Workers' Compensation benefits. The report furthermore states that when reasons were given by the surviving spouses for not filing a death claim, lack of awareness that they were eligible for any type of compensation based on their husband's condition was given as the reason in 71% of the responses.

Industries and their Workers' Compensation insurance carriers have an almost universal policy of contesting exhaustively almost every occupational disease claim. This, and administrative inefficiency act as final obstacles to the provision of Workers' Compensation benefits to claimants. Though the system was originally intended to be a "no-fault" system, today the burden of proof lies with the individual worker in claims for occupational disease. The Workers' Compensation laws, which vary from state to state and which include harsh statutes of limitation and vague definitions of what constitutes an occupational disease, have become so complex, that workers in most states are ill-advised to enter a hearing room without the representation of an attorney or expertly trained advocate.

The fact that workers who are disabled due to an occupational disease are not receiving their due entitlement to Workers' Compensation benefits and are instead relying upon social security, public assistance, Medicaid and Medicare or their own savings is significant in many respects. Workers' Compensation was designed to place the burden of expense of occupational injuries and disease upon the industries that cause them. One of the original objectives of the Workers' Compensation system was prevention. It was believed that by forcing employers to pay higher insurance premiums as their rate of workplace injuries and illnesses rose, an incentive was built into the system to prevent on-the-job injuries and diseases.

However, the incentive for industries to remove hazards from the workplace is lost because financial responsibility for occupational disease cases is shifted elsewhere.

Finally, the inappropriate dependence upon public programs such as social security, public assistance and pension plans which currently provide income maintenance benefits to occupational disease victims, and upon Medicare, Medicaid and private health insurance to cover medical expenses, is placing an unfair burden upon taxpayers, health insurance carriers and labor unions' negotiated health programs. In an effort to address this, some labor unions, such as Local 447 of the Printing Specialties and Paper Products Union (of the International Printing and Graphics' Communication Union) and Local 259, United Auto Workers are implementing programs which screen disability insurance claims. Under this program, all disability claims filed with the union's health fund are screened to determine which are work-related and which can therefore be shifted to N.Y.S. Workers' Compensation. These unions, which began their programs only four years ago, reported dramatic cost savings after only one year of their implementation.

The New York Committee for Occupational Safety and Health (NYCOSH) has a Workers' Compensation Committee which will offer individuals and labor unions assistance in matters pertaining to Workers' Compensation. The committee, which is composed of attorneys, union officials, workers, and advocates with expertise in this program will respond to requests for information from workers and offer training programs to labor unions in the metropolitan New York area. In addition, members of the committee are currently preparing a handbook which will advise laypeople of the procedures and practices of the New York State Workers' Compensation Law. Anyone who is interested in contacting the NYCOSH Workers' Compensation Committee should call 674-1595.

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