

LABOR SAFETY AND HEALTH INSTITUTE

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*"To assure safe and
healthful working conditions
for working men and women..."*

GUIDE # 10

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COMBATING ASBESTOS - RELATED DISEASES IN A LOCAL UNION

Local 259 of the United Auto Workers (U.A.W.) union represents over 5,000 workers in the New York-New Jersey area. The local negotiates contracts with several employers of its membership. While this local may utilize the contents of contracts negotiated by other U.A.W. locals in General Motors and the other auto companies, it cannot generally negotiate all of the more comprehensive benefits given its smaller membership and small auto repair shops and auto dealers with which it deals.

There are approximately 3,300 auto mechanics in the union. These workers perform the same on the job duties. Job responsibilities include mechanical work on engines, body work, and replacement of worn out brakes. Workers are paid by employers by two basic methods: production (incentive pay), and hourly (same hourly pay regardless of production).

The union is composed of almost all male workers with an equal distribution of Black, Puerto Rican and other Hispanic workers, and white workers.

Important characteristics of the shops are their size and the fact that many owners also work in the shop. The extent of exposure to job hazards affects the owners almost to the same degree that it affects the workers! The shops are small enough, the **short** distance between the brake repair areas and the management areas, to create a health hazard to anyone in the shop.

PRE-ASBESTOS PERIOD

The union, since its inception, has negotiated the right to question and up-grade working conditions on the job. All contracts negotiated by the union contain clauses allowing shop stewards and committees to conduct grievance proceedings toward hazard correction. Some of the common hazards associated with auto repair shops include: correct use of hydraulic lifts; ladders (fixed and portable); spray paint operations; compressed air equipment; machine guarding; welding, cutting, and brazing; electricity. Reportedly, many grievances brought by union members are about hazardous work conditions.

The union has negotiated a comprehensive health and welfare benefit plan which ensures the maximum amount of health and medical coverage given the limited contributions by employers. The health and welfare fund trustees have self-insured

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its hospitalization (dropping Blue Cross coverage) and uses Group Health Incorporated for its medical coverage. Major medical coverage is also self-insured. This aggressive program by the union has enabled the union to stretch its package for its membership to include drug, vision care, mental health, and other benefits.

In addition, the union substitutes its own negotiated (off-the-job) disability program for the New York and New Jersey programs.

An effective education program directed toward its membership includes: a newspaper, shop steward training, general education classes, and many social functions: this program has created a close relationship between the union leadership (including the union elected leaders and health benefit fund administrators) and its members.

Occupational Disease Latent Period Eludes Union's Records

Despite the union health program, the long latency period (20-30 years) prevented the detection of breathing and respiratory problems.

The main source of data on the prevalence of job-related health and safety data is the workers' compensation system reports on cases closed for a year. This method of data collection, however, was not the way in which occupational health problems were found. According to the 1977 Report the N. Y. State Workers' Compensation Board, less than 1 percent of all cases closed in 1974, were for occupational diseases. The national figures, according to the Employment Standards Administration of the U.S. Department of Labor, reflect only 2 percent for occupational health reasons.

While occupationally associated health problems were and are recognized by policy-makers and other OSHA leaders, workers' compensation boards rarely award claims after the insurance company for the employer controverts (challenges) the claim as not being job-related. The first successful claims for asbestos exposure did not come until well after the establishment of the federal standard. Up to that point, emphysema (asbestosis) was regarded as an off-the-job problem associated with smoking or other environmental factors. The cancer risks associated with asbestos were just recognized by the scientific community after passage of the OSHA standard. Yet in 1918, according to the U.S. Department of Labor, many U.S. and Canadian insurance companies refused to insure workers in the asbestos industry. Thus this combination of the difficulties in workers receiving compensation for job-related health problems and the non-recognition by employers, insurance carriers and workers compensation boards of job-related cancer, put Local 259 at a disadvantage when trying to associate the conditions at the workplace as the cause of cancer in many of its members.

The 1974 Academy of Sciences meeting on Occupational Carcinogenesis was instrumental in pointing the scientific finger at environmental and occupational factors as a major reason for the rapidly growing asbestos cancer threat in the United States. The Academy's meeting coupled with another cancer - the vinyl chloride liver cancer expose started an irreversible trend toward seeking the fundamentals reasons for cancer and not the existing trend toward seeking a vaccine for cancer similar to polio and measles.

Federal Anti-Asbestos Action

The OSHA law was signed into law by President Richard Nixon on December 31, 1969. By the early months of 1972, the National Institute for Occupational Safety and Health (NIOSH) promulgated a "criteria document" on worker exposure to asbestos. Under Section 22 NIOSH is mandated to conduct medical and scientific studies on chemicals and substances to determine Threshold Limit Value (TLV), or time weight average over an eight work day, a worker can sustain without becoming injured or ill. The OSHA law clearly mandates that the law must, "assure safe and healthful working conditions for working men and women..." NIOSH recommended that 2.0 asbestos fibers/cubic centimeter of air based on a count of fibers greater than 5 micrometers in length be the standard to determine the safety of workplaces using asbestos. On June 7, 1972, the OSHA Administration promulgated a standard of 5 fibers. On July 1, 1976, the standard was reduced to 2 fibers. However, rising concern about the threat of asbestos, especially its carcinogenic risk has pushed the OSHA Administration to consider reducing the standard to 0.5 fibers. One reason for this new proposed reduction in the asbestos standard came as a result of epidemiological studies conducted with Local 259, United Auto Workers in New York City.

Phone Call Alerts Union

When the OSHA Administration established its asbestos standard, in 1972, the primary investigators began the search for workers who were at risk from the hazard. The Mount Sinai School of Medicine's Environmental Sciences Laboratory, headed by Dr. Irving Selikoff, was chiefly responsible for the establishment of a new body of scientific knowledge on the latency of job-related diseases and up-to-date epidemiological studies, controlling for a 15 to 25 years period (not using workers with less exposure in the studies). The primary population at risk to asbestos was insulation workers on whom Mt. Sinai conducted landmark studies. There was little question after the OSHA standard was established and the data were accepted that workers with high exposure to asbestos, as insulation workers, faced the greatest risk. But, what about workers with other kinds of exposures?

The National Institute for Occupational Safety and Health preparation for its "criteria document" on asbestos conducted a research study on the number of types of workers who may face asbestos exposure. Brake repair workers were documented as high risk workers by that study.

In 1974, Dr. Selikoff called Sam Meyers, President, Local 259-UAW to discuss the possible asbestos exposure of the union members who worked in auto repair shops. Soon after Meyers and UAW-Local 259 health fund personnel developed a program to combat the dreaded cancer killer.

First Stage Union Program

In October, 1974, the union turned its headquarters into a health clinic. Forty veteran UAW members were examined by a team of physicians from Mt. Sinai's Environmental Laboratory. The following was their printed in the Union newspaper:

"The results of the examinations were made available to each member by letter from Dr. Selikoff. Of the forty people who were examined about ten were shown to have some respiratory difficulty, and of the ten most were cigarette smokers. So

it can be stated that at this point the COMBINATION of cigarette smoking and the dusts found in the shops' air constitutes a health hazard to the membership."

In its initial screening program only workers with twenty or more years were asked to participate. Immediately following these tests and a phone call from Selikoff, the Trustees of the union welfare fund authorized an increase in the death benefit to the membership. Upon completion of this first round of tests, the union launched a full medical screening program for all workers in the auto repair shops. Under this medical surveillance program 2,500 workers received a medical examination. These tests indicated many clinical problems in the lungs of auto repair workers. Thus, the union, using the services of Mt. Sinai and its own programs was able to determine the dangers facing its membership. It now was in a position to launch a preventive program to protect their membership.

Protective Activities

The first activity of the union was to inform its membership and their families of the health hazards associated with asbestos. This required the most effective means of communication since the union did not want to frighten its membership, yet at the same time, it wanted them to take their yearly medical examinations and to begin to initiate corrective actions at the workplace. The medical examinations are free under union contracts.

The union printed a second letter from Dr. Selikoff explaining the hazards:

"Extensive medical research has demonstrated that excessive exposure to asbestos dust can lead to serious illness. Asbestosis (a type of scarring of the lungs), and several kinds of cancer are frequent causes of excess deaths among some groups of asbestos workers. In heavily exposed groups such as asbestos factory workers or insulation workmen, over 40% of deaths are from these causes. While continuous heavy occupational exposure to asbestos has led to this serious health experience, recent research has shown that significant risk of asbestos disease can sometimes occur with lower or intermittent exposure, or even from working near such asbestos operations. Occasionally, family contacts of asbestos workers may sometimes have exposure sufficient to produce disease, from dust brought home on workers' clothes.

The Department of Labor has promulgated a standard for asbestos currently at 5 fibers per millimeter of air (about a thimble full of air), to be lowered to 2 fibers per millimeter by July, 1976. Serious question has arisen as to the adequacy of even the 2-fiber standard. For example, it allows a worker to breathe about 2,000 fiber or more in each cubic meter of air (about the amount inhaled in an hour at work). It is not known how many of the inhaled fibers are then retained in the lung. The background is of importance when the asbestos exposure of garage workers is considered. A series of air sample were taken from several garages during brake repair operations and analyzed by the Mount Sinai School of Medicine. Asbestos dust concentrations often exceeding 5 fibers per millimeter were found during the air-blowing of dust from the brake drums. While a worker's

exposure to such levels may be brief and intermittent, they are sufficiently high that appropriate control practices should be implemented. Moreover, as the control procedures are relatively inexpensive (use of vacuum exhausts, wet wiping of dust, and occasional use of respirators), they should be applied as soon as possible."

The union's welfare plan administrator and personnel then conducted extensive shop steward training amongst the unions leadership so as to answer all questions concerning this problem. The long term solution to this auto repair problem is the switching from the currently used braking systems to disc brakes which operate on a different braking system and eliminated the need for asbestos as a fire retardant in the friction which develops in the drums. OSHA regulations require the changing of the methods of production so as to eliminate the occupational hazard. (The law and its regulations specifically prohibited the use of personal protective equipment as the final means of protection from a hazard).

The union, in cooperation with some of the auto repair owners, agreed to a number of work practices designed to reduce and eliminate asbestos from exposure to workers and to other (by-standers) in the shops:

"The Following is A Recommended Procedure for Brake Work:

1. After wheels are removed from the car, and before removing the brake drums, the mechanic should wear a mask suitable to filter dust. This will help prevent the individual from inhaling asbestos dust. The respirator or mask should be worn through the entire tearing down process and while arcing new linings.
2. After removing the drums, all dust in the drum should be vacuumed with a Shop Vac. There should be a shop vacuum available in your shop. Under no circumstances should the brake drum be banged on the floor to release dust, or should be blown in the shop air.
3. After vacuuming the drums, if there is any film or dust left over, it should be wiped away with a damp cloth. This will prevent any asbestos dust from becoming airborne.
4. Likewise, the backing plate should be vacuumed of all dust. Under no circumstance should asbestos dust be blown or brushed from the backing plate.
5. If brake linings need to be arced, masks must be worn. The dust that is released when arcing brake linings is pure asbestos and should not be inhaled. The dust bag on the arcing machine should be removed and replaced with the hose on the shop vacuum. The vacuum should be running while the grinding is taking place. When it becomes necessary to clean the arc grindings machine, all dust should again be vacuumed and any film wiped away with a damp cloth. The arc grinding of brake linings is the most dangerous operation in the brake job.
6. During the assembly of the brake job, the amount of asbestos

particles will be minimal, but to be on the safe side a mask should be worn until the drums are placed back on the car.

7. When the vacuum bag is filled with asbestos dust and needs to be changed, it should be disposed of with extreme care. This is also true when the vacuum is cleaned. These few safety rules will not add much (if any) time to a brake overhaul. It will contribute greatly to the cleaning up of your shop air that you and your fellow workers breathe every day, and contribute to your general health and safety on the job.

CAUTION: DO NOT BREATHE ASBESTOS DUST.

NIOSH Changes Booklets

NIOSH Safety and Health Guides have been written for over 100 different kinds of jobs and industries. The Health and Safety Guide For Auto Repair Shops and Body Shops first published in February, 1975 was up-dated in August, 1977, in the following manner:

Old:

1. Asbestos

When individuals repair brakes most of the day or where the linings are machined to fit the drums (especially in small rooms), excessive asbestos exposure could exist. To reduce the operator's exposure, a dust mask should be worn. Dust should be vacuumed (not blown) from the drums and the floor vacuumed instead of being swept.

New:

Asbestos

There is little exposure to asbestos in most body shops. But, if you repair brakes or machine-fit linings to brake drums---or work near these operations--you could be exposed to asbestos dust. This is especially true if you work in a small room.

If you breathe asbestos dust, you may develop asbestosis. Asbestosis is a disabling lung disease and continued exposure to asbestos may lead to lung cancer. It may occur when microscopic particles of asbestos become lodged in the lungs. The combination of asbestos exposure and smoking is particularly dangerous.

Dust should be vacuumed (not blown) from the drums and floor. You should use a vacuum with a special, high-efficiency filter. Dry sweeping and cleaning are prohibited. If good local exhaust ventilation at the source of the dust isn't feasible, you should wear a filter respirator for protection.

The new NIOSH Guide corrected its previous Guide, but still failed to plainly describe the three prevalent diseases of work-related asbestos exposure:

Asbestosis	A lung disease of scarring of the lung similar to silicosis and black lung disease;
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Lung Cancer	Cancer of the lung caused by the inhalation of asbestos into the lung;
Mesothelioma	Cancer of the lining of the lung caused by inhalation of asbestos into the lung.

Mt. Sinai has found that when workers exposed to asbestos do not smoke, they do not contract lung cancer more than the general population. Asbestos exposed workers who smoke have an excessively high incidence of lung cancer. However, smoking history makes no difference in regard to asbestosis and mesothelioma.

"Cancer Alert"

On April 25, 1978, Joseph Califano, Secretary of the Department of Health, Education and Welfare responding to the massive outcry against asbestos declared a "Cancer Alert." By doing this, he called the whole country's attention to this dreaded toxic substance. Califano focused his concern on shipyard workers who used asbestos in shipyards during World War II and are now developing cancer-related diseases. Major questions remain following Califano's announcement:

1. Does the alert cover all asbestos exposed workers, their families, and communities around asbestos productions plants?
2. X-rays, pulmonary function tests, sputum tests, and rectal exams are recommended, but there was no recommendation where to have the tests taken.
3. Who pays for these exams? Will federal workers' compensation reimburse shipyard workers for past and future medical costs, weekly wage losses, and permanent loss of bodily function with a lump sum payment? Will state workers' compensation laws automatically compensate for asbestos-related diseases? Or will, for example, N.Y. State Workers' Compensation Law's 18 year statute of limitations preclude coverage?
4. The Big Questions: Is this just the tip of the iceberg? Will an "Alert" be required for benzene, arsenic, trichlorethylene and other carcinogenic agents?

The asbestos alert has taken a workplace hazard and made it and the distant possibility that many other workplace hazards major public health hazards to all Americans. OSHA is no longer an isolated issue.

Other Local Union

Hazard Control Guides

Guide # 8 Noise Control Program in a Local Union

Guide # 9 Silicosis and Dust Control Program in a Local Union

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