

WOHRC NEWS

WOMEN'S OCCUPATIONAL HEALTH RESOURCE CENTER

Court Strikes Down Formaldehyde Foam Ban

Consumer, environmental and labor groups continue to press for regulation.

Proponents of formaldehyde regulation suffered a setback in April when a federal appeals court struck down a ban on urea-formaldehyde foam insulation. The Consumer Product Safety Commission banned the commonly used insulation material a year ago after some 2,100 consumer complaints of health problems associated with the substance. Some complaints came from workers exposed in poorly ventilated offices.

The CPSC is asking the court to rehear the case.

Formaldehyde linked with ills

Formaldehyde has been linked in humans with nausea, headaches, dizziness, respiratory ailments, bloody noses, and eye and skin irritations. It has caused cancer in laboratory animals. Trade unions, including the United Automobile Workers, are still suing the Occupational Safety and Health Administration for stricter controls on workplace exposure, and the Natural Resources Defense Council is moving to sue the Environmental Protection Agency for action under the Toxic Substances Control Act.

The court's ruling was considered a victory for the formaldehyde industry, which brought the case to court.

In striking down the ban, the U.S. Court of Appeals for the Fifth Circuit in New Orleans, Louisiana, said that the Consumer Product Safety Commission had failed to produce "the substantial evidence necessary" to prove that the foam is a health hazard. The three-judge panel, whose decision was unanimous, commented, "We are not unmindful that regulating in the face of scientific uncertainty, within ever-tightening budget constraints, presents the Consumer Product

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Skyworks

Women office workers, facing the transformation of their jobs by automation, talk about their frustrations and hopes in "Good Monday Morning." (Page 6)

Delegates from Five Continents Discuss Health Problems Arising from Women's Work

In most countries of the world, women's work and the health problems that result from it are remarkably similar. This was the message that emerged from an extraordinary conference of researchers and trade unionists from five continents that met in Montreal in May.

The conference, *Working Conditions and Women's Health*, drew delegates from Belgium, Brazil, Canada, Colombia, Finland, France, Guatemala, Italy, Japan, Nicaragua, the Philippines, Senegal, Switzerland, Thailand, Upper Volta, the Union of South Africa and the United States. They described not only work-related problems but collaborative projects designed to ameliorate them.

The conference was organized by the Women's Committee of the *Confédération*

des Syndicats Nationaux (CSN), the Quebec-based labor federation, and held at the University of Quebec May 15-21.

On all five continents, the greatest number of women work in services, offices, hospitals, hotels, stores, domestic service and certain manufacturing industries such as clothing, textiles and electronic assembly, the conference was told.

In Third World countries many women also work in agriculture, although their work is frequently not recognized because they labor as part of a family unit. There is a similar non-recognition problem among farm women in industrialized countries, it was reported.

A particular danger faced by Third World Workers brought out at the con-

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9 to 5 Starts Nationwide Drive For VDT Research and Action

A nationwide campaign to encourage education and action on health risks to women working with video display terminals was announced in May by 9 to 5, the National Association of Working Women.

Although research on the health hazards of VDTs is still incomplete, said 9 to 5 President Karen Nussbaum, the organization is deeply concerned about possible links between documented complaints of neck and back pain, stress, fatigue and eye strain, as well as possible links between VDTs, radiation and reproductive problems.

The 9 to 5 campaign includes:

- Establishment of a hotline to gather more information about pregnancy problems that may be associated with VDTs. "At present, no central clearinghouse exists for tracking, identifying, reporting and confirming" anecdotal reports of these problems, explained the organization. "We need people to share their experiences with us." The hotline will also answer questions from the public about VDT problems.
- Publication of a technical memoran-

dum on VDT risks which discusses the organization's concern about ionizing and nonionizing radiation and reproductive problems. This includes a report on the state of current research and thinking about VDTs and reproduction and examples of possible protective measures. (This can be ordered from 9 to 5, and costs \$5 for members, \$6.50 for non-members, \$10 for institutions.)

- Publication of a report on the recent 9 to 5 conference, "Office Automation: Jekyll or Hyde?" which was the first international conference to include the perspective of office workers along with manufacturers, employers, unions, the international scientific community and public policy makers (\$12.95 for non-members).
- Establishment of a Bill of Rights for the Safe Use of VDTs which recommends:
 - the right to temporary transfer during pregnancy without loss of pay, seniority or benefits;
 - inexpensive metal shielding on all VDTs to block radiation emission;
 - a minimum rest break of 15 min-

utes for every two hours of VDT work or every one hour of intensive VDT work;

— continuous use of VDTs for no more than four hours a day;

— equipment of all VDTs with glare reduction devices and adjustable screens and keyboards;

— lighting, furniture and work environments designed for worker comfort and safety;

— periodic testing of VDTs for low-level radiation emissions;

— further research into all potential health hazards of VDTs.

The campaign also includes reissue of other 9 to 5 materials such as *The Human Factor*, a guide showing comparative safety and user comfort of automated word processors (\$1.50 for individuals, \$5 for institutions).

To order any of the above materials, write to 9 to 5, National Association of Working Women, 1224 Huron Road, Cleveland, Ohio 44115. □

The 9 to 5 hotline number is 1-800-521-VDTs. In Ohio call 1-800-522-VDTs.

State Legislatures Consider Ten VDT Bills

Ten pieces of state VDT legislation have been considered by or introduced before state legislatures this year.

In May, the Connecticut State Senate passed a bill that would require state legislative and technical bodies to study whether use of the terminals causes any eye disorders, unusual ocular or musculoskeletal fatigue, or "whether ionizing or nonionizing radiation is emitted by video display equipment and how the levels of any such emissions compare with normal background radiation, other common sources of radiation, and standards promulgated by the United States Department of Health and Human Services."

The bill, which would require a report on the study by next February 23, had been sent to the State Assembly as we went to press.

A bill now before the Oregon State Legislature would require employers to offer alternative work to pregnant women who requested it. The Oregon bill would also require employers to ensure adequate lighting, furniture and terminal design, pay for annual eye examinations,

provide semiannual terminal maintenance, inform workers of potential health hazards associated with VDTs and provide 30-minute rest breaks after two hours of VDT work.

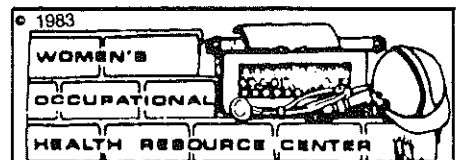
A Massachusetts bill would order a legislative committee to study VDT hazards and draft legislation if necessary.

The state of Washington was reported planning to form a committee to place rules governing VDT use in the state's administrative code. Illinois and Maine still had bills under active consideration, while hearings on possible legislation were held in New York. (See WOHR NEWS, April/May 1983.)

Some of the bills before the legislatures had already been weakened or rewritten because of strong opposition from employers. The Massachusetts and Connecticut "study" bills were both substitutes for regulatory legislation that had been introduced earlier.

Opposition was reported widespread throughout Massachusetts banks, travel agencies, insurance companies, hospitals and publishing houses.

A full list of the ten pieces of legislation under consideration this spring appeared in the April 1983 issue of *Microwave News*, a publication which reports monthly on nonionizing radiation issues. □



WOHRC STAFF

Barbara Aufiero, MPH
Eugenia Donahue
Mary Sue Henifin, MPH
Susan Klitzman, MPH
Amy Pretel
Amy Rosenberg
Barry Snow, Ph.D.
Katherine Warren

Executive Director

Jeanne M. Stellman, Ph.D.

Editor

Naomi Barko

(Subscription information on page 6.)

WOHRC FACT SHEET

WOMEN'S OCCUPATIONAL HEALTH RESOURCE CENTER



What Causes Workplace Accidents?

Workplace accidents result in the death or disablement of tens of thousands of U.S. workers annually. The National Safety Council reports that in 1980 alone they accounted for 245 million lost work days at a cost of more than \$30 billion. Great as these figures are, however, they cannot measure the pain and suffering caused to workers and their families.

It is only recently that we have come to understand the real reasons for most workplace accidents. Many myths still prevail. Accidents do not "just happen" — nor do they happen to some equally mythical "accident-prone worker." Every single research attempt to identify the

characteristics of such a worker has failed. The most that can be said about accident-proneness is that if there is such a thing, it is a temporary characteristic due to transient external or internal causes.

Accidents really happen, say researchers, because of certain dangerous factors in the workplace. National workplace accident statistics dropped almost 20 percent in 1972-80, the years after which the U.S. Occupational Safety and Health Administration was formed and mandated new safety standards. This would seem to prove that only by recognizing and rectifying the source of accidents can we begin to prevent them.

Women and accidents

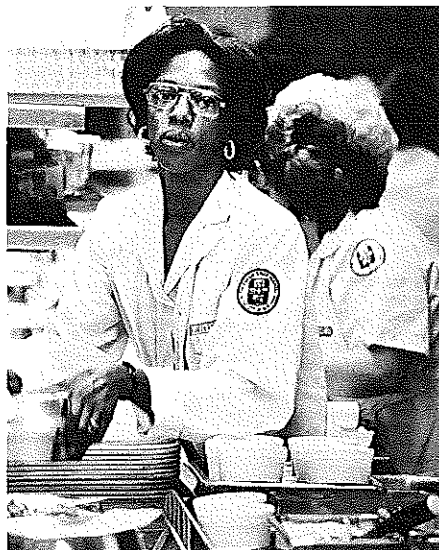
Although women seem to suffer from fewer workplace injuries than men, the difference in accident rates is due to the fact that most women still work in less hazardous industries. In every instance so far examined by experts, men and women employed in the same jobs have comparable rates of injuries.

It has also been noted that younger workers have higher accident rates than older workers. But the decisive factor here turns out to be inexperience. One Bureau of Labor Statistics study found that among men, more than 30 percent of all injuries take place within the first six months of service, regardless of age. Other studies have come up with similar figures.

Speed, fatigue and safety

Production demands and resultant speed of work has a major influence on work injury. Workers under pressure tend to have a greater number of accidents and have less time to take the precautions necessary to reduce them. The best-known study of the relationship between production demands and accidents involved 5,000 Swedish iron miners who won a fixed salary in place of the piece rate system that previously determined their wages. The resulting drop in both incidence and severity of injuries was dramatic: severe accidents dropped by over 80 percent within two years.

While no study has directly related fatigue to increased accidents, many investigators have noted that accidents vary in frequency depending on time of day, day of week, and time of year. In



Hospital kitchen workers tend to have disproportionately high accident rates.

general, accidents in the morning peak between 10:30 and the lunch break. In the afternoon they tend to peak midway between lunch and the end of the shift. These fluctuations are thought to occur from a combination of fatigue, boredom, hunger and changing work conditions.

Toxic chemicals, noise and temperature

Toxic substances, such as lead, and excessive heat, cold and noise may also be responsible for higher accident rates. One investigation of workers exposed to lead showed that they had decreased capacity to perform neuro-muscular tasks and suffered a decline in hearing acuity.

Similarly, a group of workers exposed to mercury had frequent arm tremors and fumbling movements in hand coordination when compared to a control group. Their coordination improved when they were removed from the mercury. Exposure to anesthetic gases at levels commonly found in hospital operating rooms has been shown to affect short term memory, visual perception and reaction time when performing a combined audio-visual task.

Worker efficiency decreases markedly with increased heat and cold. One study noted a 25 percent accident increase with every 5 degrees Fahrenheit rise or fall from an optimal temperature, mediated by humidity, airflow and acclimatization.

Safety campaigns

Posters exhorting workers to "think safety" and other such general safety campaigns conducted by many companies have proved to have little effect in reducing accidents. However, campaigns that point up specific workplace actions that are safe or unsafe, can be effective.

More valuable than either is pre-placement training for new workers or workers assigned to new jobs. Accident statistics show a significant reduction in the period following placement when such training is provided.

Accidents in the health care industry

The National Safety Council estimates that the injury rate among hospital workers is twice that of employees in other service industries.

One major medical center recently

reported that nurses accounted for 60 percent of reported accidents, although they represented only 33 percent of the workforce. Kitchen workers, who accounted for only 10 percent of the workforce, had 19 percent of the accidents.

Needlestick wounds, one of the most under-reported of hospital accidents, are particularly important to note. Often occurring when a drug is administered, when blood is drawn or when a needle has been carelessly tossed in with bedding or other disposables, they can provide an entry for infections. They are believed to be a prime means of entry of hepatitis-B, a serious, chronic disease prevalent among hospital workers.

All needlestick wounds should be cleaned immediately and the worker's immune status for hepatitis-B and tetanus should be checked. If the wound is incurred in treating a patient, note must also be taken of the patient's condition and health history.

Back injuries are the leading cause of lost work time in hospitals, as they are in other industries. Most seem to be caused by lifting patients without proper aid. Mechanical hoists and team lifting can prevent these injuries. Also useful are frequent and repeated employee training in good lifting techniques and exercises to keep back muscles in shape.

Dangerous chemicals, electrical hazards and violence against staff by both institutionalized patients and intruders are other problems confronting health care workers. Staff training in handling chemicals and electric wiring is needed, as are eye-wash stations, chemical showers, exhaust fume hoods, safety warning signs, non-slip floors and similar equipment.

Safeguarding staff security is particularly difficult, especially when work is done late at night or in high-crime neighborhoods. In addition to security guards, high-intensity lighting in parking lots, tunnels and stairwells is a good measure. In some cases, it may be a wise precaution for night workers to leave the premises in teams rather than singly.

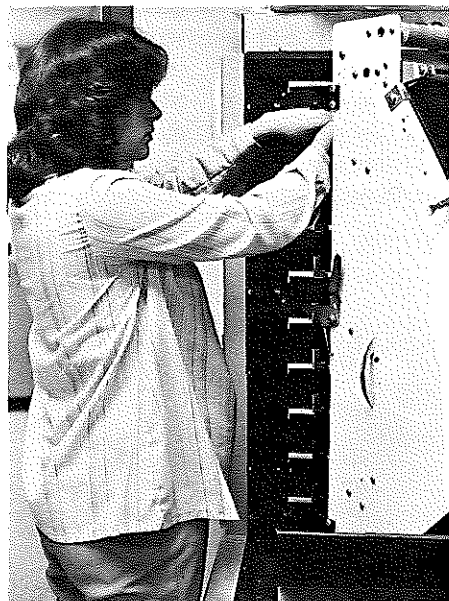
Fitting the workplace to the worker

Poorly designed, uncomfortable or unpleasant equipment and furnishings can be a source of health hazards on the job.

Poor working postures, such as assembling machine parts at a table that is too high, can lead to spinal disorders and muscle fatigue. A posturally stressed worker may develop chronic backache. Other muscles, joints, tendons and nerves

in the arms, pelvis, legs, neck and trunk can also be fatigued or injured by incorrectly designed work environments.

Even an ideal posture can cause muscle and skeletal "loading" if it has to be maintained for too long. The human body is designed to move, and jobs must be designed to provide the opportunity to do so. A machine like a video display terminal (VDT) which requires the operator to constantly look at the screen will unduly tire the neck and eye muscles. Job rotations and breaks are necessary, as is an adjustable VDT screen which permits the operator to change position.



Workers often are not properly trained in operating or repairing office machines.

Finding a chair that fits the body properly, leaning how to lift heavy loads and knowing what kind of tools to use and how to use them are all important considerations for preventing a host of aches, pains and more serious, crippling conditions.

Safety in the office

Many hazards are presented by the new open-plan design that has been adopted by half of all North American offices. Unfortunately in many of these, user safety and comfort has been subordinated to style and appearance. Movable partitions are inadequately secured and easily knocked over. When workstations are moved from one part of the floor to the other, extension cords may be employed to reach telephone and electrical outlets. It becomes all too easy to trip over these cords, and if improperly grounded, they may even cause electric shocks.

The open-plan office can easily become overcrowded. As more workers are crammed in, work stations may be set up where there is inadequate ventilation, lighting and space, all of which are invitations to accidents. Additional problems arise when new office machines are bought, but workers are often not properly trained in how to operate or repair them in emergencies. The monotony of many new office jobs due to these machines may also cause drowsiness and lack of attention to surroundings — two factors that have been linked with increased accidents.

Finally, the danger posed by fire becomes more intense in offices constructed without walls or openable windows. This hazard is made still worse by building and furniture materials made of hi-polymer plastics which, when burnt, can emit suffocating fumes.

In short, only when safety is built into workplace and job design, and when workers in all settings are properly trained for their jobs, will accidents be significantly reduced.

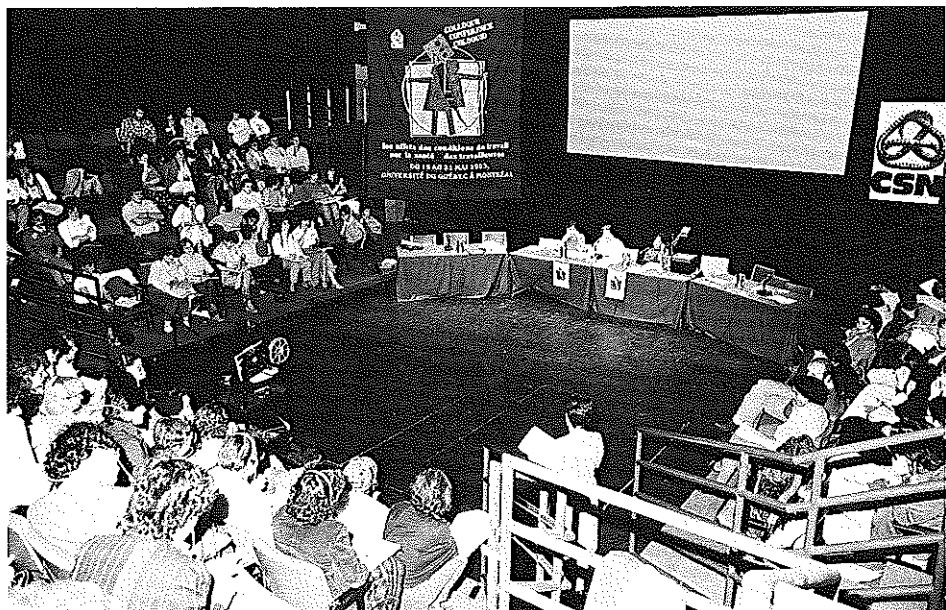
*This fact sheet is adapted from the special safety issue of **Occupational Health Nurse**, October 1982, which was edited by WOHR Director Dr. Jeanne Stelman with contributions by WOHR staff and Dr. Stephen Zoloth and David Michaels, MPH, of Montefiore Hospital.*

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**Women's Occupational Health
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Conference (cont'd)



Conferees from more than seventeen countries met at the University of Quebec.

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ference is the export to them of hazardous substances that have often been outlawed in more industrialized countries. Delegates from Nicaragua said that DDT, banned in the U.S., had been sent to their country and is still used on a wide scale.

Most women's jobs require them to stand or sit without moving for long periods of time, the conference heard. Most require high speed; piece work in the clothing industry is the practice in almost every country in the world, and public service jobs everywhere are understaffed. This, plus the fact that most women do work that requires precision, causes a high degree of mental stress.

Most work a long day

In addition, it was reported, most women work a very long day, since the majority have to do housework and child care as well as their paid jobs. In Third World countries, even paid work involves long hours. Seamstresses in Thailand can work 18-hour days. In South Africa, almost all domestic workers have a seven-day week; one-third get a week or less of annual vacation.

In addition to these special problems, noted conference delegates, women face the same environmental hazards as men on many jobs: dust, heat and noise in the textile industry, radiation and carcinogenic chemicals in hospitals, and air pol-

lution in offices.

In the research projects, special efforts were made to involve the workers so as to include their first-hand knowledge of their conditions. A French study, for instance, was undertaken at the request of women members of the Federation of Clothing, Leather and Textile Workers who wanted to find out why they had nervous attacks in the factory and why they felt physically exhausted even when doing simple work in sitting positions in relatively clean plants. By interviewing workers and consulting with the union, the researchers found that the health problems were due to the fact that the work is repetitive, fast, monotonous and uninteresting — all of which factors cause stress. Combined with immobile posture in a sitting position that always involves the same muscles, these factors also result in great physical fatigue, "wearing down women before their time." Many of the workers described had to quit by the time they were 25 years old, it was discovered.

The majority of Thai textile workers and almost half of those in Japan work standing up all the time, and many have sleep problems caused by shift work, reported delegates from those countries.

Barbara Aufiero of WOHRC staff reported on the studies done in cooperation with District 1199 of the National Union of Hospital and Health Care

Employees which found high rates of several kinds of cancer among nurses and hospital workers. (See WOHRC NEWS, September 1982.)

For further information about the conference, write to Women's Committee, Confederation des Syndicats Nationaux, 1601 avenue de Lorimier, Montreal, Quebec H2K 4M5.

BOOKS

Fear at Work: Job Blackmail, Labor and the Environment, by Richard Kazia and Richard L. Grossman. 273 pp. New York: Pilgrim Press, 1982. \$10.95

by Barbara Aufiero

Fear at Work is a documented account of the persistent quandary many workers face: choosing between their jobs or a hazard-free workplace and environment. The necessity for the choice is what the authors call "job blackmail," the threat of losing jobs through layoffs, plant closings or relocations. These threats are used, they say, to turn workers against environmentalists.

In one example they cite, copper smelter workers in a small company town in Montana were told by employers that their plant was closing because it could not afford to install air pollution control technology required by the Clean Air Act Amendments of 1976. Kazia and Grossman demonstrate that the blame was placed on environmental regulation in order to cover up the actual reason for the closing — relocation to an unionized area.

The authors maintain that similar rhetoric is frequently used to obstruct the passage of regulatory legislation. As an example, they cite the aborted 1976 initiative that would have authorized California authorities to police the nuclear industry for hazardous working conditions. This was also defeated by industry threats of closing — threats so effective that labor joined with management in working against the initiative.

The authors argue that not only is the choice between jobs and safety unnecessary, but that safety measures can result in economic benefits. This occurred in the textile industry when machinery used to reduce cotton dust improved the industry's output.

This book will offer encouragement, inspiration and, perhaps, tactical suggestions to those fighting for a safe and healthy workplace. □

Office Workers Portray Themselves in New Play

More pungent than all the articles about problems of office workers are the words of the women themselves as they talk about their jobs. Playwright Barbara Garson has captured their feelings with gusto, poignancy and humor in a new play, *The Department*, which was performed at the Theater for the New City in New York April 21-May 15.

Garson developed her script through workshops at which New York City clericals made the comments and related the anecdotes incorporated into the play. Four of the clerical workers were included in the cast, some in major roles, along with professional actors.

The story is about a backwater department in a large bank that is being automated. As two executives feud over whose automation plan should be adopted, one "Tootsie"-like, disguises himself as a woman so that he can really get to find out what happens in the department. ("I wouldn't dream of giving that job to a man. Do you know what it pays?" says the bank's personnel officer when he tries to get the job as a male.)

Amidst the Chaplinesque events that follow, the real office workers talk among themselves about how they got to the dismal department, and discover they are all being punished for some previous show of independence — except for the

Our apologies for the lateness of this issue of WOHRC News. The delay was due to printing problems.

one black worker who says that for her the job is a "promotion." Although the tone of the play is comic, her moving speech about her previous job in which she worked in a "big cage" punching a keypunch machine in deadening monotony all day is a high point of the performance.

The Department was sponsored by Women Office Workers' Research & Education Project, Inc., 680 Lexington Avenue, New York, N.Y. □

Good Monday Morning, A Film About Worklife and the Women Who Live It, by Laura Sky. 30 minutes, 16mm, color. Rental \$50 plus \$7 handling, purchase \$500 plus \$7 handling.

Actual women office workers are the "stars" of this film about the new office automation. They include Debra, who had high ambitions and is now taking staples out of papers eight hours a day; Pauline, a single mother; Helen, who worries about the perils VDTs may hold for her unborn child; and Barb, who says, "Half an hour passes and it's like being in a coma. You've done all this work and don't remember anything. It goes straight from your eyes to your fingers and doesn't go through your brain."

The mood of the film, however, is upbeat as it tells about the women working together in their union to change conditions. *Good Monday Morning* was produced for the Canadian National Union of Provincial Government Employees. Filmmaker Laura Sky, now working as an independent, is a former regional

director of the Canadian National Film Board, and has shown her documentaries at film festivals throughout the world.

To order these films write to Skyworks, P.O. Box 315, Franklin Lakes, N.J. 07417. Skyworks' Canadian address is 566 Palmerston Ave., Toronto, Ontario M6G 2P7.

Formaldehyde continued from page 1

Safety Commission with a difficult task." However, it accused the agency of using data selectively, and said that the complaints were not sufficiently supported with formaldehyde readings or research.

The *Washington Post*, in reporting the ruling, noted that the commission's 1982 "4-to-1 decision to ban future sales of formaldehyde was considered a highly unusual step... under the leadership of Chairman Nancy Harvey Steorts, a Reagan appointee who frequently has voiced strong opposition to mandatory standards and bans, preferring voluntary industry programs instead."

Consumer, labor and environmental groups meanwhile said they would continue to press for formaldehyde regulation.

Formaldehyde foam insulation had been banned in Canada, Massachusetts, Connecticut and the city of Cincinnati before the CPSC action. □

This material has been funded in whole or in part with Federal funds from the Occupational Safety and Health Administration, U.S. Department of Labor, under grant number USDLE9F3D375. These materials do not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

Columbia University
WOMEN'S OCCUPATIONAL HEALTH
RESOURCE CENTER
School of Public Health
21 Audubon Ave., 3rd floor
New York, New York 10032
Telephone: (212) 694-3737

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