THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

TOWN HALL MEETING

NORA

NATIONAL OCCUPATIONAL

RESEARCH AGENDA

The verbatim transcript of the Town Hall Meeting of the National Occupational Research Agenda held in Los Angeles, California, on February 21, 2006.

C O N T E N T S

February 21, 2006

TRANSCRIPT LEGEND

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-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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P R O C E E D I N G S

(9:15 a.m.)

OPENING REMARKS

DR. HINDS: Good morning. It's time to get started here. Okay. Good morning. I'm Bill Hinds. I'm the Director of the Southern California NIOSH ERC and I want to welcome you to this NORA town hall meeting.

NORA stands for National Occupational Research Agenda, and it is the framework that defines our priority areas for research in the field of occupational health.

This meeting is part of a process to set the research agenda for the next decade. It's -- actually this meeting is one of 13 meetings being held around the country to provide opportunity for all stakeholders to give input into this priority-setting process. And these meetings will culminate in a NORA symposium in Washington, D.C. in April -- in mid-April.

As I mentioned, I'm the Director of the Southern California NIOSH Education and Research Center or, as we call it, the ERC. It's one of 16 centers of excellence supported by NIOSH. These provide multi-disciplinary research and education in occupational safety

and health. Ours is a consortium between UC Irvine and UCLA. We educate professionals at graduate level in occupational medicine, occupational health nursing, industrial hygiene, occupational safety and ergonomics, and we provide continuing education to professionals in these fields. And the Southern California ERC is pleased to host this important meeting today.

Southern California, as most of you know, is a pretty special place. It has great strengths and great challenges. The economy of southern California is -- is -- increasingly involves the service sector, and the service sector relies heavily on special populations from our communities. So it's fitting that the morning session is devoted in part to special populations in the workforce, and the afternoon sessions are devoted to the service sector.

At this point I would like to introduce the first speaker, Dr. Linda Rosenstock. She is Dean of the UCLA School of Public Health, a professor of environmental health sciences in the School of Public Health, and a professor of medicine in the School of Medicine at UCLA.

She has for many years been active, both nationally and internationally, in teaching and research in occupational and environmental health.

But before coming to UCLA she was Director of NIOSH. That's the National Institute of (sic) Occupational Safety and Health, and that was from 1994 to 2000. And I guess I should point out that NIOSH is the only federal agency with a mandate to conduct research and do preventive activities in the occupational safety and health area. So during her tenure as Director of NIOSH, she was a prime mover in creating the current NORA priorities. And actually in recognition of her efforts, Dr. Rosenstock was awarded the Presidential Distinguished Executive Rank award. That's the highest award for executive service in the U.S. government. And so with that, I'll turn it over to our award-winning Dean.

DR. ROSENSTOCK: Thank you, Bill, and I know a number of you not only know NIOSH well, but it's been a pleasure to be here and reacquaint with so many good friends and colleagues, both from within NIOSH and from outside. And for

those who didn't know it, I hope the introduction from Bill was helpful.

I'm actually here playing one main role, but because, as identified as having had the opportunity to be Director of NIOSH when NORA was created, will indulge my welcome by a few extra minutes to reflect on that. I'm really here to welcome you on behalf of UCLA and the UCLA School of Public Health. It's a pleasure to be hosting this important town meeting, and it's certainly a pleasure for me personally to see NORA come of age. I mean ten may not seem of age to some, but I think, as we reflect on things, the fact that NORA has been as successful as it has been and is now looking to a future is pretty exciting for any kind of initiative and one in the federal government.

One of the things we learned early on, and I want to reflect that in retrospect we looked smarter than actually we were, and I mean that I personally, in creating the National Occupational Research Agenda. The reality was that in starting there in 1994 it was a feeling that this would be heady days for the agency. And in fact, in 1995, with a change in

Congress, there were a lot of threats on the horizon and in fact, as some of you remember, the agency was slated for elimination. In fact, the -- it was slated for slow death over four years, 25 percent a year, to a final demise -- unlike some other agencies slated for elimination that were slated for sudden death. In fact, we even had a 25 percent cut in our budget in the House as part of the first effort. So what we realized, as inside and outside of the federal agency and those of us committed to furthering occupational safety and health for workers, was that we needed to do something different to respond to that threat. And one of the things we decided to do differently was really to listen very hard to our stakeholders. And when listening hard, involve listening not just to our traditional partners in organized labor, but others in labor as well as industry, academic, other governmental organizations. And in the process of listening, it was actually a person we've still never been able to identify -- I don't know where he was sitting at a table of 25 people -- who said you should do something like

figure out what the country needs for a research agenda; have some process that says it's being determined not just by you, but by others. And that really was the kernel that began the National Occupational Research Agenda.

We did start it by listening to stakeholders we had at that time in the first wave of planning the priorities, 500 individuals and organizations who responded. I'm delighted that, ten years later, with -- and we had three town hall meetings. That seemed ambitious at the time, but NIOSH has never been shy from being more ambitious in looking forward, so having 13 meetings and I understand what might be three times -- 1,500 individuals and organizations giving input, is just a phenomenal testimony to the power of partnership and to the power of success.

One of the ways that I know NORA's been successful is that we now have NORA pins; we didn't have those. I think, to my knowledge, the one negative about NORA was we -- I know NORA came out about -- a little less than a year after my second son was born, and I was

glad he was a boy, mostly because I wouldn't have to think about naming him Nora. But we made a pledge among people -- NORA had taken over so much that I don't think any of us ever thought we'd use Nora as a name of a child again. It got to take on a life of its own as a very different kind of child. I won't even bore you with the iterations of the names that NORA went on before we finally hit on NORA. We did have NRA at one point and we thought that was not a good acronym. So as I said, we learned by work -- it was the National Research Agenda, we thought -- nah, I don't think so, and so it a -- true, Max? Right.

So anyway, the -- I think the main success of NORA is not only that it lives on, but that really perhaps at the beginning it was more we should listen and should appear to listen, but the reality soon took over that the partnership and the involvement of stakeholders was very genuine. It really changed how we did business in I think the most positive of ways, and I think that's recognized now throughout government. NORA was award-winning. It was a semi-finalist in the coveted Ford

Foundation/Harvard/Kennedy Government Awards honors. A NORA off-shoot, the Asphalt Partnership, was actually a finalist, one of the top 25 of thousands of applications, as just some evidence of the success. I think, importantly, it was successful, in addition to the reality of the partnership and working together differently, by leveraging resources. So this -- NORA was started before the NIH doubling phase, or just as it was beginning. And in fact, I think we were able to take advantage of that and continue to by being able to get the deeper pocket of the NIH contribute some of its resources to match some of NIOSH's more limited resources. And that -- that initiative I think is a model for others and needs to be one that's exploited. And I know we have all been able to watch the extraordinary work of the workgroups and the seminal papers and contributions that have come out of it.

So as one of NORA's many mothers, I'm here with a great deal of pride about what's been accomplished, and it's a pleasure to have you here to usher in a bigger, better, undoubtedly

different NORA in the next phase. Welcome.

DR. LUM: Thank you, Linda. I'm Max Lum. I'm the communication director at NIOSH. Linda coaxed me from a comfortable job in Atlanta to come to NIOSH ten years ago and take on the communication job, and it's a pleasure to be here. It's a pleasure to also welcome you to this town hall meeting.

But Linda's very modest about this. She was the mother of NORA, and I think -- whatever that means -- it was her idea. It was at a meeting. It was a strategic decision I think based on the need to develop a framework for the Institute to set forward its research agenda, and that's basically what has happened in the last ten years.

As a part of that effort, we began a series of town hall meetings. We did have three of those. We're doing 13 this time around, and I think this is number seven -- it feels like number ten, I think, sort of at the end, but this is number seven. And we're learning a lot at the town hall meetings. Basically we're here listening. You won't hear very much from us today. You will hear from Sid Soderholm,

our new NORA coordinator, about the structure of NORA, what the differences are, what we hope to accomplish in the next ten years. But we're really here to hear from you, and your concerns, your issues, your problems.

What we hear will be put into a docket, into a formal docket. It becomes a very transparent document. It goes up on our web site, and it will be used for planning the next ten years of our research agenda.

We particularly want to thank the folks on the ground here who have helped set up the meeting -- Cass Ben-Levi, Bill Hinds, Linda Delp -- Linda's been absolutely great, beyond just providing lists of people that we should invite, real hands-on help in getting folks to this meeting. And that's, I think, characteristic of NIOSH's partners, really kind of rolling up our sleeves and getting on with the job. And I think that's the test for NORA. What does it all mean and where will we be in ten years. It's going to look quite different, I think, the research agenda coming up for -- for the Institute.

Also, the other point I think also Linda

mentioned was that NORA is more than just the Institute's research agenda. It's the National Occupational Research Agenda. It really is the agenda for the nation in terms of workplace safety and health. And as that -- and in following that idea, I think NORA has been instrumental in leveraging resources from other federal agencies and from other sources. And I think that's one of the strengths.

You know, NIOSH is a very small organization within the Center for Disease Control and Prevention. It's not part of NIH. It isn't what I'd -- I think is a deep-pockets research agency. But we are able to, with the help of our partners, with the help of you, really, is to leverage what -- what we need in terms of our resources, both human, political resources to -- to move forward.

So I think, again, we're very happy to be here. We are hearing a lot of interesting comments from the public in these meetings. We're hearing -- College Park, Maryland we heard a great deal about more and easier ways to assess and access information on NIOSH's web page. We need more information, easier and digestible,

to provide to the public and to folks that are working with workers and employers. We heard that strong.

We're hearing a lot about nanotechnology, the importance of workplace safety and health issues and nanotechnology. We were here earlier for a meeting with the laborers international union. We did a focus group with them downtown L.A., and they were just kind of pounding on us for more information about what they call demolition construction. To me, it should be demolition -- you know, deconstruction, but it's the -- the lack of guidelines and the injuries that they're sustaining. I think a lot of that has to do with rehab injuries in the Katrina and these emergencies that we've faced recently. But again, that's a fairly new issue. We're going to take that on and take a seriously -- serious look about what we can do now in that area. So we're hearing an awful lot of good stories from folks who have obviously spent a lot of time and effort in presenting their information. And I think we want to get to that, and with that I will introduce Sid Soderholm. Sid is

our NORA coordinator. He'll talk a little bit more about the -- the specifics I think of -- of NORA and to fill you in on a little more details. We'll be around today all day. There are NIOSH folks in the audience. Please come up to us. We'd like to chat with you. We hope to see you also in the afternoon if you can stay. And again, it's -- thank you again very much for spending some of your day with us today. Sid?

INTRODUCTION TO RESEARCH AGENDA PROCESS

DR. SODERHOLM: Well, thank you, Max. Let me take a second and see if I can get these slides up here so you can see them. And if I can't, then hopefully at least I can see them so we can -- evidently we didn't get that set up right and so let me just continue.

Very pleased to be here today. My title is NORA coordinator, and I have cards on the back table. If you have any questions about NORA at any time, if you'd like more information, please give me a -- give me a call or send me an e-mail. These days I'm not near my phone very much, but by the end of March I'll -- I'll be hanging around the office a little more than

I am now.

So there are some aspects of NORA that haven't changed from the time period when Dr. Rosenstock and others first set it up. It's always been a national partnership effort to define and conduct priority research, and that hasn't changed. The -- some of the elements of that is that we're -- we're seeking stakeholder input. We're identifying research priorities for the nation. And we're working together to address those priorities and hopefully, as Dr. Rosenstock mentioned, to -- to leverage funds from other agencies, from other organizations, for the occupational safety and health work.

Let me just interrupt.

(Pause)

So what are we doing different in the second decade of NORA? We talked about what's the same. We're focusing on moving research to practice through sector-based partnerships. Even during the first decade of NORA, when -- when NORA first came out, I first really learned about the details through a green* publication, and that publication talked about the 21 priority areas that had been set up,

talked about the process, and in there was -- was a chart and the sectors were listed down the row-- down the columns of the chart and all the cross-sector issues were in the rows. So that matrix is -- is still there. The workers are in sectors, and during the first decade we approached those issues through the rows, through the -- the cross-sector issues -- the noise-induced hearing loss, traumatic injury, work organization issues.

This time we're focusing on sector-based partnerships. And what is this approach? We're going to address the most important issues in each sector, and I'll talk a little bit more later about how we might, you know, think about or formulate those issues.

We're going to have one or more research strategies in each sector. Some of -- NIOSH has taken the North American Industrial Classification System -- which has 20 or 21 sectors defined, and we've grouped some of them -- so we have eight sector groupings. And within these groupings there may be a need to pull some things apart. There may be some parts of these sector groups that are so

different that they need their own research strategy. But one of the things that we're going to do a little differently from the first decade of NORA is our objective -- the research agenda is going to be a set of research strategies for -- one for each sector or for subsectors of those sectors. These research strategies will have a lot of detail in them, they -- and I'll talk about that in a minute. The cross-sector needs, as I said, aren't going to get lost. The cross-sector needs are still there. Injuries still occur in a lot of sectors. MSD problems occur in a lot of sectors. So it's not that we're abandoning all these issues, but we're just taking the focus through the sectors.

Why -- why do we think this is going to be helpful? Well, workplaces are organized by sectors. And even though many issues cross sectors, there are many issues -- many sectors have -- have specific issues that are their top issues, so research needs do differ by sectors. We think that the sector focus will really help us concentrate on and focus on setting research goals within a sector, having objectives,

having intermediate goals to -- that -- the accomplishment of those intermediate goals will -- will lead to the accomplishment of the overall strategic goal, and the results. We particularly think that the results, with having the sector identification, the sector partners involved from the beginning to plan the research, help conduct the research, that we'll then have the people at hand who will understand the results, who will take those results, will know how they should be used and can use their communication systems, their sector-based organizations to have those results be put into practice and to have a difference in the -- in the workplace.

We think the sector-based approach will bring us new partnerships that we need to accomplish this. And we think it's going to be an efficient approach to eliminating the worst of the occupational safety and health problems we have.

(Pause)

This slide actually lists in abbreviations the eight sector groupings, and we are actually over on the right-hand side. We're focusing on

services this afternoon. The service sector is a very large sector and after lunch Dave Utterback will tell us some about this sector and some of what we already know many of the issues are in that sector. But you can see the -- the other sector groups that are here. Each of these eight sector groups will have a research council. Following the pattern of the first decade of NORA, the research councils will be co-led by one person inside NIOSH and one stakeholder, one person outside of NIOSH, because this is a research agenda for the nation; it's not for NIOSH. NIOSH will use the research agenda, too, but many other organizations will.

These research councils will have maybe a third of their members NIOSH people, I'm guessing, and they will be quite diverse. I'll talk about that a little bit in a minute. The cross-sector research council is kind of the executive board for the eight sector research councils. The cross-sector council will consist of the two leaders of each of the eight research councils, so it'll be that core group of 16. And the cross-sector research council

will really be helping to make sure that things move forward, that issues that are coming up across sectors are being dealt with, to the extent they need to be, in a consistent way, in a way that won't be confusing when people move among sectors, and will make sure that the infrastructure is in place to support the work of the research councils.

The NIOSH role really is to provide the stewardship and the infrastructure so the cross-sector research council will be giving NIOSH ideas about infrastructural needs, and also other partners, things that can be done to support the research councils.

So we think these research councils will lead to very robust strategies because they're going to have a broad base of participation and input. The initial work of each of the research councils starts with the inputs. Front and center is the stakeholder input from these meetings, and I'll talk a little bit more about what's going to happen with the comments that you put here -- that you give verbally here or might enter through the web site. But beyond that, of course, the members will have

their own expertise and so they will bring that to the table, and of course we do have -- we're not working in a vacuum. We have people that have worked very hard to provide surveillance data, to provide information about the issues among American workers. So all of these will be melded in a priority-setting process in the research council.

And then the research council will come up with a draft research strategy, a strategy that has strategic goals for the really big problems and what needs to be done. The intermediate goals -- success in meeting the intermediate goals will lead to success in accomplishing the strategic goal, and plans for implementing this -- how will the research be done, who are the partners, where will be funds come from to do this.

So -- and this draft research strategy will not be set in stone at that point. It'll be a dynamic document for each of these sectors or subsectors, but it'll be put up on the web site. It'll be very -- transparent process, and we will be inviting comments on these research strategies, so there may need to be

some refinement. So it's -- it's meant to be a process that has the input from the nation and the output is -- is priority-setting for the nation.

So why are we here and how can you be involved? Well, your input, whether entered through the web site or through -- through the comments here, will end up in the docket. Now Christy Forrester here in the second row is actually going to take the transcript that Ray is providing and will parse that and enter it -- actually enter it into the web site in the same way that other people can enter comments into the web site. What this does is it makes an initial categorization according to one of the ten major categories, the eight cross-sect-- or the eight sector research areas plus a cross-sector area plus comments on the process. These comments will then go into the docket that is actually a set of files maintained in Cincinnati, electronically and on paper, and they're available. They can be viewed on the web site. The comments that are put in through the web site can be viewed on the web site. If you go to the link that's listed and go to the

input page, you'll see to the left of each box a link that says view comments by others. It's a rather unassuming little link. There's ten of them on that page, one for each box. But there's actually a wealth of information behind that link. If you look at that you'll see everything that's been put in -- into the docket in that area, so it's quite fascinating reading.

The information can also be put in -- if you have graphs or other information that is more complex than entering text, if you go to the web site there it'll tell you where to e-mail that. And of course there's an address if you want to mail a hard copy.

This information in the docket will be provided to the NORA sector research councils. They'll get every word. They'll get all the individual comments. But clearly we need to give them a road map, so we'll be doing some categorization, not only by the eight sectors, but -- say if the people in construction, there's maybe a workgroup that feels noise-induced hearing loss is an issue and that workgroup wants to -- it's time for them to

review the stakeholder input to see what the -- what do they call it, the wisdom of the crowd? -- has offered as opposed to what's just sitting around the table, then we will have it organized so they can go in and pull out those comments, they can read those comments on noise-induced hearing loss in construction, as an example.

The NORA docket, the information in there, will also be outlined at the NORA symposium that will be held in Washington, D.C. April. It's a good time to register now. Actually the early registration ends March 1st so it gets a little more expensive on March 2nd. The web site is listed there. Part of the symposium will be a celebration of the first decade of NORA, and part of it will be kicking off the next decade of NORA. And particularly on the last day, we're going to have a set of workshops. We're going to have eight workshops, one for each sector. We expect to do some multi-voting and actually get some of -- some initial indication from those who are at the workshop what they think the highest priorities are in each of those eight sectors.

In addition, we're going to have eight cross-sector workshops. It's already clear what some of the most popular cross-cutting issues are, and so we've listed a few of them on the web site, but the rest will be chosen based on the input, based on the information that is received in these town hall meetings. So at these workshops they'll have heard what the priorities were in each sector, and in the cross-sector workshops they will be able to start looking at what are the research opportunities, what are the research needs, where are the new partners, how can we move forward effectively.

So the symposium we're expecting to be a very exciting time and I hope you can trek to D.C. and participate in that.

So let's focus a little more about today. So we're here seeking information. This is information being sought for NORA. It's not just for NIOSH. It's going to lead the development of the research strategies.

We're looking for what the top problems are. There are many ways of defining or formulating a response to what are the top problems. We

might be talking about diseases. We might be talking about injuries, exposures, populations at risk, failures of the occupational safety and health system, and there may be other ways to formulate that, but certainly all those are part of the mix of the kinds of things we'd like to hear about -- what are the top issues. What are the top problems.

But also key partnerships. Is your organization willing to partner with researchers, with other researchers, perhaps to work on these high priority issues? If so, we'd like to hear about that. Do you know other organizations that we should be seeking to work with?

And what is the research, what's the new information that's really going to make a difference? If you have ideas about that, we'd love to hear about them.

We're talking about having very brief presentations today. We have a very full schedule, and we're asking people to keep their oral testimony, their verbal comments very brief. We realize that you can only really hit the highlights. We ask that if you've written

out your comments and -- that you're presenting today, or if you have additional information to -- to give them -- if you have only one copy, drop it off at the desk here over with Ray. He'll use it to make sure he's got the spellings and so on right in the transcript, and then he'll send it over to those of us who are -- who will make sure that the written copy is put into the NORA docket. If it's exactly the same thing you said, that's -- that's fine, we'll -- we'll link those or they can be in there twice, for that matter.

If you have additional information that you can provide that isn't -- you really can't get to in five minutes, then please either submit that through the web site or drop that document off with Ray or, if you have more copies, at the front desk -- or with me -- and we'll make sure that gets into the docket, too.

So we're asking the presentations today to be brief and focused, but we know you've got a wealth of information that NORA's going to need in setting the priorities for the nation, and we ask you to share that written information, also.

One final point, we're here to listen. We're all here to listen, and if you hear something you like and there's time -- I hope we'll have time to invite additional comments from the audience even if people haven't signed up ahead of time -- you know, stand up and support. Say -- something that you liked. If you heard something you don't agree with, stand up and offer the -- your opinion that differs. We're here to listen. We're -- there's really no benefit in criticizing what others have said, but let's get everyone's input.

So finally, thank you for coming. Thank you for your -- for your comments to help guide NORA. A few kind of take-home messages: Register for the NIOSH e-news if you haven't. This is an e-mail that comes to your in-box once a month. It's the Sesame Street generation, 100, 200 word summaries of what's going on in NIOSH. Particularly we have a summary of the most recent developments in NORA, so you can follow what's happening with NORA if you just have a couple of minutes a month by -- by looking at the NIOSH e-news. Provide your input at the NORA web site.

Please, as I say, you can e-mail or submit things directly through the web site and we encourage your continuing input.

If you have any questions about anything, there's an e-mail address for me. I also have cards on the table in front. Feel free to contact me and we will try to answer your questions. Sometimes it's a matter of question and response, sometimes it's a question and answer, so we'll do the best we can.

So with that, I believe we're ready to move into the morning session, so I'll get out of the way and turn it over to Cass.

REGIONAL AND LOCAL SESSION: STAKEHOLDER PRESENTATIONS

MS. BEN-LEVI: Good morning. Welcome, I'm Cass Ben-Levi. I'm the Director of Continuing Education at the Southern California Education and Research Center here at UCLA. I'd like to thank you all for being here, thank NIOSH for coming. And in particular I'd like to thank our partners at UCLA LOSH who've been a tremendous help to us in this.

I'll tell you just a little bit about how we're going to organize this. We have three panels on special populations, and so the first three panels that I call up are, for the most part,

going to have special populations as their issue. You'll notice there's a lot of overlap between special populations in the morning and the service sector in the afternoon because they -- they are so inter-related. Then we will have a panel on psychosocial issues in the workplace, and finally we'll have a panel in the morning on the ports and goods transportation.

What I'm going to do is call up five people and ask you to come take these five seats, and then as each one of you will come up to this podium, make your presentation and sit back down, and then the whole panel will leave at once -- with one exception, the first thing on our first panel.

When you're speaking, we know you may be nervous so it's hard to keep track of your time. We have a problem-solver for you right down here. Laurie Caminski is going to be your timekeeper. She will hold up a sign saying one minute, another one saying 30 seconds, and finally she'll say stop -- and hopefully you will take that as a gentle suggestion to really stop, because we've got a lot of people here

and they've taken time out of their busy schedules and they need to be able to move on, as well.

I don't want to take up any more time. Right now I'll call our first panel of five, Maria Elena Durazo, President of UNITE HERE Local 11; Alejandra Domenzain -- I hope I pronounced that right -- Sweatshop Watch; Deanna Stover, Medical Services, City of Los Angeles; Diane Bush, Labor Occupational Health Program; and Michael Marsh, California Rural Legal Assistance -- please come up. And I will leave the podium and one by one you'll come up.

But first I'm going to have Linda Delp, who's the Director of UCLA LOSH, introduce our first panel.

MS. DELP: We wanted to do a very special introduction this morning to Maria Elena Durazo, who is one of the most important local and national labor leaders in the country. She's been a key advocate for workers, in particular women workers, in particular immigrant workers, and she has an extremely busy schedule. She has to leave right after this for an emergency. So I wanted to

introduce her because she -- as one of the people who has worked tirelessly to improve health and safety conditions facing hotel workers, specifically housekeepers, the people that clean our rooms, seemingly magically, when we stay at hotels and who are often invisible in society. And the union has been working very hard to improve the health and safety conditions of those workers and has actually been involved in some unique research approaches to doing that, some of which you'll hear about from other speakers later in the day.

So with that, I'd like to introduce Maria Elena Durazo.

MS. DURAZO: Good morning. I just wanted to share with you a quick story before I get into some other points I want to make. About a year and a half ago -- it's been almost a year, about a year or so ago, we had city-wide hotel negotiations in Los Angeles. And we put many is-- several issues on the table, but we really wanted to narrow down to the most important. And without a doubt, the workload -- especially of housekeepers -- was put on the table as an

issue that had to be addressed. And that is because immediately after September 11th, which we all understand why the hospitality industry really went way down as far as business, that what employers had done across the board, throughout North America, was to take full advantage of the fact that they had to cut staff because business had dropped so dramatically. But as business was picking back up, they were failing to, at the same time, bring the staffing levels back up to correspond with the increased business. And so what was happening throughout hotels, union and non-union, was enormous overload of the work on the housekeepers and other changes. And so we put that on the table for discussion and to make changes in the workload for the housekeepers. And the spokesperson for the hotels made some remark in front of the housekeeping and the other hotel workers negotiating committee, something to the effect of, you know, work isn't that hard for those housekeepers because we have a green program. And because of the green program, you know, their -- their workload is very light, so we see no problem,

period. We don't want to discuss it. That's the end of the conversation.

Well, you can imagine -- if you're a housekeeper -- what their reaction was. They wanted to jump across the table and strangle him. First, it was a "him", who had never made a bed in his life, probably, and had no idea of what he was talking about. So the next negotiations all of the housekeepers in that hotel, plus housekeepers from many other hotels, filled the room because some of them were going to address him. And when he started walking into the room with the rest of management representatives and they saw the room full of housekeepers, they closed the door, left, and they called us saying that they were not going to start negotiations until we emptied out the room of housekeepers.

You know, the -- their unwillingness to even discuss this issue was so offensive to the housekeepers that work so hard every single day that they just couldn't believe that their employers would not even hear them out, would not even listen to them.

That's what's being faced, and there'll be

housekeepers here today who will talk to you more importantly, more directly about what they go through every single day. That's what has moved us, in addition to all of the other working and -- working conditions of housekeepers and other hotel workers in the hospitality industry.

A couple of days ago I found -- something was sent to me or distributed on the internet about an L.A. County Health Department report that had just come out in January. It was talking about how chronic diseases had increased and $48 billion in healthcare costs related to chronic diseases, and one of the points that they're making was that the hardship -- that the greater the economic hardship in a community, the greater the likelihood of the chronic diseases. And it went on about, you know, measured in every -- oh, that was quick -- measured every community and found that, you know, they really needed to make some changes. But the changes that they talked about all had to do with how to live a better lifestyle -- like stop smoking, eat nutritious foods, get regular medical care -- you know, things to do

in the community. But there was probably just one sentence that referred to the hardship. In other words, we ought to do something about the economic hardship of these communities.

Well -- so two sentences on that is not sufficient to address what is going on in our communities. And we have got to be more direct and we invite and join the health and medical professional communities to join with these housekeepers as not only do we address the issues of housekeepers and the workload and the changes in the industry and the hospitality industry with, quote/unquote, heavenly beds and amenities and more mattress -- heavier mattresses and sheets on the -- and the heavier carts, but that we also address the economic conditions of our communities and of those workers.

It's real simple to say we recommend get regular medical healthcare. It's another thing when those workers, low-wage, mostly immigrant workers in these industries, service sector jobs don't make enough even to live outside of poverty, much less buy the health insurance that they need to be able to take care of

themselves and their families.
I want to end -- I've been told to stop, but I want to end by saying we have materials here about a national -- North America campaign called Hotel Workers Rising. It'll be in the back. Invite you to join us. Join those housekeepers. Join those women -- join those women of color 'cause that's who works in these hotels as housekeepers -- as they struggle and they join across North America to say to the hospitality industry employers, you want us to do a good job, then we have to take care of ourselves. We have to be healthy as we do this, not to be pushed out and -- and abandoned when our back hurts, when our shoulders, when our knees, when our elbows, when we can't move anymore, abandon us. So we're creat-- helping to build this movement across North America, not only for hotel workers but all service sector jobs.
Eighty percent of the new jobs in this country are service sector jobs. And housekeepers and hotel workers are going to fight like hell, like manufacturing workers did earlier in the century, to say we want good middle-class jobs

with health insurance to raise our kids, be healthy and have healthy communities.

And I thank you very much for the work that you do. Join with us as we do whatever we have to do to make life and work safe for those housekeepers. Thank you very much.

MS. DOMENZAIN: Hello, my name is Alejandra Domenzain. I'm associate director with Sweatshop Watch, which is the statewide coalition of organizations focused on the rights of low-wage immigrant workers, including garment workers.

So first I think it bears reminding ourselves why focus on immigrant workers. First, when we talk about the future of our workforce, we are talking about immigrant workers. New immigrants contributed at least 60 percent of the growth in the nation's labor force between 2000 and 2004. And in California we know that Latinos alone account for about a third of our workforce. Looking into the future, if we assume immigration levels remain constant, immigrants will account for half of the working-age population growth between 2006 and 2015. And then looking even further into the

future, they'll account for all of the growth between 2016 and 2035. So the health of the immigrant workforce is inseparable from the health of our immigrant workers.

Secondly, occupational safety and health is particularly important for immigrant workers. As Maria mentioned, they're less likely to have health insurance, and less likely to earn a wage that's adequate to have access to medical care. On average, low-wage immigrant worker in the U.S. earns $14,000 a year, which is probably a high estimate. And immigrants are over-represented in industries where there are predatory employers that violate the basic health and safety norms with total impunity.

Lastly, we know immigrant workers are disproportionately injured and killed. The Bureau of Labor Statistics concluded that Latino deaths on the job have been 20 percent higher than for whites or African-Americans.

However, in my remarks I want to focus briefly on statistics from community-based research, closer to the ground, which I think really shows us even more rich details about the situation.

So for example, there was a study from the Korean Immigrant Workers Advocates here in Los Angeles that found 40 percent of Korean workers in garment, restaurant, retail and janitorial jobs had suffered workplace injuries that required medical treatment or resulted in lost work days. Seventy-six percent of these had no health insurance, and up to 75 lacked workers compensation insurance. About 90 percent never received any kind of health and safety training at all.

A UCLA study found that the injury rate among L.A. day laborers involved in construction work was twice the rate for construction workers as a whole. And a recent national study on day laborers found 44 percent were denied food, water and breaks; 20 percent were injured on the job; and more than half did not receive the medical care they needed for an injury.

Lastly, to focus on the garment industry, the Asian Immigrant Worker Advocates in Oakland found that 94 percent of garment worker patients that came to their clinic were experiencing pain severe enough to interfere with their daily activities. And the Garment

Worker Center here in Los Angeles has found 97 percent of garment workers were exposed to concentrated dust and cloth particles, over one-half had experienced needle sticks or worked with pests such as rats and cockroaches, and one-third worked in shops with non-functioning bathrooms.

So in conclusion, I think we need to support these kinds of field-based research projects which are often the only detailed source of information we have on health and safety for low-wage immigrant workers. We also need to evaluate and promote innovative and effective intervention models for dealing with this specific population.

To do this it is essential to involve the community-based organizations that have the trust of immigrant workers and the ability to reach them. To this end I urge NIOSH to explore research models that build on the expertise of worker advocates in the field, to allocate funding for pioneering community-based organizations to document what they are seeing and doing regarding immigrant worker health and safety, and to prioritize this topic in coming

years. Thank you.

MS. STOVER: Good morning. Deanna Stover, and I represent the City of Los Angeles. With approximately 42,000 employees -- and actually it's growing I think day by day, our occupational health department's very busy -- we represent a very cross-section of employees, from recs and parks to firefighters, police officers, veterinary zoos and everything in between. I want to commend NIOSH and NORA for past practices, and I really encourage future endeavors in (unintelligible) research.

With our occupational health division we're very lucky that we have on-site psychologists, physicians and nurses to carry out the duties that we need to take care of our own employees. A major issue of concern to us is workplace violence. We have experienced workplace violence incidence -- if you follow the news -- in the last couple of years. It very much concerns us. I know research has been done over the years on workplace violence, but we still find that it's very critical to look at prevention strategies and implementation plans, specifically to get to the small and large

employers.
Very few of our employees that are actually out in the field have access to computers, so on-line training doesn't seem to be the way to go. They really have to have a handle on the warning signs and reporting mechanisms for workplace violence. Our employees are our number one asset, and we're very concerned about this area, so I would encourage that workplace violence remain at the top of the list for occupational safety and health initiatives and that research continues to grow in this area.
Another area that concerns us is with our commercial driver population, specifically with the area of sleep apnea. We have found just a paucity of research in the area of sleep apnea in applying it to the occupational health or employee population, what current modalities are out there for testing. There's several that we use, like the Inventory of Visual/Auditory Test. We call it the IVA. The TOVAA, which is the Test Of Visual and Auditory Alertness. What is the current mechanisms out there, the equipment out there to actually

assess sleep apnea. How do you apply sleep apnea to your workforce that have commercial drivers. We have firefighters that have sleep apnea. They do 12-hour shifts, 24-hour shifts. Sleep apnea seems to be a field that appears to be, in our arena, under-researched and not funded to really look at the occupational side of the house, so I would like sleep apnea to be considered for the list, as well.

The other issue that I think really, in our arena, the number one of our employees, the largest volume is our police force and our firefighter force. Public safety initiatives need to give their due and need to get attention, as well. We find that medical standards for police in California are very good. It's the Peace Officers Standards of Training, they're called P.O.S.T. We use the national guidelines for National Fire Protection Association, NFPA, for fire. But those standards need to be researched in accordance with state and federal laws, like ADA and the Fair Employment in Housing Act specifically in California to figure out when can best evidence -- medical best evidence in

occupational safety and health preclude an individual from going back to work that may pose a risk to public safety.

We try to balance this every day with the City of Los Angeles, and it's very difficult. We have looked for research, and again there's a paucity of research in the area of balancing federal regulations and state regulations with medical standards for police and fire, specifically looking at major illnesses, major disorders, MSDs, musculoskeletal disorders like hip replacements, amputations and things along that nature.

And in closing, the other area that I think needs current research and continues to be in the area of occupational health is what is the -- what is the research in the delivery of care systems using licensed vocational nurses, nursing attendants, registered nurses, physician assistants, nurse practitioners and physicians. What is the role -- the new role of a physician, given the other health care providers' level of expertise, certifications available, and training to enhance the field to make it cost effective and provide a high

quality of care across the nation, specifically here in California. Thank you.

MS. BUSH: Good morning. My name's Diane Bush and I coordinate the young worker project at the Labor Occupational Health Program at U.C. Berkeley. And I'm also here on behalf of our national OSHA-funded young worker safety research center that brings together agency partners involved in protecting and educating young workers from 13 different states in the country.

I'd like to thank NIOSH for the opportunity to talk to you about the importance of maintaining a focus on young workers within NIOSH's work within specific relevant industry sectors, but also as a critical cross-cutting issue. And I want to start by acknowledging how NIOSH has really played a leadership role in focusing on this issue. They focused on this issue and then they maintained that over the last ten or more years, and have contributed in a very significant way to what we know about young worker health and safety, both through their own primary research, but also through supporting research by others.

We constantly cite NIOSH's emergency room data, for example, because our own state injury and illness data -- it really isn't sufficient to describe what's happening. And I don't -- I don't want NIOSH to stop playing that role. It's really because we have this information that we're able to convince people in our own communities, both at the very local level, the school level, the community level and also in the state agencies that we've been working with around the country, about the need to address this really important and critical issue. And also because of the research that NIOSH has supported, we have collectively been able to begin to identify patterns of injury and potential intervention strategies. For example, the NIOSH-funded sensor project in Massachusetts has really provided a lot of rich information that we've all been able to use because it was well-funded and they were able to really look deeply at specific injury events, but also look at patterns of injury. So there's -- there's been a lot of good work that NIOSH has done by focusing on this as a cross-cutting issue. And I want to just

express my concern about this sector approach and encourage both that within each sector people look -- look for this in -- within the sectors where there's significant numbers of young workers working, that they really think about what the agenda should be in that sector, but also that NIOSH figure out a way to continue to look at this as a cross-cutting issue.

In addition, I want to really commend the NIOSH initiative now to really take research and turn it into practice and advocate for strengthening that practice role. There is a lot that we already know would make a difference, but getting it out there, getting employers to actually put things in place -- there's a lot more work that needs to be done there.

So just to name some of the cross-cutting research that I think would be helpful in this area, one, having better, more specific injury and illness data at the state-specific level would strengthen our work that most of us tend to do within our states.

We also feel that NIOSH did a great job looking at the existing work that -- that youth are

doing and making recommendations to update the child labor laws, but they didn't -- they weren't directed to look at 14 and 15-year-olds, so we think we should -- they should extend that work and review the hazards and exposure for those under the age of 16 and develop a new set of recommendations to bring those laws up to date.

I also think it's important for them to look at -- or to encourage research on the consequences of early work experience injuries. There's really very little information or data on this, on the psychological impact on the young people as well as the long-term effect on their -- either their own disability or the associated costs, their loss of earning power, et cetera.

I also think it's critical to have innovative intervention research. How do we actually get employers to provide safer workplaces, including better supervision and training if -- if -- is there a way to make sure that young people are prepared at -- to go into their jobs ahead -- that they're prepared ahead of time because they work in such high-turnover, low-pay jobs, it's hard to get the employer to do

what they need to do. What can we do in advance -- so I'm getting my 30-second warning here.

Also I do think within specific sectors there are critical issues. Agriculture, again, NIOSH needs to look at what 16 and 17-year-olds are allowed to do and make recommendations to improve those child labor laws. Within construction NIOSH's current recommendations actually say that young people shouldn't be working in construction before the age of 18, but what is the role of quality voc. ed. or apprenticeship programs in reducing injury.

So there are a lot of things to look at. I wanted to echo Deanna's concerns about violence in retail and the service settings where a lot of young people work. And I've got to stop 'cause Laurie's telling me to. Thank you.

MR. MARSH: Good morning. My name is Michael Marsh. I'm a staff attorney with California Rural Legal Assistance, Incorporated, and I'm also representing California Rural Legal Assistance Foundation in Sacramento. CRLA has 22 field offices throughout the state, and we provide -- we provide no-cost legal services to

low income persons in 25 counties. We represent -- or provide services to approximately 40,000 Californians each year. Obviously the majority of our clients are farm workers and their families, and we conduct a wide range of occupational safety and health activities to help those clients. We have -- we conduct impact litigation to correct workforce-wide problems. We provide legal services on a one-to-one basis for clients. We do a lot of work in the area of community education, trying to act proactively to make sure that accidents don't happen. And we work at times very closely with Cal-OSHA or with the California Department of Pesticide Regulation. Before I make a couple of specific comments, I'd like to make one general comment which I think echoes one of the comments that were made -- that was made earlier, and that is the importance of involving farm workers in the planning of these studies, of whatever studies are done. Farm workers, as we know -- I'm just stating the obvious -- are largely immigrants. The farm workers are largely from Mexico. Others are from Central America. The primary

and native language of almost all farm workers in the state of California is Spanish. Increasingly farm workers are coming from southern Mexico, from the state of Oaxaca, and some of those workers do not speak even Spanish comfortably. And we find that many of our clients have very limited education, in some cases in the fourth to sixth grade level. Additionally, obviously, these individuals are culturally distinct from the majority culture of the United States, so you really have to -- or NORA really has to take into consideration these factors when it plans studies. A study that was developed for farmers is not going to be effective for farm workers. NORA really has to work with study programmers to plan approaches and questions that are culturally relevant, that the questions are understandable, and they're really culturally appropriate for -- for farm workers.

We have written comments that outline about 12 specific areas that we believe need to be studied. I just want to quickly mention three of them. And again, I don't think any of this is a big surprise. I mean we all know how hard

farm workers are, we -- how hard farm workers work for us and how hard it is to work in the field. We see people out there day and night, in the sun or under the moon, planting crops and harvesting crops, working around pesticides. We all know it's dangerous activity. We all know it's back-breaking work. But I do want to focus on three things.

One -- one area is there's a great need for additional study of the long-term impacts of MSDs. I think that there have been some studies, especially recently -- last few years -- that have shown farm workers suffer MSDs at very high levels. But there hasn't really been adequate research into the long-term impacts of those MSDs. Farm workers of course engage in a number of high-risk activities, from lifting and carrying heavy -- heavy loads to stoop labor, repeated bending, or to repetitive use of the hands such as pruning or picking or weeding. So we know that the problems are -- we know that the problems are there, but we need to look at the long-term impacts of that.

Let me move on to the next one, heat stress.

Last year there were five verified heat stress-related fatalities here in California, four in agriculture and one in construction. The numbers were probably higher. Reporting's always an issue. But we need to look at the issues such as the effect of piece rate or incentive pay work on heat stress. We need to look at frequency and the duration of rest periods and how that might help -- how that might help alleviate heat-related illness. We need to look at the use of portable shade structures during rest periods and meal periods.

And finally, injury reporting. I think it's no surprise that there's a lot of injuries out there that occur in a lot of the different sectors that aren't reported. In farm work there's a lot of barriers to reporting, and a lot of the injuries that occur don't get reported either to employers or to worker comp carriers. And so we need to do more to look at what are the barriers to reporting, and how can we alleviate and eliminate those barriers.

Thank you very much.

MS. BEN-LEVI: Thank you, panel one. I have a

little announcement -- someone left their glasses at the registration table. So if you find you can't see me very well, you might want to go back and pick up your glasses.

The second panel will be -- and let me remind you 'cause some of you came in later. I'm calling five people at a time. You'll come and take your chairs here and then one at a time you will come up, speak here at the podium then take your seat back, and you'll all leave again as a group. We have Vicki Beck, Health Hollywood and Society; Aleyda Moran, UCLA LOSH; Jacinto Lopez, Koreatown Immigrant Workers Alliance; Barbara Kanegsberg, BFK Solutions; and Laura Podolsky from UCLA LOSH.

MS. BECK: Good morning. My name is Vicki Beck, and I'm director of Hollywood Health and Society, a project at the USC Anenberg's Norman Lear Center. And I'm delighted to cross town today and come back to the campus where I spent six years in health sciences communications working with people like Linda Delp and others at the School of Public Health, and to see my colleague, Max Lum, at CDC where I spent five years working in Atlanta and knew Max well.

The question I want to pose to NIOSH is how do we reach special audiences of workers and find new ways to reach them more effectively. And we know how to use news media. We know how to use brochures. We know how to use pamphlets. Workplace information, even clinical places have information that could be helpful to workers. But I would like to challenge us to look beyond that and look into entertainment media that is so popular among special audiences and among all mass audiences.

What we have done at Hollywood Health and Society is conduct outreach to entertainment media, specifically TV shows, to inform them about the public health issues that are really big problems in our society; to educate writers about topics like HIV/AIDS, diabetes, heart disease, much, much more.

And I think what we have right now is a situation where worker safety and injury issues are a little bit invisible in television. You may see a storyline from time to time, but there's so much more that we can do to promote health and safety and to prevent -- and to offer messages about disease and injury

prevention.
Some of the storylines that we have worked on in the past deal with topics like cancer, sexual health aids, violence. And what we would like to encourage are more storylines and working more closely on topics like construction, demolition, HazMat, manufacturing, agricultural issues. We just heard about farm workers.
We heard this morning about hotel workers. Well, I think if you saw the Jennifer Lopez movie you would think hotel workers lead a very glamorous life. They party a lot and they meet wealthy politicians. There's another side to that story that hasn't been told.
But we need to understand also what the audience takes with them from the storyline. And we have started to look at knowledge, attitudes and practices along some of these storylines on the HIV/AIDS topics, syphilis, diabetes. And what we know from our research is that people do learn about the health issue. They do learn and they do discuss, and we have the data to show that.
We know that sometimes people have higher

intentions of a prevention activity or a screening activity after they have seen this in a health storyline. One example I can give you is a syphilis storyline that was on ER, and it was a storyline about an alderman in Chicago who came in to be treated for syphilis. As a matter of fact, he was treated secretly because he didn't want anyone to know that he had syphilis, and in the following episodes his partner came in to be treated for syphilis. And we did a study -- we worked with CDC, we worked with partners on this study, and we found that among men having sex with men who had seen this storyline, 64 percent were likely to be tested for syphilis in the next six months, compared to 34 percent who did not see the storyline. So we had a doubling of effect on intention to be screened.

We're starting to work -- we're just starting to work and we're delighted about that -- on a tele-novella project that will address a construction worker topic, and we will be doing some evaluation on that. We just hope that we can gain more understanding and that we can start to utilize this extremely powerful form

of media to reach workers and their families with more health promotion, safety promotion messages. Thank you.

MR. LOPEZ: Good morning. My name is Jacinto Lopez. I'm an organizer with KIWA, Koreatown Immigrant Workers Alliance, and we're a non-profit -- and we organize workers in Koreatown, the local workers, and I think it's important to talk about health and safety conditions in Koreatown in restaurants and supermarkets. And -- well, the common injuries in these places are from cuts, burns, back problems and working -- working with chemicals that make you feel sick and hurt your hands and eyes. But many of the injuries and accidents happen because people don't get any training, and also there is no equipment. What happen is that when workers get hurt, they don't get the right medical treatment. They just get fired. Or many times these -- they just don't know what to do or where to go, and many times the owners send the workers to their doctors, but they -- they just -- sorry, but they just get Tylenol and then sent back to work, so they have to work again even with -- if they're hurt.

And I want to talk about how probably health and safety laws -- and unfortunately, in places like Koreatown, I feel like there's inspectors, but they don't really talk to the workers and they don't really help the workers. And I think the system is not working because no one knows about Cal-OSHA and no one knows what phone number they can call when there's a problem -- and I'm talking about the workers in Koreatown.

And with this, I just want to present my concerns about our systems of workplace health and safety enforcement, and I think the researchers really need to think about how to address these problems. Thank you.

MS. MORAN: Good morning. My name's Aleyda Moran. I work with the UCLA Labor Occupational Safety and Health program, also known as UCLA LOSH. The issue that I will be talking to you about today is young worker health and safety. Youth face hazards at their jobs, and are at a higher disadvantage to protect themselves compared to adults. Teens under the age of 18 have been found to -- being injured two times that of adults. From national studies, youth

have been found to report higher injuries during the first six months of their workplace, and the majority of these injuries are minor, such as burns and cuts. But there are also other incidents that negatively impact the youth, such as bigger injuries like concussions and other fractures which could have long -- severe long-term consequences since they are very young, and that could impact them from the long time -- for a long time.

We know that youth are working. Eighty percent of young people will have worked by the time they graduate from high school. Children from low income families are working more hours and on the average -- than the average child, and are more likely to be legally employed. It is estimated that 231,000 teens under 18 will be injured on the job each year, and 70 teens will die from a workplace health and safety injury. The sad thing is that these injuries are happening and most of these injuries are preventable. But there's a lack of awareness, education and training on workplace health and safety for youth.

As UCLA LOSH one of our missions is to bec-- is

the development of youth leaders who learn about workplace health and safety becoming peer educators, then going on and spreading their knowledge to other youth in their wider community. The peer education model became established after a 3-year intervention program at Manual Arts High School. One of our most recent projects is the young worker leadership academy, which was -- which is coordinated and developed and implemented with LOSH and our sister program at UC Berkeley, LOHP. This model brings youth together from various areas of California, and they are there for three -- a 3-day intensive training on workplace health and safety and project management. The youth then go back to their communities and carry out educational campaigns and projects with their input and their ideas of how to reach other youth, which is the most important thing and vital thing with this project.

This is an outstanding model which is aimed to benefit the youth and their community. However, we will love to have former participants come back and actually be involved in a participatory research project on the

issues that impact the -- on the issues and what the academy impact was on their involvement.

The statistics that I provided to you earlier are national statistics on young worker health and safety injuries. But California and local statistics are missing, and that's where the problem can be seen. Why is California's workforce important? Well, it's one of the largest states with the largest number of workers. One of the largest populations of immigrant and undocumented workers is here, and California has often been the model for strong and progressive support for workers in health and safety.

Why is research on young worker health and safety important? It is crucial to have markers to define the current state on how this -- on how programs like ours impact, to know the current state and measure this impact. Research is a valuable tool for workers on health and safety committees, organization programs, the workplaces. It is important to have that research to present to these places to identify what is the need, where is the

need, and what is the proper way to address this need.

To conclude, I want to reiterate again the need for local statistics. We need to implement effective education programs. And I also want to highlight the commendations (sic) presented by the UCLA -- by UCLA LOSH to NIOSH in their report "A School-based Intervention for Teaching Workplace Health and Safety". These are the following:

Demonstration projects in several school districts in distinct areas within the U.S.; demonstration projects to get young worker health and safety as a component in the curriculum for youth; create collaborations and partnerships between the NI-- Department of NIOSH, Department of Labor, Department of Education and other relevant entities; and develop a national workplace health and safety campaign. And I feel the most important thing is that whatever research we do, whatever evaluation we're doing about different educational programs, bring the youth voice into it because, again, who else knows about how are youth going to learn more if we don't

bring youth in it, as well. They have many invaluable things to share and we should take in consideration what their strategies are, also -- the strategies they're also presenting. Thank you so much, and I hope you take into consideration all these things.

MS. PODOLSKY: Good morning. My name is Laura Podolsky and I'm a second-year student at the UCLA School of Public Health. I will be completing a master's degree this June. Also I have been working as a graduate student researcher at the UCLA Labor Occupational Safety and Health program since beginning my studies.

I am here today to speak about my experience last summer as a participant in the Occupational Health Internship Program, or OHIP. OHIP provides students across the county with hands-on opportunities to carry out occupational health and safety research. The program emphasizes direct collaboration with workers and worker organizations, focusing especially on low-wage immigrant workers. Interns are encouraged to use community-based participatory research approaches. In addition

to providing initial training in participatory research, OHIP supervisors and coordinators offer guidance and support to interns throughout the summer.

Of the four interns working in Los Angeles in the summer of 2005, three were from immigrant backgrounds, and three of us spoke fluent Spanish. All of us had prior experience working in immigrant rights, labor or health. And at the end of the summer all of us agreed that we had deepened our understanding of these issues, gained new skills, and strengthened our motivation to stay involved in worker health and safety.

Prior to beginning my OPIN internship I had learned about community-based participatory research in several public health courses. It seemed very much in vogue, something of a synonym for righteous research. The concept was frequently linked to other buzzwords -- empowerment, coalition building, collaboration, grassroots leadership. I was simultaneously inspired and wary.

Indeed, I had chosen to study public health because I believed in the potential for

communities armed with solid information and skills to create positive social change. But I was also aware that facile slogans and jargon-laden idealism wouldn't get anyone anywhere. I wanted to know what did this community-based participatory research really look like. What could it actually accomplish. I was interested particularly in the role of such research in occupational health and safety. How, I wondered, might community-based participatory research contribute to efforts to improve worker health and safety.

OHIP gave me a chance to explore these questions. Along with my partner, Daniella Conde*, I spent ten weeks working with the labor union UNITE HERE Local 11 researching the occupational health and safety issues of hotel housekeepers. The housekeepers themselves were carrying out a survey on work-related pain and injuries among their coworkers, and participating in workshops to discuss the results. Daniella and I aimed to supplement this information through interviews and focus groups. Alongside the housekeepers, we wanted to identify the main types of injuries

experienced, their possible causes and their consequences for workers. The union could then use this information to reduce hazards and improve conditions.

Over the course of the summer we faced both logistical and methodological challenges. We also enjoyed moments of real connection with workers. By the end of the internship we had carried out 19 interviews, attended five workshops and conducted several work site visits. We honed our interviewing and observation skills and discovered some of the challenges of survey research. Speaking with housekeepers in employee cafeterias and their homes, we learned about the benefits and difficulties of their work, and their ideas for making it safer. We explored different ways of returning this information to the workers, deciding in the end to create brochures to be used in union workshops.

Throughout we benefited from the support of our supervisor, Linda Delp, and OHIP coordinator Gail Bateson*. We also had the chance to collaborate with the other OHIP intern team in Los Angeles which was working with immigrant

day laborers. Through discussions with them we gained a broader understanding of the range of health and safety issues facing low income immigrant workers in Los Angeles.

I still have questions about the connections between community-based participatory research and occupational health and safety. These are big topics, and an internship can serve only as an introduction.

That said, my experience with OHIP was an eye-opening, inspiring introduction. It has strengthened both my skills and my motivation to continue in the field of occupational health and safety. I know many students, both graduates and undergraduates, who are passionate about immigrant rights, labor issues, and reducing health disparities. But few of them even know what occupational health and safety is. I promise you, I'm the only student in the UCLA School of Public Health who focuses on occupational health and safety, and there's over 200 of us.

OHIP represents an opportunity -- an important opportunity -- to reach out to these students and train them to do good work. And as we all

know, there's certainly plenty of good work to be done. Thank you.

MS. KANEGSBERG: Good morning. I'm Barbara Kanegsberg, President of BFK Solutions, and I also represent our non-profit Surface Quality Resource Center.

Well, I'm exclusive. I'm unlisted in the program. So if any of you would like copies of what I presented, please come see me, or would like information, we can exchange cards. This -- my -- my comments primarily impact the manufacturing sector, but I would say there's implications for all sectors. I have formal, written comments to present, as well, so I will summarize them here.

There is a regulatory witch hunt that occurs regularly in this country -- and throughout the world, I might add. I would like to propose some alternatives.

In my consultancy I help people who manufacture objects. I'm called the cleaning lady, and I help them with basically processes for everything from movie film to artificial hip implants to -- oh, I don't know, chunks of helicopters, the guts of this microphone, your

camera, whatever. Everything that's manufactured requires chemicals, lots of them. And as we get into micro and nano, we're going to need even more chemicals.

Right now we regulate chemicals based on what I called the regulatory witch hunts. We manage individual chemicals or classes of chemicals. Let's suppose a chemical comes into widespread use, like for example the old freons, the ozone-depleting chemicals. Based on the use of freon trichloroethane, which is a chlorinated solvent, regulatory agencies got to know more about the safety and environmental impacts. They said bad, you can't use it anymore. Or sometimes they just put it on restricted lists, and it becomes more and more and more regulatory scrutiny.

So what does industry do in response? They say oh, we can't use hexamethyl death*; what should I do? Gee, there's tri-iotacatastrophe* over here, think I'll use that instead. Or hmm, let me look at this MSDS*, it says no hazardous ingredients. Hmm, must be chicken soup. The open the lid and -- pretty awful, but it says no hazardous ingredients; they use it. They

also get very confused because they go through the lists and lists of lists, and I've got to tell you that private communities are confused, everyone is confused. Even the military, and the military are trying to talk with each other and actually systematize and good -- do good solvent substitution. They are very confused by all of the regulatory restrictions.

This approach is damaging to industry, to workers, to communities impacted by industry, and to the overall -- and it's also damaging to the overall environment. We need a paradigm shift. We need better approaches to managing the substances that we all work with. One thing would be process management, not more lists of chemicals that are politically incorrect, not more product bans.

We need simplification, nationalization, and globalization of standards and regulations. People in regulatory agencies down the hall from each other don't know what's going on. I recently spoke -- was asked to address a group of inspectors for a local agency, and they were asking me to explain what was going on in regulations and restrictions at a nearby

agency. I should know. They don't know themselves. If they don't understand it, how's industry supposed to get it? I did know a little about it, but we also need a holistic regulatory approach. And this is real revolutionary. I really think we need to consider both safety and environmental. Yes, they're separate -- they're separate issues, but they're related.

We also ask that industry have sustainable processes and sustainable products. I am here to ask for sustainable safety and environmental regulations, ones that we can all use, ones that we can all follow.

I have plenty of comments here designed to induce restful sleep if you read them in their entirety. I have more technical information for you. Please see me. Thank you.

MS. BEN-LEVI: Thank you, panel. Again, I'm going to call five people. You'll all please come up, you'll sit here and then one at a time you'll come to the podium and then return to your seat so that the panel will leave as a whole. We have Laurie Caminski here to help you keep time. She'll let you know when you

have one minute left, when you have 30 seconds left, and when it's time to stop. So I would like to now call -- nope, not you guys.

UNIDENTIFIED: No?

MS. BEN-LEVI: No, not yet, sorry. Jumping the gun. Sorry, we have one more panel here first. Victor Esparza*, IUE Local 12; David Simmons, USW Local 8675; Ignacio Garcia, IDEPSCA; Porfiria Agaona, also IDEPSCA; and Margarita Ramos, Century Plaza Hotel -- no?

UNIDENTIFIED: They're prepared for later.

MS. BEN-LEVI: For later? Okay, I have other people. I have a whole lot of people. Catherine Porter, Cal-COSH Legal Services?

(Pause)

Or let's see, one more -- are you coming? Okay.

MR. ESPARZA: Hi, my name is Victor Esparza. I'm from International Union of (unintelligible) Engineers and I'm from Local 12, their safety rep. What I want -- would like to ask of NIO-- or of this NORA group is -- and I know our international has worked with NIOSH on -- just not -- on asphalt testing for air sampling, but I would like to see it on

rubberized asphalt.
I also would like equipment for testing -- we crush and recycle old concrete. And pre-1980 concrete has asbestos in it. I'm not sure if all of it has, but a lot of it have it. And also when they crush and recycle material which -- if you guys know what the laborers -- a week ago or whenever, I think a lot of times in our industry we don't know that they're being re-exposed to, you know, airborne silica if they're around crushing operations or the construction part of it. I -- the reason I know is 'cause I have it in both my lungs and, you know, how short my life will be from it, I don't know. But these exposures are being set every day and -- you know, and I listen to and I can see where immigrants that -- on the low-wage scale are afraid to say anything, but also in the construction field that I work and the guys make great money are as scared of their jobs as the guy at the other end of it, and would kill himself instead of saying or doing anything about it. But I believe that if you guys could test it and make equipment that -- monitors that we could put on this equipment

where they can come and face it and know that you are in -- exposed to either silica or asbestos at levels higher than what should be exposed to, then the guys could then change it by either adding more water spray or whatever. But they could see that they needed to change from either -- you know, even putting suits on or whatever. But without them knowing that it's out there, the guys are just going to keep on till they all die.

I know that I hit the perfect number about 25 years into the field. I got sick. I've just met two more men in the last two months that have now been diagnosed with a cancer of asbestos, and then other gentlemen with the silica out of the Riverside San Bernardino area, and I came out of that San Diego, and only in two plants or two operations for 26 years.

So that's something that I would like to be able to be -- see 'cause like I said, the -- it's not only the risk to the guys running the equipment, but also the guys on the ground, which would be the laborers, and that could go all the way down to the low end of construction

work.
I also know, or knew -- when I was first sick at home, I sent information to NIOSH. They did a study out of the Oakland area. It got big enough where they asked for more money. It got bigger, and then -- but I mean I was never -- and I tried to contact -- to the information that came out of there. I mean they gave me a little poster, but you know, there's got to be a way to relay to your doctors that hey, we're having exposures again to asbestos in California and silica because when I first came to this light about what I was sick, they were saying -- nobody knew. But I think it's my doctors misdiagnosing both from UCSD and Kaiser -- Kaiser, my primary people, and then when I was operated from UCSD. So you know, maybe NIOSH or NORA can relate hey, maybe we ought to start looking for these health problems out there 'cause to me it's an industry that we are at risk and will continue. Like I said, our international works with you guys all the time on -- you know, and maybe you guys can add to them and ask -- say hey, let's work with the rubberized asphalt and back at asbestos and

silica because I know they'd spend the money to do it with you guys, so if you can address that with them. Thank you.

MR. SIMMONS: Good morning. My name is David Simmons. I'm on USW Local executive board. I'm a union health and safety rep for ConocoPhillips and I'm on the board of Kaiser, at-large member.

I'm here today to talk to you -- to explain to you how safety committees that I'm associated with helped to establish a climate of safety at ConocoPhillips' Los Angeles refinery.

At the best of times union and management had a -- have an adversarial relationship. But through negotiations we have agreed to remove one subject from the political arena, and that is safety. We have agreed to make this a common ground of understanding between the two factions. If we can't agree on safety, what can we agree on?

This caused a shift in attitudes in upper management, and pressure on middle-line supervisors to change their way of communicating with employees. When the old line of blaming workers first behavior model

went away, root cause analysis took its place. Changes had to be made in order to stop repeating some incidents that was caused by equipment ergonomics, improper operating procedures and institutional shortcuts. Labor and management both had to take a hard line to impose the new climate of safety in the workplace based on joint safety committee participating and having full-time union health and safety reps who work under the guidance of the committee -- joint committee to help promote safety and be a focal point for workers to get information and voice their concerns on issues of safety in the workplace. We have changed the old trinket-ology (sic) models that are prevalent in other industries to a more open strategy of full disclosure of every incident, with weekly audits, near-miss reports, management reviews for all incidents, and labor participation in all investigations so all can benefit from lessons learned from every misstep. Now safety is becoming a focus in all work order management by everyone because they're being held accountable for their part in the

work. We have a distance to go to reach perfection. Old habits die hard. There is still pitfalls we have to clear to get there, but we have mechanisms to reach their goals.

I'd like to talk about minimum staffing in refineries. Minimum staffing requirements should be set to ensure that worker safety is not compromised. Many refineries are so understaffed that during maintenance shutdowns workers are forced to work mandatory overtime until the unit is restarted. Some work as long as 20 days without a day off. This is one of the contributing factors in the Texas City incident. Worker fatigue keeps operators from being as sharp as they need to be. Computer controls has enabled companies to minimize staffing and require operations employees to have responsibilities to know more than one process area. As a result we have fewer experts and more operators that are only proficient. The workforce of our industry is aging and shrinking. Without minimum staffing I fear that there will be an increase in tragic incidents in refineries.

We're working hard to change this. At my plant

we just, in the last year, hired 44 people -- operations and management. I'd like you all to research the effects of working continuous hours on -- on the operations people and how it affects their mental well-being to do their jobs.

Thank you very much.

MR. GARCIA: Good morning. My name is Ignacio Garcia. I'm a leader organizer with an organization called IDEPSCA, which is -- stands for Institute of Popular Education. Our organization has a program that concentrates with the day laborers. A little history of day laborers is it's people that are looking for daily work, and we have different sites throughout the L.A. County. (Unintelligible) concentrate to organize workers so they can work -- wait for people that are looking for day -- one-day person work. Okay? So these people -- myself, originally I've been in a union shop, but since I started working with this organization I came aboard and that is that the lack of safety is very much. Safety -- it covers a lot of grounds, but based on a study by our -- with LOSH, there was an

occupational health internship program that we had with UCLA LOSH. They found out that out of 117,000 day laborers nationally -- they found out different problems with this. Okay? We have what we call is blunt trauma, lower back pain, general (unintelligible) pain, eye and respiratory irritation and body lacerations. All of this things are -- may sound very fancy, but is based on what a lot of people don't get on this day laborers on a daily basis. They don't get trained. They're -- they're confronting every aspect of safety issues out there on the -- on the workplace. When I say workplace, it can be a homeowner's place. Sometimes the contractors will come and take them to their job sites. And most of these times they don't even let them know the basic procedures on safety, as if you want to lower -- bend your knees or use your legs instead of using your back. So we need to find out -- or do some kind of research so we can protect all these 117,000 workers out there. They're doing -- most of the times works without PPE. Most of you don't know what PPE is, personal protection equipment. They just go out there

and use their hands, their bodies, without any kind of protection.

I can go on with a lot of scenarios where people can get hurt here, but we're trying to ask you guys to do some kind of research and find out how can we train these people better or -- so they can protect themselves 'cause in many cases these homeowners don't have the -- the capabilities or equipment for them to protect the workers. So very basic -- we need to protect these workers. There's a lot of people out there that are not being trained properly in all aspects of safety. Thank you very much.

(Whereupon, the following presentation was made through the use of an interpreter. Where presenter and interpreter were speaking simultaneously, separation of the two was difficult. This transcription represents the best effort of the reporter.)

MS. AGAONA:* Good morning, everybody. Porfiria, I am Mexican. I work with IDEPSCA. I help housekeepers, baby sitters, and in addition to that make sure that they are protected and well-paid. I'm spokesperson for

many of these women who come to this country. We are not conscious of our rights (unintelligible) of our (unintelligible). We work without fair pay. We go to work not knowing that we are not safe. We do not wear EPP (sic) because we are not provided with it. We are not provided with healthcare. We recognize many of our health problems, but we do not protect ourselves properly. Main accidents and diseases, product of our work, are burns, falls, back pain, arms, hips, eye irritation, respiratory problems, bone and muscle deformation, tendons and nerves, chemical exposure, asbestos and lead when we clean. We are not provided with proper training in health and safety in the workplace. Much less, we are trained in how to do properly our work. We housekeepers are practically (unintelligible) and ignored. And the worst is that there are not specific laws that protect us in the workplace. We are part of this society, and we believe we are indispensable. Without us doctors, lawyers, teachers, policemen, firefighters and many others could not function properly, much less be free in

their -- during their break time because our work provides them with that leisure.

Therefore I recommend that research is done to create laws of protection in the workplace that let us housekeepers and baby sitters to be visible people in this society and thus come out of the shadows. Thank you very much.

MS. SCHREIBER: Hi, I'm Fran Schreiber and I'm with Work Safe. I'm also the executive director of the Cal-COSH legal services project and Cal-COSH is a project of -- of a non-profit agency and Work Safe is also one of those projects.

Work Safe began around 1980 as a coalition that built off of a number of the COSH groups around the state of California, Committees on Occupational Safety and Health. And in 1980 we came together as Work Safe and have been active in policy advocacy ever since.

I just want to -- it's not on my topic, but I just listened to the last two speakers and they were talking about how they're indispensable to this economy, and yet they are disposable as workers, and what the last speaker was just saying about the fact that there are no laws to

protect them. I actually worked for Cal-OSHA for four years back in the early '80s, and she's absolutely right, there is no law that protects workers who work in people's homes. Cal-OSHA will not do inspections. They get no training. And then when they're injured on the job, they're completely disposable because the laws for workers comp don't cover temporary workers who work the few hours that these folks work in a particular setting. So they get screwed no matter which way they go, and I just thought I would point that out to you.

I'm here today, though, to talk about something else. I'm talking about kind of a California-wide problem which I think we face in the construction industry, and is also built off of what two -- the other two speakers said earlier. We're about to embark upon a big public works project here in California. The Governor was talking about $222 billion worth of possible work. And even if that number isn't what we get to, there's going to be a lot of money on the table for doing public works job and increasing the number of construction workers. We've got 18 million workers here in

California; 938,000 by last count did construction. That number has been increasing and will continue to increase.

And one of the earlier speakers said that of that group -- well, before I get to that, the incidence rate in terms of injuries for this population here in California is 7.2, which is far better, by the way, than what the national incidence rate is for construction -- partly I think because of the permitting system that we have, which I think is something people need to get some more information about because it should be exported to other places outside California. But it's still the highest number, that 7.2 rate, among all of the sectors that are here in California. And in addition to that, as one of the speakers said earlier, double that rate for the immigrant workers. So you're talking about a significant problem. You're going to have a lot of immigrant workers coming in to do this new construction, and we've got a problem on our hands.

I'm coming to this not as an academic. I am not out of that area. I come from a real life, real world perspective, and I think that NIOSH

needs more of that perspective. People have talked about that earlier today. We need more research to practice work, projects that are going on.

And I'll also tell you that you have to change your criteria for evaluating these projects because the criteria you have is weighted in the academic arena, and you need to not do that. You need to have credits being given when there's community and worker involvement in these projects, otherwise the projects don't get funded and the research doesn't get done.

I also would think that it might be nice to have some worker representatives in the team that evaluates these things, but I've been told that that's really stretching it a bit.

I come also from having seven years of working as in-house for the State Building and Construction Trades Council of California. Four years before that I did the criminal prosecutions of OSHA cases when I worked for Cal-OSHA between '80 and '84. I read every fatality in the state of California during a two-year period and I noticed something. In almost 99 percent of the cases somebody on that

job knew ahead of time that that so-called accident was going to happen, and either they spoke up and were told to shut up, or they didn't speak up because they knew that was what was going to happen to them, and I prosecuted people criminally.

And it dawned on me as I started doing that that it would be better to prevent those injuries before they happened. And the way that you do that, I learned in the next job I had with the State Building Trades, which was with joint labor/management health and safety committees where we actually saved money and saved lives. And the gentleman here spoke before about the projects that they're doing with these committees, and I now want to just lay out very quickly -- I know my time is up -- a couple of research areas to focus on joint labor/management committees to determine, with research to practice proposals, how to maximize the effectiveness of joint labor/management committees to look at effective labor participation using training programs such as (unintelligible) which we have here in California, looking at what's happening with

the Bay Bridge situation where you've got, quote, self-inspection by a company and you don't have enough Cal-OSHA inspectors to go after them and they won't agree to have labor participation. And even if they did have labor participation, it wouldn't have trained labor participation.

We need information on cost savings offered by joint labor/management health and safety committees in order to encourage use of them. We need human costs and what kind of costs we can determine when a life is saved and how many lives and how many fewer injuries there are, and we also need information about construction savings for the construction owner and the contractors. We need to look at other worker participation models and promote them, as well, such as effective tailgate training meetings which are done with worker participation. We need to look at labor/management laws and regulations in other countries and in other settings where these are required by law to be done and to see what happens. We need to look at pre-qualifying contractors, both generals and subs, and requiring them to have

labor/management committees in order to do -- do these big construction jobs. And we need workers comp discounts based on effective labor/management committees. We need to look at projects where those -- that kind of thing is happening, look at laws and regs where that's happening. And finally, look at contract language and determine what can be done via educating construction owners to include joint labor/management committees. I know I've gone over my time, but we need some economics here to prove that these are the safe way of doing things and that they will prevent injuries before they happen. Thank you.

MS. BEN-LEVI: Thank you. Now we have our psychosocial factors in the workplace panel: Jason Wang, UCLA School of Public Health; Peter Schnall, UCLA Center for Occupational and Environmental Health; Dean Baker, UC Irvine Center for Occupational and Environmental Health; Pam Tau Lee, Labor Occupational Health Program, UC Berkeley; and Mauritza Jauregui, also from University of California Irvine, Center for Occupational and Environmental Health.

MR. WANG: Good morning, everyone. My name is Jason Wang. I'm the research (unintelligible) department of epidemiology (unintelligible) --

UNIDENTIFIED: Jason, we can't hear you.

MR. WANG: Sorry, can you hear me now? (Unintelligible) Okay, I'll repeat again. My name is Jason Wang. I'm the research assistant from UCLA department of epidemiology. Today I represent our research team collaborate with UCSF (unintelligible) lab and also the California Department of Health Service. And we have conduct successful -- conduct (unintelligible) for garment worker so today the issue I want to speak is we will focus on the (unintelligible) musculoskeletal disorder for sewing machine operator.

Based on our finding, the -- most of the garment worker, they are immigrant woman and working for minimum wage, and also the most big finding we found is the -- about -- more than 80 percent of them don't even have health insurance. So musculoskeletal problem, based on our survey, we find out is the -- really a big problem for them. Everyone -- all of the operator, even the shop owner, told us this is

the -- really serious problem for them and they want the help from us and they want immediately help -- to help them to solve this problem. And based on our finding about -- more than -- more than 60 percent of them are able -- have a musculoskeletal pain during at least a one day per week. And among them, about 30 percent of them have -- the pain is severe to -- moderate to severe pain. So we find all this -- this is really a serious problem in this under-served population. And during the year from 2003 to 2005 we actually received several phone calls from several garment shop that asked to help from us. They want us to help them to help their employee to -- how -- how can they do to help their employee to prevent the injury happen to minimum the musculoskeletal problem. So today we're here. We just want to help these garment shop to speak out and we want to help them to say this is a really a serious problem. Musculoskeletal problem is a really serious problem for this occupation and we really need to spend more time and spend -- do more training and maybe (unintelligible) conduct more program to help this population --

to help them to prevent this injury happen. Thank you.

DR. SCHNALL: Good morning. My name is Dr. Peter Schnall. I'd like to thank Cass Ben-Levi and Linda Delp for helping to organize this meeting. It's a pleasure to be here this morning. These are my personal views, but I should point out that I'm the recently-elected chair of the ICO scientific commission on cardiology and occupational health, and I'm hoping that the comments reflect the views of the people doing research in this field concerning psychosocial factors. I have six points I'd like to make this morning.

One, work is necessary, and yet can negatively impact on our health through the way that it is organized. Most people spend the majority of their waking hours commuting to and from work or at work. Work, so fundamental to a positive social identity, wealth and well-being, has its darker and more costly side. Work can negatively impact on our health, an impact that goes well beyond the usual counts of injuries and exposures to toxic chemicals that we think of when we think of occupational health. The

way work is organized -- its pace and intensity, the space it allows or doesn't for realizing a sense of self-efficacy and self-esteem, the level of control over the work product or process, the sense of justice or injustice, and job security or growth -- the nature of social relations at work, it turns out, can be as benign or toxic to the health of workers as the chemicals one breathes in the air.

Scientists refer to some of these characteristics of work as hazards of the psychological and social work environment to which employees are exposed.

Point two, workers are experiencing significant stress at work. The problem is so pervasive that 60 percent of all workers at all levels and all sectors experience significant stress at work according to NIOSH's 2002 annual survey of the U.S. working population.

Point three, there are major categories of psychosocial stressors that cause physical and psychological illnesses. A number of work stressors, including objective features of the job such as long work hours and shift work, and

psychosocial exposures such as job strain, effort reward and balance and threat avoidant vigilant work have been identified as playing a role in the development of psychological distress such as burnout and depression, the tip of the iceberg vis-a-vis the occupational illness, and contributing to chronic physiological arousal leading to hypertension and cardiovascular disease.

Existing research on occupations, including the service sector with its almost 65 million working people, have demonstrated the important role of work organization in the etiology of hypertension and cardiovascular disease. In the U.S. alone, cardiovascular disease is the cause of 41 percent of all deaths. An estimated 300,000 people die annually of heart disease in the U.S. By the age of 60, 60 percent of workers will have developed hypertension.

Based on available research in this field, job strain -- work characterized by high demands and low control -- would appear to account for 25 percent of all morbidity and mortality for heart disease among working people after

controlling for individual risk factors. Some occupational risk studies say that the total burden of work on cardiovascular disease is over 50 percent.

Point four, we need to know a lot more. Still not enough is known of the exact mechanisms by which psychosocial stressors contribute to disease, and even less on how to prevent them. No major intervention study to reduce psychosocial stressors and to assess that impact on cardiovascular disease has yet to be conducted in the United States.

Point five, there is an imbalance in control between employer and employed. The scientific evidence suggests a connecting thread by which work organization and psychosocial stressors impact on health. That is through the mechanism of control. All of the fore-mentioned risk factors capture some dimension of the uncontrollability of the work environment or of the job. Ultimately work stressors reflect an imbalance of power between employer and employee, an imbalance which is growing under the pressures of globalization and economic competition, manifested by longer

work days, decreasing vacation time, intensification of labor, et cetera. Overwhelming evidence documents that social inequality, characterized by the unequal distribution of wealth and opportunity, is increasing in the U.S. It is reasonable to conclude that one of the mechanisms by which social class contributes to ill health is through the exposure of large segments of the society to stressful working conditions. Powerlessness at work, at home and in the community is our society's greatest public health problem. Ultimately the rectification of this problem will require both a better understanding of the mechanisms linking the work environment to physiological risk factors as well as political action.

Finally, healthy work is a possibility. It is possible to design work that promotes health and well-being. It is not demanding work per se that's harmful, but work without control over how one meets the job demands or uses one's skills. Tomorrow's jobs will be deliberately crafted to allow the full development of human spirit through work which

encourages, not discourages, human potential. This means creating a work environment that is conducive to human mental and physical health. And a key characteristic of a health-liberating work environment will be the full participation of all working people in the decision-making processes surrounding the organization of work. Thank you.

Sorry, that was a little rushed.

UNIDENTIFIED: (Off microphone) (Unintelligible)

DR. SCHNALL: Sorry, Mauritza Jauregui, Dr. Jauregui, will speak next.

DR. JAUREGUI: Good morning, everyone. My name is Mauritza Jauregui and I'm also with the UC Irvine Center for Occupational and Environmental Health.

In my presentation today I'd like to make three main points, the first of which is that work stress is important, but we should be focusing on sources of work stress that reflect the current nature of work in the U.S.

The second is -- excuse me, I'm -- can you all hear me in the back? Yes? Okay.

My second point is that work stressors do not

exist in isolation, so we should be examining both the cumulative and interaction effects of multiple work stressors and their outcomes. My third point is that we should be collecting data not on what it costs to make our employees well once they become ill, but on what it costs to keep them healthy in the first place. Work-related stress costs the U.S. more than $200 to $300 billion a year, and is implicated in 60 to 90 percent of medical problems. Traditionally research in work-related stressors have focused on the concept of job strain mentioned by Dr. Schnall, which is the combination of high job demands and low control, and effort reward and balance, which is a mis-match between the amount of perceived effort put -- on the job and the perceived long-term rewards such as respect, income, promotional prospects and job security. Also examined have been design of tasks and organizational factors such as shift work and long working hours. And known traditional stressors such as work/family conflict and discrimination have been less prevalent in research. But given that the service industry

now accounts for 80 percent of the U.S. economic activity, and that over 64 percent of dual-income wage earners have children under the age of 18 at home, it becomes even more important to examine non-traditional stressors such as those that stem from direct interaction with clients as part of one's job that could lead to harassment and emotional labor, which is the process of regulating your emotions in order to present a professional image, as well as stressors such as conflict between work and family roles.

In addition to the cardiovascular disease described by Dr. Schnall, work stressors have been associated with physical outcomes such as musculoskeletal symptoms, cancer, gastrointestinal problems and impaired immune function. They've also been associated with psychological outcomes such as burnout, anxiety, depression and PTSD. If you have any doubts, just ask any emergency rescue worker. In addition to these are behavioral outcomes, the most commonly studied being excessive alcohol use, smoking and low leisure time activity. Less commonly examined are sleep

disturbances such as the ones mentioned by Deanna Stover, accidents, and most disturbingly, violent behavior. In the U.S. almost 1,000 workers each year are murdered on the job.

All of these outcomes vary by socioeconomic status, gender, age, occupational resources and psychological and social resources, and all these outcomes can interact with the work environment and with each other, but we still don't know how.

Now if we include outcomes in a broader sense, such as the financial consequences of these stressors, we realize that these stressors are affecting not just individuals but the economy as a whole. Back in 1999 NIOSH estimated that these associated costs were over $200 billion annually if one took into account only absenteeism, tardiness and employee turnover. Sickness absence alone costs companies approximately 2.8 million workdays each year, which works out to about $790 per worker per year.

Presenteeism is also an issue. There's the assumption that an employee who's not absent is

being productive. This is not necessarily true. Employees may experience below-normal work quality or quantity while at work. It's been estimated that presenteeism costs the U.S. companies $250 billion per year, or approximately $2,000 per worker per year. Workers compensation claims also cost money. Here in California workers compensation costs in 1993 were $9 billion a year. Ten years later in 2002 the costs had risen to $32 billion.

In summary, industry already knows -- already makes a significant investment in human capital, most of these associated with health. A significant percentage of them, such as long-term disability, sick leave, safety initiatives and absenteeism, are well known to companies. They already know what it costs to make employees well once they've become ill. So we should be asking what does it cost not to keep employees healthy. Adding up the costs of work stressors requires more than just integrating data and risk factors and medical claims and disability. It also means measuring things that haven't been measured in the past, such as

non-traditional work stressors and lost productivity.

I just want to thank you all, and I'd like to introduce Dr. Dean Baker.

DR. BAKER: Hi, I'm Dean Baker from UC Irvine. I'm going to focus my remarks on some of the specifics of research areas, but I do want to comment generally that -- I want to congratulate NIOSH for the initiatives and -- both around NORA psychosocial factors and the collaboration with APA NIOSH in raising awareness of this issue, but I also want to say I think it's a dangerous kind of collaboration because it tends to emphasize the psychosocial part of it. And as Dr. Schnall pointed out, we fundamentally see the etiology of these problems in the way work is organized in the workplace, and specifically the lack of empowerment and lack of control of workers in the workplace. This is fundamental to virtually this whole area of understanding work organization and psychosocial factors.

I wanted to emphasize some of the things that were mentioned earlier. There's a lot of research that's been done in this area that has

validated the associations with cardiovascular disease and hypertension, musculoskeletal disorders and other disorders. But much more research is needed. We looked on the NIOSH web site. There's about eight projects right now that receive some funding in this area. Clearly there could be a lot more research. We also understand that some of the trends in the workplace in terms of increasing work hours, lean production, less job security, are all issues related to work organization and psychosocial factors. And we also understand the enormous problems that have been talked about earlier today in terms of health disparities. Really there are different kind of emphases in terms of the target population that come from this.

First of all, research needs to focus on multiple sectors. This is clearly a multi-sector problem. In fact, the research is enhanced by looking at multiple sectors 'cause if you look at one workplace, or even just one job, you end up constraining the range of factors that you're studying in terms of work organization.

But also there's been relatively little research -- some recently, but relatively little research on disadvantaged minority and immigrant populations. Those special populations definitely need to be looked at in terms of these issues.

And then the other thing that hasn't been mentioned as much this morning is the focus on small businesses. Much of the research have taken place in large businesses, unionized businesses, large corporations. And clearly the vast bulk of workers in the United States are working in small businesses.

In terms of the research areas, I wanted to just briefly mention three types of research strategies. One is increased research around surveillance of these problems, and surveillance can be both surveillance of workplaces in terms of the characterization of the psychosocial and work organization stressors, as well as looking for outcomes. So for example, surveillance of hypertension in the workplace -- earlier work by Dr. Schnall and others in New York -- found substantial numbers of workers have increased ambulatory

blood pressure while at work, even though in the doctor's office they may not have high blood pressure. But the high blood pressure at work was the most predictive of whether people developed subsequent heart disease and problems, and that's being missed by not doing surveillance in the workplace. But there are logistical and technical issues about how you can do that in a cost-effective manner. There are obviously issues related to how do you do surveillance in terms of assessing the workplaces in the workplace, as well.

In terms of etiologic research, although there's been a lot found, there's a lot more that need to be looked at. Many of these factors we're looking at combined exposures, host -- if you will -- risk factors the disadvantaged populations and work organization looking at a lot of outcomes. These are complex issues, which is why it's so challenging for people to sort of understand the complexity of the issues. We don't have any studies in the United States that would be like the Whitehall study in England that basically followed large populations over time

so they can look at -- and they found, for example, that job strain and effort reward were independent predictor factors of heart disease and hypertension, so you need large cohort studies that can handle the complexity of this. You need to refine your models.

And you need to address the other outcomes. We've heard about musculoskeletal, but there's research about the association of work organization with burnout, with immune incompetence mostly foc'ing (sic) so far at antibody changes that lead to increased infections but possibly to inflammatory cytokines and risk of cancer as well as reproductive hazards.

And then finally I want to emphasize, because this is complex and because people have trouble getting -- understanding all the mechanisms, is the important focus on intervention research. And specifically one of the things that NIOSH has supported is intervention research on integrated work site health promotion. But it's interesting, people are integrating traditional work site promotion programs and individual health promotion programs, but

ignoring the fundamental synergism that the job strain literature has shown a major cause of heart disease is workplace exposures. And we also know a large focus of the health promotion independently has been on heart disease risk factors, but these have not been put together in terms of integrated programs that focus on heart disease prevention by looking at work organization.

And a key aspect of all of these things, going back to my initial point, is participatory action and research which fundamentally is an empowering form of research. So you're not both -- you're both impacting on the workplace, per se, but doing it in a way that's consistent with the paradigm that addresses the fundamental causation of -- of the work stressor problems. Thank you.

MS. LEE: Hello, my name is Pam Tau Lee and I'm with the Labor Occupational Health Program at UC Berkeley, and I'm here to speak on future research needs to support a public health approach to workplace health and safety for service sector workers. I have over 20 years of work experience with hotel room attendants,

and have recently assisted two recent landmark -- I consider landmark -- room attendant health studies in Las Vegas and San Francisco.

In the United States there are over a million -- a million employees employed in the hospitality industry, and the numbers are expected to increase as business will improve. And over the past two decades guest services in particular has increased. The twin beds -- some of you may not even know that there used to be twin beds -- in hotels have been now replaced by queen and luxury mattresses; simple bedding by triple sheeting, more pillows, duvets and heavy bedspreads; bathrooms and sleeping quarters have more supplies, amenities and equipment. And in a nutshell, the workload for room attendants has increased.

But what has been the implications for room attendant health? On the two studies that I just talked about, conducted by UCSF researcher Dr. Nicholas Krause*, it was found that indeed the workload has increased. And because of that, 66 percent of the room attendants report that they are unable to take their needed rest and recovery breaks, that the health status for

room attendants range from fair to poor, that 40 percent of room attendants have high blood pressure as compared to the national average of 25, that 78 percent experience work-related pain or discomfort, but only 20 percent of these room attendants filed formal reports. Only 46 of these room attendants took time off of work for injury and illness actually got well before returning to work. Eighty-three percent take pain medications within the last four weeks of this study, and vitality and energy was rated low at 36 points for Las Vegas room attendants compared to the national score of 61 out of a real nice score of 100. Psychosocial indicators such as effort reward, job strain and job control may be significant indicators for injury. Dr. Lester Breslow* recently reported -- published an articled titled "Health Measurement in the Third Era of Health", and in this article he makes the case that health be considered as a resource for everyday life. Given that 90 percent of Americans believe that their health is excellent or good, as opposed to fair or poor, it is reasonable that further research on

workers focus on sectors such as room attendants, who currently do not enjoy good health, are working in pain, lack energy to perform everyday chores.

Our experience with room attendants is similar to many low-wage workers, such as janitors and health care workers. So future research focusing on identifying more workplace hazards and effective interventions can contribute greatly towards improving health for workers in the U.S., especially the most vulnerable such as immigrant workers. High injuries (sic) of injury and illness for those sectors have implications that go far beyond lost days and productivity. Workplace injury, illness and stress interfere with normal healthy family activity and community engagement.

In a developed country such as ours, we should have the resources to prevent these conditions from occurring. I have six recommendations for further future research.

The first is comprehensive ergonomic studies that utilize the best and the latest technology to measure ergonomic strain.

Number two, long-term studies that look at

health indicators such as blood pressure, diabetes, musculoskeletal injuries and other conditions among service workers, and particularly room attendants.

Third, studies to measure psychosocial conditions, especially job strain, job control and effort reward, worker compensation and return to work. Vulnerable workers such as low-wage immigrant workers are less likely to file for workers compensation, and this is further complicated by the fact that there is no light duty available. And, as you've heard today, lack of access to health care.

Two more, intervention studies that measure the effectiveness of interventions, not only for traditional health and safety injuries and illness, but also workload, work organization and psychosocial health.

And finally, before my stop button, is community-based participatory research to incorporate those who are directly impacted in the research and in the activities, and research that focuses on findings that can contribute towards identification of effective interventions. Thank you.

MS. BEN-LEVI: Thank you, panel. I should point out that Dr. Baker is the deputy director of the Southern California Education and Research Center, your host for the day.

The last panel of the morning is going to focus principally on ports and goods movement, but not completely. Miguel Lopez, Teamsters Port Division; Norm Tucker, ILWU; Jesse Marquez, Coalition for a Safe Environment; Marianne Brown, former director of UCLA LOSH; and Elisa Brown, ANA.

UNIDENTIFIED: Cass, you forgot Angelo.

(Pause)

MS. BEN-LEVI: Someone who slipped through our doorkeepers, Angelo Logan, East Yard Communities for Environmental Justice, so let's get one more chair up, please.

(Pause)

MR. LOPEZ: Good morning, and thank you for the opportunity to address the community regarding the National Occupational Research Agenda. My name is Miguel Lopez and I'm a representative of the International Brotherhood of Teamsters' Port Division.

The IBT represents more than 1.4 million

workers in the United States of America, Canada and Puerto Rico. Our Port Division is comprised of approximately 5,500 drivers, stevedores, tugboat crews, warehouse workers, ferry crews, employees of port authorities and workers involved with ship building and repair. There are at least 100,000 port intermodal container drivers in the United States. A vast majority of port drivers are, quote/unquote, independent contractors and are non-union workers. Most are poorly-compensated immigrants who barely scrape together enough money to purchase a truck. Despite being relegated to the bottom of the freight-moving transportation industry, these workers play a vital role. The international supply chair and U.S. economy depends on container drivers' ability to move goods from our ports to warehouses and railheads.

Port truckers' pay is mostly based on the number of round trips they complete. Therefore traffic congestion and inefficient port operations have a significant impact on their ability to earn a living by restricting the number of trips a trucker can make in a single

day. They don't get paid for waiting time. They don't get paid for any time other than delivering the container.

The Teamsters have recognized for a long time the need to research and drastically improve health and safety conditions for intermodal container drivers. Port drivers unnecessarily suffer from preventable work-related illness, injury, disability, and even death. Today I would like to bring attention to some of the most egregious dangers faced by intermodal container drivers.

Absences of lane markings, organized traffic control plans, and segregated loading areas create unsafe and crowded conditions. Port authorities benefit from such arrangements because it allows them to have flexibility in their operations. However, driver safety should not be sacrificed for the convenience of flexibility. Furthermore, operational environments that increase the risk of truck crashes and result in more crashes than necessary hurt operational efficiency.

Waiting in long lines presents numerous problems. Drivers are forced to wait without

rest for hours before being released to transport a shipping container to a destination that may be several hundred miles away. As a result, hours of service rules are regularly violated. Also, truck lines often lack bathroom facilities and drinking water facilities.

Let me just add in the hours of service issue, particularly in the Los Angeles/Long Beach area since they've introduced a 24-hour clock, drivers are now exceeding those hours of service even more dangerously than before because they're only paid by the load. So therefore, in order to make more -- more work, they have to run longer hours. So let me forewarn all of you that drive any kind of vehicle on the highways of America, not only fatigue and sleeping disorders are a part of our problems now, but the hours of service that there's no enforcement on local drivers running in and out of the area are a great danger to the public, and the industry and the government are sitting on their hands in terms of this issue. This should be a very -- very important issue that's taken up by everybody, and I would

just say to you all -- a little side note here -- stay away from any truck driver with a container that's driving on the highways. Put yourself one lane away from them, please. I have 35 years as a commercial driver, and I know what I'm talking about on that issue.

The length of time trucks must wait to retrieve their loads leads to hundreds of idling diesel engines emitting major air pollutants like nitrous oxide and particulate matter. This affects not only truck drivers but also citizens of adjacent communities. The health impacts from these pollutants include increased risk of cancer, premature death, asthma attacks, and work loss days. A 2003 study published by the Natural Resources Defense Committee declared port-related diesel particulates as the key pollution offender in many port cities.

At many ports drivers must remain in their trucks among stacks of containers while overhead lift cranes remove or load containers. If a container drops while above a truck, or bumps another container that is stacked, the results can be serious injury or death. While

drivers sit in their trucks they have no way of knowing what is happening above them. Furthermore, truck cabs will surely crumple and the driver likely killed if a free-falling container struck it. A staging area like the ones for taxis should solve this problem.

In the past, longshore pinlock men with proper training and personal protective equipment locked and unlocked pins that hold containers onto the chassis in the area of heavy lifting equipment. Today, without training or safety equipment, container drivers are doing this work. The risk is high for them to lose fingers and hand or limb while reaching to lock or unlock chassis pins.

As a usual practice, intermodal container truck drivers clean out empty containers that have transported hazardous materials or toxic substances. In too many cases hazardous material residue remains in empty containers. Containers have no records of cleaning, and may or may not display hazmat placards indicating hazardous material was previously present. Drivers who clean empty containers lack the training and proper protective clothing and

equipment to perform this type of work. Companies that own and lease containers should be required to contract with trained professionals to clean empty boxes.

A little side note, hazardous material endorsements on a commercial driver's license require an English test at the DMV, which most of the drivers who are Spanish-speakers do not understand those kind of tests, so most of the drivers do not have hazmat endorsements. Yet many companies run hazmat material without placards on containers.

The responsibility of moving chassis and containers for repairs at maintenance facilities has recently been shifted to the container drivers.

I'm going to skip on because I want to stay within the time limits. I have the rest, prepared comments. It's involving security and explosives and weapons, X-rays or gamma rays through new port terminal screening that they have at the ports. Let's see, the lack of hazmat certification, new regulations for unsafe chassis, and of course our latest campaign on overweight containers.

For those of you that don't know, the L.A./Long Beach ports handle upwards of 40 percent of the imports to our country. If you add Oakland, which is close to 20 percent, 60 percent of all import containers come through those three California ports. None of those containers are weighed as they come out of the terminals and go onto the highway. And most people who run those do not have the ability to ensure that they could safely figure out if there's -- there's a scale or weight regulation is -- is being upheld. So again, stay away from those containers.

We have a national campaign going with the Stop Highway Slaughter of truckers that roll-over on overweight containers. I'm going to put this as part of our statement, and I'm sorry I couldn't finish this. It's much too long. Thank you for your time.

MR. TUCK: Still good morning to you. My name is Norman Tuck -- not Tucker. I'm with the International Longshore and Warehouse Union, a 37-year member. Before that I worked in the shipyards in the Port of Los Angeles. It's nice to follow Miguel because Miguel and I go

back some years in the same industry, in the ports, Teamsters, Longshoremen. Today we have an era where the truck drivers are not unionized. There is no ability just now to unionize them, and we all together do our best to help these workers when they're in the facilities.

I'll read a statement of the position of the ILWU, and before I do, I just spent -- with Miguel -- 13 months with past-Mayor Hahn*'s "No Net Increase" task force in the Ports of Los Angeles and Long Beach, trying to seek solutions to what we would do with ship movement, truck movement, and those pieces of equipment on the docks.

(Reading) These comments will reflect our historic and current position on this matter, as well as a synopsis on what we feel is -- needs to be done in the near, as well as the distant, future. We ask the National Institute of (sic) Occupational Safety and Health, NIOSH, give their full consideration when developing their National Occupational Research Agenda for the next ten years.

Historically longshore work on the docks

consisted of many hazards, most of which have evolved over time. Years ago the work was so dangerous that it was not only common, but also an accepted fact, that longshore workers were either killed and/or maimed with alarming regularity. Work shifts that lasted 12 hours or more were common, adding to the already unsafe conditions that prevalent (sic). The work was arduous, sweat-filled, backbreaking. There were very few safety provisions covering longshore workers. If someone was injured or even killed, they would simply be carted off and replaced with someone else to earn a day's wage, and these were the dark days.

And there used to be a time where it took -- when you had a ten-cent -- to get into a phone. That's what it took to replace a longshore worker. You're looking at someone here who, in my 37 years of working on the waterfront, I've had both my shoulders surgically repaired -- you know, the big scars -- my left -- right lower extremity crushed, five years away from the workforce, seven surgeries, plate, screws, pins. I have a plate in my hand and my finger, back injury, broken foot. I'm a mess. When I

get up in the middle of the night to go to the restroom and/or when I get up in the morning to come -- place like this, I have a very difficult time moving. I worked till 3:00 o'clock this morning. I work the night shift. And we have been, for many, many years, a 24-hour port, both Long Beach and Los Angeles.

(Reading) With the advent of mechanization in the '60s it became readily apparent that the need existed for safety regulations to be instituted and implemented in the workplace and on the waterfront.

And I'll try to go on as quickly as I can and just pick up some of the highlights, and we'll submit this document.

(Reading) Over the next three decades the ILWU was successful in negotiating safety regulations with the PMA, the Pacific Maritime Association. These negotiations took place every three years.

And I'd like to point out that during contract negotiations in which I participated in 1996, in the other room we had a safety negotiation going on. There was a constant struggle and fight with the employer. Nothing has changed

today that we did not see ten, 20, 30, 40, 50 years ago. It's the issue of labor/capital. Nothing much has changed. I am very pleased there are researchers today like yourselves and others who are trying to move forward in getting workers like myself and folks in the hotel industry a chance of beginning -- or be able to have a long life. I have four grandchildren and I'd like to, when I retire this August, like to have maybe 20 years to go fishing and enjoy things.

When we look at our biggest concern today, and I'll end by saying this, is the emissions from diesel ships, trucks and heavy equipment. Last night we're unloading steel. Around me is -- around me is forklift -- so you consider a small forklift. Our forklifts pick up anywhere from 15 to 30 tons at a lift. Okay? These things are spewing out diesel emissions. I'm from here to the wall from this truck, and this stuff is just falling on me. Nothing has changed, and it won't change until NIOSH and every other regulatory agency gets on the same bus and we make the federal government ante up and the state governments ante up and make it a

point that we need to live longer and protect our interests.

Again, thank you very much for allowing me to come and speak. I could go on for ten or 20 minutes, but I won't. Thank you very much.

MR. LOGAN: Hello, thanks for having me. My name is Angelo Logan. I'm with East Yard Communities for Environmental Justice. East Yard Communities for Environmental Justice is a community-based environmental justice organization which believes in and works toward all people having the right to a safe and healthy environment where we work, live, learn and play.

Over the last five years our community has been working to reverse the negative impacts of goods movement industry, otherwise known as port-related industries. Our community in the southeast Los Angeles area is primarily a working class community of color, with a large amount of people employed in the movement of goods industry -- truck drivers, railroad workers, warehouse workers and port workers.

The Los Angeles Port complex is the largest in the nation and the third largest in the world,

and continues to grow. As a port and the industry grows, so do the concerns regarding the safety and health effects associated with movement of goods through the ports and goods-movement corridors. Evidence exists that air pollutants emitted from port-related activities adversely affect people's health and contribute significantly to regional air pollution problems. Pollution from ports and port-related industries cause an increase in regional smog, local toxic air contaminants, and the contamination of water sources. Together these increase cancer and other health risks for workers and other nearby community members.

To alleviate the severe impacts of air pollution it is important to invest in new technologies and make people aware of strategies to reduce or eliminate these pollutants -- our pollutant sources. It is crucial to promote studies on the -- on the occupational and environmental health effects of exposure to diesel and other air contaminants facing both workers and those who live in surrounding communities.

To do so, partnerships between researchers, community organizations and labor are critical. Partnerships with the affected groups will enhance the likelihood that research findings are reported back to the members of those affected groups, and will facilitate the participation of those groups in policy change to reduce air emissions.

We encourage the National Institute for Occupational Safety and Health to fund research that is developed and implemented by partnerships between researchers, community and labor organizations, to fund the dissemination of research findings to the people most affected, and to organizations representing them. In this way workplace, regulatory and legislative policy changes will occur, improving the health of workers and other community members. Thank you.

MR. MARQUEZ: Good morning. My name is Jesse Marquez. I'm executive director of the Coalition for a Safe Environment. We are also an environmental justice community organization. We are headquartered and based in Wilmington. Wilmington is a community in

the Port of Los Angeles, and we are the Los Angeles Harbor.

I live four blocks from the Port of L.A., about 15 blocks from the Port of Long Beach, about seven blocks from ConocoPhillips oil refinery, about ten blocks from Valero oil refinery, about 15 blocks from Shell oil refinery, about 12 blocks from the Alameda Corridor, about ten blocks from the Watson rail yard, and about 22 blocks from BP ARCO oil refinery.

The Port of L.A. is the number one stationary source of air pollution in southern California -- not the harbor, not L.A., not the south coast (unintelligible), but southern California. The Port of Long Beach is the second largest source of air pollution in southern California. And the oil refineries in my community are the third largest source of air pollution.

My point being is that not only are workers on the docks being impacted, but those workers' families and of those communities that border these industrial sites are also impacted by air pollution. We also have to recognize we're not talking about just air pollution. Air

pollution pollutes water. It pollutes the oceans, our rivers, our lakes, our tidelands or wetlands. It falls on our houses and our cars and our yards, our parks and our schools. So it impacts all of us.

What I have learned over the past five years, so you know, is that five years ago I was not an environmental activist. My IIQ in terms of all the environmental issues that I was facing was zero. But in four and a half years I can now read a 500, 600-page environmental impact report that was put out by a government agency who hired expert consultants, and I'll rip that document apart page by page, paragraph by paragraph, and line by line. I have read over 40 of these documents now, all by a government agency -- either a city, a port or whoever. And not a single one ever complied with the law. That's what I discovered. They are a lie. They misrepresent the facts. And they even leave out the facts. Not one have I ever read complied with CEQUA. Not one has ever complied with NEPA, the federal standard. That's what I have learned.

Right now there are no laws in the state of

California that state that the port, or any refinery, must -- in five years, ten years, 15 years or 20 years -- reduce their pollution by 99 percent, 90 percent, 80 percent, 70 percent, 50 percent, 30 percent. There is no law today. There will be no law tomorrow. There will be no law five or ten years from now.

So what does that mean? Air pollution and environmental pollution will get worse. Workers will continue to get worse in their health. And all the neighboring communities will also face an increase in health problems. That's what we are facing.

How can NIOSH help us? We need you. But we need you to be doing the right things. We need you to be able to help us in the right ways. And here are some of those ways how you can help us.

First of all, we must be made aware of what dangers we are being exposed to. The south coast air quality (unintelligible) district released a study back in March of 2000 called the MATES II, which was their multiple toxins inventory. None of us in Wilmington, San Pedro or west Long Beach, or in the Harbor, were even

aware of this study. And what did that study state? That Wilmington, San Pedro and west Long Beach were at the highest risk of cancer due to diesel fuel emissions. So that means all residents, all children, all senior citizens and all workers. We weren't even aware of the study. So it does no good for me and my community and to my three brothers that are longshoremen, to my niece and nephew that are longshoremen, to my cousin that's a longshoreman, and other union workers when we don't even know the information that's out there. So we need to know that information. We need to be partners in research studies. I was called three weeks ago by an ARB worker at Sacramento saying they were going to do a little health study. We were told that we could possibly work together. I asked him to send me the survey that they were going to do. I got the survey e-mailed to me and the first thing I said was oh, my God, another amateur. This person had absolutely no survey background, no public health research background. And I e-mailed him back saying would you mind if I sent you some

recommendations on your questions? And I literally re-wrote half of all the questions and gave him ten more questions to add to that survey to make it a worthwhile survey. And I volunteered to provide some of our people to help do the survey.

So there are community organizations like ours and others out there that'll work with you in defining what needs to be done and how to write and how to ask the right questions and how to make it a very successful survey and study so that that information will be useful for us, because we need that information and we need you to support us. Thank you.

MS. M. BROWN: Good morning. My name's Marianne Brown, and as a former director of the UCLA Labor Occupational Safety and Health, or LOSH, program, it's really a pleasure to participate again in the NIOSH NORA priority-setting town hall meetings for -- as we go into the second decade of NORA's existence.

In the time allotted this morning I will focus on the transportation and warehousing sector that is connected with the ports. This includes dock workers, railroad workers and

truck drivers. Regionally this is a very important health and safety focus right now, as the previous speakers have attested to, because these two ports, the Los Angeles -- in Los Angeles County, the Los Angeles/San Pedro Port and the Long Beach Port, make up the largest seaport complex in the United States. Together now, depending on which resource you turn to, some call it the third largest port complex in the world, others say the fifth largest, but anyway, it's extremely immense and it's growing daily. The Los Angeles/San Pedro Port last year supported an estimated 259,000 jobs and $8.4 billion in wages and taxes. Longshore workers at the ports, and other workers who transport cargo containers from the ports to their destinations, are exposed to air pollution in the form of particulates from diesel engines and other sources, which are associated with premature death, cancer, heart disease, asthma and other respiratory illnesses. I have the references for those studies that are attached to my -- what I am submitting.

And now is a pivotal time for NIOSH to sponsor

research which examines particularly two aspects of port and goods movement workers' health. One is health effects research and the other is intervention research.

With respect to health effects research, there's further need for studies on the health effects of air contaminants such as diesel fumes from ships and yard equipment on dock workers. There already is the research on railroad workers and truck workers.

With respect to intervention research, there is a need for a new kind, a new initiative for research in NIOSH, and that is on what types of policy changes are most effective in reaching and reducing worker exposures. As part of this there's a need for research on how research findings are used to effect policies aimed at reducing air contamination.

This is an important time for this research because these two Los Angeles County ports are the gateway for 40 percent of all goods imported into the United States today. That means that southern California workers are on the front line of exposures as they handle millions of cargo containers destined for other

localities around the U.S. In fact, in today's *Los Angeles Times*, as many days in the last couple of months, there are articles related to the ports, and the title today is "Railroads Back on Track." After years of retrenchment, railroads across North America are reporting record profits and rolling forward with massive expansion projects of the kind that haven't been seen in decades. The change is most evident along the route from the Ports of Los Angeles and Long Beach to Chicago, the nation's busiest freight corridor for intermodal shipping traffic, the large steel cargo containers and truck trailers that can move by ship, rail or truck.

As the Mayor of Los Angeles said recently when describing this dilemma, we are at a very unique moment, a moment in which we can simultaneously deliver faster freight and cleaner air. It's a pivotal time because the ports and goods movement industry expand-- while they're expanding, there's a growing political will to set policy that will reduce the inevitable air pollution that will come with this expansion. The mayors in Los Angeles

and Long Beach, and the Harbor Commissioners for both ports, are committed to greening the ports. In December both Commissions issued, for the first time in the history here, a joint memorandum of agreement to coordinate the greening effects. And just a few weeks ago the union which represents the west coast dock and warehouse workers, the International Longshore and Warehouse Union, AFL/CIO, a union with a strong history of safety advocacy, issued a call for stronger state, federal and international standards requiring cleaner technologies for polluting ships. And last year the California Air Resources Board approved regulations requiring ocean-going vessels and cargo-handling equipment to use cleaner-burning, low-sulfur fuels. At the beginning of this year the Governor of California proposed port and highway expansion projects which some public health advocates have criticized due to what they believe is a lack of appropriate protections in place to reduce air pollution from diesel-powered ships, trucks and trains.

Last year the California Air Resources Board

concluded that air pollution generated by the state's cargo industry would result in 750 premature deaths in 2005, and generate tens of billions of dollars in related healthcare costs over the next 15 years.

In conclusion I would like to again stress the two areas that are in need of research are more health effects research, more research on the health effects of worker exposures to air contaminants in the port, trucking and rail material transport industries; and that these -- this kind of research should be conducted by university-based researchers in collaboration with labor groups, similar to the well established NIEHS-funded university/community research partnership grants program.

And with respect to intervention research, a new initiative by NIOSH could utilize public health professionals, economists -- as was mentioned earlier by Ms. Schreiber -- and other social scientists to study the impact of goods movement green policy changes on worker exposures to air contaminants. Let me emphasize again that as part of this initiative there's a need for studies on how research

findings are used to effect policies aimed at reducing air contamination.

So I want to thank you for the opportunity to provide this testimony.

MS. E. BROWN: Good morning. My name is Elisa Brown. I don't think I'm related to the previous speaker, but that would be okay.

I am an advanced practice nurse in mental health. I'm speaking on behalf of the American Nurses Association. I wish to thank NIOSH for the opportunity to give input into the research agenda, and also for the privilege of listening to the wisdom and recommendations made by the previous speakers today.

I'm going to cover six particular issues in relation to nursing and healthcare workers.

Safe patient handling, according to the Bureau of Labor Statistics, in a recent study nurses had over 8,000 reported work-related musculoskeletal disorders which resulted in an average of seven days away from work. This was the ninth-highest rated profession in this category of injuries. Research to prevent back and other musculoskeletal disorders needs to promote appropriate education and training in

the use of assistive equipment and patient-handling devices, and in no-lift programs. Research needs to be done on reshaping federal and state ergonomic policies that would highlight ways to do safe patient handling, add techniques that would benefit patients and the nursing workforce, and in line with some of my previous speakers, to disseminate those results, not to keep it to themselves. Chemical exposure, RNs are -- and other healthcare workers are routinely exposed to a variety of hazardous chemicals, including drugs, chemicals, cleaning solutions, all those things used in the work setting. Many of these have been associated with acute and long-term effects and -- such as reproductive problems, respiratory irritation and asthma, eye and skin irritation, nausea, headaches, difficulty in concentrating, and even in cancer. Research needs to examine these health effects, do surveillance -- as many of the speakers have talked about -- and implement other efforts to protect nurses and other healthcare workers. Worker fatigue, research shows that overtime and extended work shifts for nurses is

associated with increasing risk of smoking, alcohol use, risk for back and neck injuries, vehicular accidents, and increased exposure to biological hazards. A recent Institute of Medicine study states that effects of fatigue include slowed reaction time, lapses of attention to detail, errors of omission, problems with problem-solving, reduced motivation and decreased energy successful to complete their work. More research is needed to evaluate overtime and extended work shifts and their relationship to productivity, quality and safety provided in hospitals, and the incidence of workplace accidents, injuries and stress-related illnesses among nurses and healthcare workers, and to look at the impact on the general health status of healthcare workers. Research needs to be done on reshaping federal and state policy that will limit the ability of employers to mandate overtime.

Bloodborne pathogens, exposure to these -- there are still many needle-sticks and sharps injuries, many more than should be occurring in light of the fact that we now have safe

devices. What I'm finding is that what many of the institutions do is keep their old ones until they run out, even though they have ordered the new ones in, and so we need to do more work in looking at that. Research is needed on the human factors and work practices of nurses related to safe handling of sharp devices and compliance with policies to protect them from exposure. Further research is also needed on facility-wide policies to promote worker compliance with practices. And research should develop safety-engineered devices that are improved as needed.

Respiratory protection, research needs to be done on ensuring that federal and state pandemic planning policies include the use of N95 filtering, disposable respirators to be annually fit-tested rather than the use of surgical masks. What we want to do is not just protect the patient from the wearer, but the wearer, also.

And workplace violence, the Board of -- I'm sorry. There's a report that among persons working in healthcare and social assistance there were over 11,000 injuries and workplace

assaults and 19 homicides on the job. Further research is needed in development of interventions to prevent violence toward healthcare workers and effectiveness.

On a personal note, I would like to also say that I would like to look more at workplace stress and the need to look at, as previous speakers have talked about, really surveying healthcare problems of workers and what we can do to prevent these. Thank you.

MS. BEN-LEVI: Thank you, panel. No one has yet claimed the glasses, so the test apparently was not to look at me and see if you could see me. Those of you who wear glasses, the test is to look down at your papers and see if you can read them. And if you can't, your glasses are waiting out at the reception desk.

To wrap up the morning session, Linda Delp is going -- who's been madly taking notes all morning, is going to give us a summary. And then she will turn it over to Sid for some closing remarks, and then you get to go to lunch.

CLOSING: LINDA DELP, UCLA LABOR OCCUPATIONAL SAFETY AND HEALTH PROGRAM

MS. DELP: I'm really not going to read all these -- just to trigger my brain. Well, speaking of work organization, people have been sitting here a long time without any break, so I'm going to try to wrap this up as quickly and concisely as I can, at risk of leaving out some important points that were covered this morning.

Three particular areas, one is populations in workforce that was addressed, what were the occupational health and safety issues or topics, and then what were some research approaches that were recommended.

We heard this morning about workers in the service sector, housekeepers, L.A. city workers, nurses. We heard about immigrant workers, garment, agricultural, Korean restaurant workers, day laborers, domestic workers. We heard about young workers, workers in construction, workers in refineries, truck drivers and longshore workers. And we also heard about people that live in communities around workplaces.

Some of the issues that were raised that -- health and safety issues that were raised that

came up in light of all those different types of sectors and industries were heat stress, issues related to sanitation, workplace violence, chemicals -- both cleaning chemicals in manufacturing, air emissions -- particularly diesel was mentioned to truck drivers and longshore workers and communities, accidents and even deaths in construction and in the longshore industry. Unsafe equipment, unsafe chassis, overloaded containers and how they affect workers and the community, and made me a little afraid to drive on the freeways after this. Some of the hazmat exposures, workers who clean out containers, concerns about security, and then concerns about bloodborne pathogens.

There was a large focus, both explicitly and implicitly, on work organization issues -- long hours of work among workers in the refineries who have to work 20-hour shifts when they're doing maintenance, to truck drivers who forego sleep, to nurses. And one of the causes allegedly behind that is some of the piece-rate pay that workers receive, and I would contend that that applies to workers from garment

workers where they get paid by the piece, to workers like truck drivers who are paid by the load, that both of those are causes for workers to have to work much faster and less safely.

Workload and staffing issues came up in the hotel industry and in the nursing industry, and some of the health effects related to that were also mentioned -- fatigue, sleep apnea, stress, mental health, heart disease, ergonomic injuries and musculoskeletal diseases.

On top of that was the question about not really knowing exactly what the extent of the problem is, and that there's a big need for better statistics among young workers, among immigrant workers in particular where under-reporting is believed to be particularly an issue.

A need for focusing on the consequences of early injuries when it's -- when it's young workers who are being hurt, and a need to focus -- by several people mentioning -- about return to work, under what conditions, when is it safe, et cetera. And across -- the cross-sector approach was also -- the issue of people having to work without training and protective

equipment, and particularly that came up among the immigrant workforce.

So what did people propose? Everything from very specific suggestions to monitoring specific types of chemicals like asbestos and silica, to paradigm shifts. First of all, people spoke -- both raised questions about the sectoral approach and highlighted the need to maintain cross-cutting approaches across sectors. My interpretation is you cut down on the variance if you're only looking at one particular sector, so being able to compare across sectors and look at psychosocial issues, noise, whatever the issues might be that cross sectors.

But also there was -- in the hotel industry -- a need to actually focus on high hazard industries. So looking at high-risk industries and better understanding both what the hazards are and what are some possible interventions that could be effective.

Surveillance in the workplace I already mentioned, and everywhere from monitoring chemicals, looking at workplace surveillance of stress and blood pressure to better reporting

of data and data gathering, both at the local and the state levels, as well as the national level.

Some of the -- oh, several people mentioned taking a broader approach to looking at the whole health and safety issue, broader than specifically traditional health and safety concerns. In particular, economic issues came up -- the need to look at both the cost to workers and to their lives, and the cost to industry of not implementing safe -- safe technology, safe measures in the workplace.

The other economic issue that came up a couple of times was the need to look in a broader way at how workers are affected and socioeconomic factors, the whole concern expressed from -- at the very beginning from Maria Elena Durazo that workers are paid low wages and that is going to have an effect on their health that you can't get around, to academic researchers saying that class and wages and access to healthcare is an integral part of determining how the work and how people's jobs affect their health.

Several paradigm shifts were called for. One is -- that ran across -- a cross-cutting theme

this morning was the need for community-based participatory research or participatory action research, with a couple of goals. One is involving the affected groups, whether it's workers -- and we heard also from community members so that actually the research that's conducted can be good research. Questions that are asked are not going to give valid data unless they're culturally appropriate, unless the workers and organizations that represent those workers actually help in planning and designing the studies. That came out with respect to agricultural workers, hotel workers and young workers.

Secondly, another reason that participatory research is important is that the results need to be disseminated to those affected groups and -- so that they can then, thirdly, make some policy and practice changes. So I heard this morning people speaking on behalf of and in favor of NIOSH's approach, which is research to practice. So making sure that the story that we heard this morning of studies being done, whether it's in the workplace or whether it's in the community, and those people that are

most affected never getting those results so that doesn't happen in occupational health and safety research.

We heard from young worker representatives who spoke about the value of the guidelines that NIOSH has issued in the past for young workers, and how important it is to make sure that research continues, and that that -- those research and guidelines are then disseminated so workers know both what the results are, but also then how to protect themselves.

And then lastly, another reason that the workers needs those results is so that they can actually take that information then to their doctors when they -- to make sure that they're protecting their own health.

We heard that research does not do any good unless it leads to some kind of policy change or practice change in the workplace, and that those changes need to be evaluated then under the -- the term that was used several different times was intervention effectiveness research.

So looking -- a couple of people mentioned the need to evaluate regulatory mechanisms and enforcement measures, so we heard from BFK

Solutions representing manufacturing -- the manufacturing industry that the regulatory approach is not working, doing a chemical-by-chemical approach doesn't work and there needs to be more of a process safety management approach. We heard from immigrant workers that there is no enforcement of workplace regulations, so what is effective as far as actually then enforcing them.

I'll just wrap it up then and say that one other -- I guess what could be called a paradigm shift is the need to not just focus on hazards and specific types of changes that are needed, but to look at the workplace itself and the infrastructure and the structure that exists to enhance or to promote workplace health and safety culture, as I believe the expression that was used, in particular look at how can there be better and more effective participation by workers. Joint labor/management health and safety committees is one example. And how do you go -- I believe the expression was -- from trinket-ology to looking at sort of a broader, more comprehensive approach to dealing with

workplace health and safety in the workplace instead of just piecemeal.

My apologies to anyone whose key point I've forgotten, and I hope that our NIOSH representatives were also taking notes and that you submitted some written testimony, as well.

Thank you.

FINAL REMARKS: SID SODERHOLM, NIOSH

DR. SODERHOLM: Well, I didn't think it was possible to summarize such a fascinating set of points, but I believe you've done it, Linda.

Thank you very much.

Let me just take a moment, a few important announcements. One is, in case anyone isn't able to stay through the afternoon, I really appreciate your coming. And I didn't think sitting in one chair for three hours could be a pleasure, but there was so much good information that the time flew by.

I was going to announce where the two nearest places are to eat lunch, but they are both closed to a power outage, so we -- I will announce the not-so-close place. I think these maps are going to be more popular than they thought. You might only take one in a group.

These maps will show you how to go to the Ackerman Student Union which has many fast food counters, and I think many of -- that now looks like the closest place to get something to eat, unless you had the foresight to bring something with you. So -- and these maps have been out on the front desk and hopefully we can share and have what we need there.

Normally we have time to invite people up from the floor who didn't sign up. This morning was very, very full. This afternoon we should have more time, so please stick around, prepare your thoughts and we will have time to invite people up from the audience this afternoon.

My final, very important point -- what was it -- oh, that was it. Max, the communications director, is on top of the communication. Thank you, Max.

I think, given all here, let's reconvene -- let's move our whole schedule 30 minutes late -- later than planned this afternoon. Let's reconvene at 1:45 and hopefully we'll have time to have lunch and not have as much work stress as we might have otherwise. I'll see you this afternoon. Thank you.

(Whereupon, a recess was taken from 12:35 p.m. to 2:00 p.m.)

PUBLIC & PRIVATE SERVICES SESSION: INTRODUCTION TO THE SECTOR APPROACH

DR. UTTERBACK: Take your seats for the afternoon session. I'm David Utterback. I'm with the National Institute for Occupational Safety and Health. I'd like to welcome you to the afternoon session for this Los Angeles town hall meeting. I'm having a little bit of a technical disconnect between my computer and the projector there, but we'll do our best to work our way through that.

My responsibility here this afternoon is to provide you with an overview on the NORA process, a brief summary on the services sector and some of the issues that we face there, and to talk to you about your participation and input. Hopefully that is beginning today and will continue over the next many months.

For those of you who were here this morning to hear the remarks of Linda Rosenstock you know that the National Occupational Research Agenda, or NORA, began in 1996 and had over 500 stakeholders and potential partners who interacted with NIOSH to identify the 21

priority occupational safety and health research areas. The purpose of NORA, the National Occupational Research Agenda, was to try to leverage resources on a focused set of research topics and to work cooperatively, and in many cases collaboratively, with researchers across the country on these 21 priority research areas.

The second decade of NORA is going to take a slightly different approach using the sector of the North American Industrial Classification System, or NAICS, to define different sectors where the research will be organized. And the purpose here is not to change dramatically the research that is taking place, but hopefully to have an influence on the other end of the research to practice of getting intervention strategies into the workplace. Industry stakeholders are key to NIOSH being able to recognize and solve, with the help of the partners, the occupational safety and health problems that are out there. Moving research to practice takes partners, and it's -- these partners are organized by sectors within industry and therefore it was decided to use

the sector-based approach for this next National Occupational Research Agenda. NIOSH has taken all the many NAICS codes, North American Industrial Classification System codes, and collapsed them down into eight sectors. Each one of these sectors can use a NORA research council, and these will be bodies that are largely external participants, stakeholders and partners who wish to assist NIOSH as we develop strategies and priorities and to assist us and to -- and developing the means of solving some of these problems that exist in the workplace. Each one of these councils will have the opportunity to develop its own separate strategic plan and to make plans to assure that there's funding for the work, to develop the partnerships that are necessary to get it completed, to conduct the research and adopt the successful strategies. The sector research council members can come from a vast array of different organizations and groups, from employers and labor and academics to some of the professional and trade associations, to practitioners, occupational safety and health scientists and researchers.

And particularly for the services sector, because the services sector does include government employees at all level, there will be roles for federal, state and local government to participate in this process with NIOSH.

The NIOSH role is to promote the process, to provide the infrastructure and the resources necessary to convene meetings, to have people bring their ideas to NIOSH either, you know, at meetings or through web sites or through electronic communications and telephone calls and the like. We also have the responsibility to provide research results to date. Some of those are surveillance data that can help guide and assist in the development of research priorities for the future. And then to support the needs of the research councils, these sector research councils, and to provide for some of the extramural research and training, and allowing partners to have an active role there, as well.

How can you participate? Well, first of all, today we are seeking your input and hoping that you can come forward with comments that can

help us in understanding what you feel are some of the priority issues for the workplace, in particular this afternoon for the services sector. You can also volunteer to participate on the sector research council, and we hope that many of you will consider doing this. You can do this through the web site that I'll post at the end on the NIOSH home page. And then also we'd like for you to ask your organizations to become involved and to hopefully get fully engaged with NIOSH as this process moves forward, and assist us in developing the best ideas that are available for dealing with hazards that exist in the workplace these days.

(Unintelligible) a brief look at the private and public services sector, and this is a very brief look. This is not in any detail at all, but it's just to give you an idea of kind of the breadth of issues that exist here, the populations that are included, and then a little bit about what NIOSH is doing to date with the services sector.

These are the service sector codes that exist here from NAICS, and the information, finance,

professional and business services are all in the categories from 51 to 56. These are largely not -- but not wholly -- you know, office type work dealing with support, administrative, managerial, finance, insurance type issues for the workers. But also within this group you have real estate, which includes rental and leasing, property management, it gets into a lot of maintenance activities and issues. Likewise the professional -- and business services includes waste management and waste remediation activities, so it's -- it's not sufficient to say that these are largely managerial, administrative and support workers here.

Education is the largest sector. That's NAICS code 61. Leisure and hospitality, which includes food services, 71 and 72. We have the other services, which is a sundry list of a variety of different services many of us use very frequently. That's in code 81. And then public administration is largely the governmental sector.

Here's some of the larger subsectors and the number of workers associated with each of

these. The largest is education with 12 million employees. Next comes food and accommodation. Both of these are considered to be fairly rapidly-growing parts of our industry and will continue to include more and more people in the future. Government is thought -- you know, it's very large, nine million. About two million of these are federal workers, about another three million are state and about another six million are local. And of course they provide many of the services that we rely on the public entities to provide.

Administrative and business is eight million. Professional, scientific and technical, that's another very rapidly-growing field in the U.S. It's at seven million. Finance and insurance is about six million.

And here's a pie chart that shows each of the NAICS sectors, starting with information at the top and moving clockwise around through 51, through 56, 61 is education, 71, 72, food and hospitality industry, arts and entertainment and recreation, and then on up to government services, it's -- and the two-digit -- or three-digit in some case -- number is --

indicates the millions of workers in each one of those sectors. All told, in the services sectors there's 65 million workers in the United States, and that's essentially 50 percent of the working population in the United States.

And we need to think about the numbers of workers as we think about priorities and research needs. Some of the larger, more observable impact can be seen in small populations and they merit some attention. But at the other end, you have very large populations that may not have the issues that are so overtly recognizable from surveillance data and the like, but you may have a larger public health impact there by looking at the larger populations.

So with the services sector issues -- just, again, this is very brief -- we see that accidents and injuries are prevalent among these populations. And in general it's transportation accidents and violence that are leading causes in each one of these sectors. But there's also a great number of musculoskeletal disorders that are diagnosed in

these populations each year. And for adverse exposures, although we have chemical and physical and biological agents that these people work with, there's also a very large work organization and psychosocial and stress-related factors, as we heard from our partners at Irvine this morning.

This is a slide that shows the sectors with the largest number of fatalities, and in the first column you can see the name of the sector and the second column is the total number of fatalities that were observed in these sectors in 2003. The 2004 data is out, it just has not been finalized yet and so we'll have that following on fairly shortly. And as you can see, administrative and waste management, waste remediation, has a total of 356 deaths, all the way down to state government with 102.

If you look in the next column, that's the number of transportation-related fatalities that occurred. And you can see in some of these sectors it is transportation-related fatalities that make up almost 50 percent of the deaths that are observed. So clearly there are some issues with transportation-related

issues in the services sector that can be addressed.

The last column on the right, though, shows the number of deaths related to violence. And again you see a different pattern here in that, you know, the majority of deaths in the accommodations and food service industries are from violence. Likewise you see large numbers in other services, as well as in local government. Local government of course includes public safety officials -- police, sheriff's departments and the like. State government includes, you know, the highway patrol and other state officials.

This graphic shows the non-fatal injury and illnesses rates within the different sectors. And the first thing I'll note here is that government employees are not here. This is not information that's available through the Bureau of Labor Statistics and the Department of Labor. But as you can see, there's quite a range of numbers here, the low being in finance, the highest being in arts and entertainment and recreation. And the U.S. average is just below five per -- five

incidents per 100 workers each year, according to these 2003 and 2004 estimates.

When you look a little bit deeper at the data, you see a little bit different pattern in that there are several subsectors that have rates greater than the national average -- accommodation, the hotel industry; amusement and recreations, this includes sports arenas and the like, performance arts and spectator sports; and waste management all have rates that are greater than the national average. And then rental and leasing, property management -- you know, landscape maintenance and those types of activities contribute to a relatively high rate in that segment of the services sector.

So what is NIOSH doing? Well, we do conduct research by our internal staff, and we do fund and support external scientists as they conduct research at academic institutions and at other organizations and associations, as well. We support a wide variety of projects cutting across services sectors on the occupational safety and health issues, and we collaborate with HHS agencies and other CDC centers. And

we have a new emphasis over the last couple of years on research to practice, and this is where stakeholders and partners can really help us in seeing the new discoveries that are made on protecting worker safety and health are actually implemented in the workplace on this research to practice paradigm.

We have a large number of research products that we have developed over the years. In addition to, you know, peer-reviewed manuscripts there are a lot of guides, alerts, different documents that we have that assist employers, labor representatives -- you know, other governmental organizations in trying to intervene and prevent occupational safety and health issues from having an impact on a personal level. And as you can see here, this covers a wide array, from reproductive health to silica and silicosis, working with youth -- we heard quite a bit about the young workers today and some of the special problems associated with them; stress, violence -- NIOSH has had successful research programs in these areas for many years.

I'd ask each of you that, if you have not done

it already, to subscribe to the NIOSH e-news. And again, this will come to you automatically every month and it'll help you keep abreast of what's going on in the occupational safety and health arena, not only at NIOSH but, you know, around the globe, actually. You can input your comments about health and safety issues through the web site that's shown here, or you can also go onto that very same web site and volunteer to assist us by being a council member or by being a reviewer of documents that may be developed. We're going to need a lot of help as we move through this process with these different sectors.

Of course Sid Soderholm has put up his e-mail address as the NORA coordinator. He welcomes comments that -- or will answer questions that you may have. And then we're having our biennial NORA symposium, April 18th to the 20th. That's going to be in Washington, D.C. and I'd like to invite all of you to attend that if you can.

Be happy to answer any questions that you have at this time, clarify any issues that I raised. Otherwise, here's the names, address, contact

information for Terri Schnorr, who's the manager for the services sector, and for myself. I'm the coordinator for the private and public services sector.

Yes, ma'am?

UNIDENTIFIED: (Off microphone) (Unintelligible) research council (unintelligible)?

UNIDENTIFIED: Could you repeat the question?

DR. UTTERBACK: Yes, the question was about resources available to assist people who otherwise could be financially limited in participating on the research councils. Is that correct?

Yes, and then we are going -- we definitely know that is a very important consideration. You know, budgets are beyond prediction in a lot of cases, but it is a very high priority for us to ensure that we have broad participation and input, so we realize that funding the travel needs of some individuals is going to be essential for that.

Yes, sir?

UNIDENTIFIED: (Off microphone) (Unintelligible) NORA alert around chemicals

used in the hospital setting (unintelligible) generic questions about the NORA alert process (unintelligible) overall program.

DR. UTTERBACK: Well, as far as I know, the alerts are going to continue to be NIOSH publications in the future. It is a way that NIOSH gets information out very quickly, you know, following an internal review process to get that information out on a variety of issues. But it is kind of issue-driven as to, you know, how many or how frequently they may come out.

Anything else?

(No responses)

Great. Well, thank you so much. Thanks for being here. And again, we look forward to working with you and getting your input as we move forward with this very important process. And this is Terri Schnorr, who's the manager for the services sector and the director for the division for surveillance, hazard evaluation and field studies at NIOSH.

PUBLIC & PRIVATE SERVICES SESSION:

STAKEHOLDER PRESENTATIONS

MS. SCHNORR: Welcome to the afternoon session. As Dave said, I'm Terri Schnorr. I'm going to

be moderating the session this afternoon. The way the meeting's going to be run this afternoon is pretty much the same way as it was this morning. But for those of you who weren't here, what we'll do is we will -- I will call you up in groups of five to come up to the table, and then when it's your turn please come up to the podium to make your comments and then return to the table, and you can all go back to the -- to the audience together.

Another point is to please make your comments as brief as possible. We ask that you keep them under five minutes. We welcome more extensive comments, but if you could please put those in writing and stay to the key points today so that everyone has a chance to speak.

Also we have a timekeeper. Laura Caminski is sitting right in front of the podium here and has a nice orange sign, and she will let you know when you have one minute left, 30 seconds left, and then she has a stop sign so she'll be showing that to you.

Also if there's anyone who's planning to speak that did not sign in, please go to the front desk so that we can make sure that we have you

on the list and we can call your name.
And one final thing is the list that you have in the room right now is not exactly the order in which I'm going to be calling names. We did some shuffling in order to accommodate various plane schedules, et cetera. So I just wanted to give you that warning.
So with that, I'd like to call the first --
DR. SODERHOLM: (Off microphone) (Unintelligible) we remind people that written comments (unintelligible).
MS. SCHNORR: I've been asked to remind people if you have written comments to please give them to Ray here, or give them to the front desk so that we can make sure we include them.
So with that, the first panel is Cindy Burt with UCLA Environmental Health and Safety; Cesar Aristeiguieta with California EMS Authority; Catherine Porter with Cal-COSH Legal Services; Rosa Balan* with Westin Hotel; and Denise Peters with Mr. Clean Maintenance.
(Pause)
Darryl -- Darryl Alexander, do you want to come up, someone -- great. Darryl Alexander with American Federation of Teachers will also join

this panel.

MS. BURT: I'm Cindy Burt. I work at UCLA and I have some areas that I wanted to mention that were a little different than this morning. One area that I have seen problems cropping up across all the sectors that were talked about is the impact of care provision for mothers working in a lot of different industries.

We've done work in the past in looking at the lifting injuries, manual materials handling which -- with mothers, but we've not really looked very much at the impact of the stress levels of having child care responsibilities on mothers working in jobs that require a lot of repetitive activity, like data entry and those kinds of things. And I'm seeing enormous amount of injuries in that area, and that would be a good area for future research.

To that same area -- I work with children as well, and I would really like to see is to do some studies to see how effective we'd be working with children at younger ages and teaching them basic ergonomic concepts so that they grow up knowing these things and not having to learn them when they enter the

workforce.

A lot of people talked about workers and workers needing more assistance, needing more training, needing better-designed facilities. We are trying to work here with our designers and our architects, and the people who develop the environments where people work need to have a lot more training. We need to do research in finding out whether they know what they're doing and whether they really incorporate ergonomics -- concepts into the work that they do.

One last thing I'd like to mention is we -- we do a lot of training here at UCLA with our workers, and a lot of times it comes to nought because the supervisors are the missing link in terms of reinforcing concepts, understanding concepts, understanding how to manage people, how to deal with workers comp injury without making the worker feel like that he's a criminal. We have a real problem with people using our system, using it effectively and using it without fear. Thanks.

MR. ARISTEIGUIETA: Good afternoon. Good afternoon, I'm Cesar Aristeiguieta. I'm the

director of the California EMS Authority. For those of you who may not know the lingo, EMS stands for Emergency Medical Services, and that's the area of healthcare that encompasses everything before you get to the hospital, so the paramedics, the EMTs, private ambulance companies, fire departments and the like.

I'm here speaking on behalf of the National Association of EMS Officials at the request of the President, Bob Bass. I was appointed to my position back in August by Governor Schwarzenegger, and since that time I've had a significant concern for both patient safety as well as worker safety in our field. The two items that I'm going to be speaking of that I believe that require a significant amount of research in this area is the area of worker safety in and about an ambulance, as well as the issue of -- of personal protective equipment for those workers. And let me run you through a couple of scenarios.

Riding in an ambulance can be a hazardous environment, both for the person being transported as well as for the workers that are in it. This applies to both helicopter or an

aircraft type ambulance as well as to the ground ambulance, and we've seen countless headlines over the past five years or so indicating what a problem this can be. Let me give you some examples.

Within ambulances there's poor restraint mechanisms. As you know, a patient lies flat in -- in a cot in an ambulance, but the ambulance is traveling in the same direction as the patient is lying, which means that if you get into a wreck, a front-end collision on the ambulance, the patient's body will continue traveling forward. Although some restraint systems have been designed to try to restrain the patient in that position, they're not being utilized and many of these restraint systems have not been tested in real crash situations. In addition to the patient safety, the worker in the back of the ambulance is also at high risk in many cases. You can imagine a paramedic doing CPR in the back of an ambulance, starting an IV, trying to intubate a patient -- meaning putting a tube down their throat so they can breathe for them. All of these are unrestrained conditions, all of them

critical situations which also mean that that ambulance is traveling with red lights and siren at excessive rates of speed and usually through traffic lights and the like. These are very hazardous situations for that occupant in the back of the ambulance, and if an accident occurs they're going to be propelled into the forward compartment of the ambulance, causing severe injuries.

As some research that has been done in the area also demonstrates, the helmets that the firefighters wear that operate ambulances are not effective at protecting the head in a motor vehicle collision, so significant research has to go into this area.

Weather plays a very important role in traffic safety, as well as helicopter safety operations, and the role of weather and optimal flying and driving conditions needs to be researched further.

Mechanical failures, whether it's to an aircraft or to an ambulance traveling 60 miles an hour on the freeway that blows a tire can significantly affect the performance of the ambulance and put the occupants at risk.

The back of an ambulance, as you can imagine, has a certain amount of shelves and equipment that is prepared to deliver care to a patient. In the event of a motor vehicle accident, all that equipment becomes projectiles that are pushed forward into the occupants of that ambulance.

Finally, ambulance technicians or EMTs and paramedics are continually being exposed to hazardous environments around them. With the fear of terrorist attack, we worry about chemical, biological, radiological or nuclear type of weapons, as well as the typical spills that may happen on the I-5 freeway where a paraquat truck overturns and now the paramedics are exposed to the chemical which can have just as severe reactions as a terrorist attack, but obviously on a smaller scale.

With all this in mind, we'd certainly like to propose that more research be done into the construction, design, safety features of ambulances. This is a largely unregulated area at this time, and largely because there is no research that shows what the best practices might be and how to better protect the

occupants of the vehicle.
In addition to that, California has been the first state in the union to develop some basic standards for personal protective equipment for paramedics and EMTs, and we would like to provide that information to NIOSH and assist them in developing nationwide standards that perhaps can influence where the -- this particular business is headed to.
The last thing I would like to say is that this is not just a firefighter type of hazard. In California 73 percent of the fleet of ambulances in the state are run by private ambulance companies. So just because firefighters have breathing apparatuses and helmets and turnout coats doesn't mean that the vast majority of the personnel that are responding to emergencies are protected, and we certainly need to look in the private sector also. Thank you very much.
MS. PORTER: Hello, my name is Catherine Porter and I work for California Committee on Occupational Safety and Health, or Cal-COSH. Cal-COSH is a non-profit organization that advocates for safety and health within the low-

wage worker community. We are a California State Bar-funded legal services support center, which means that we provide information, advocacy, technical assistance to legal aid organizations on occupational safety and health issues to those legal services programs in the state of California.

There are 77 legal services programs in California, and those programs represent, assist and advocate for low income and immigrant workers and non-workers. They provide assistance on a broad range of legal issues. Approximately 1.4 million Californians work at or near minimum wage, and the majority of those are full-time workers. In California the minimum wage is $6.75, which over a year -- if you do the math, working 40 hours a week -- brings in a grand total of $14,000.40. So you can see that there are a lot of workers that legal services programs assist. And unfortunately there are a lot of workers work at poverty or below level.

Legal services programs generally have financial eligibility requirements at one to two times the poverty level, and so again, this

is what I was saying about their constituency is a very low income to poverty level clientele, including workers who are working full-time. The low-wage workers in California served at legal aid centers come from a wide range of industries including garment, janitorial, domestic, bakery, child care, restaurant, hotel, dry cleaning, construction and retail and carwash. And you heard some testimony or input about some of those industries including household domestic or hotel workers.

Wage and hour issues take predominance at legal services programs, such as unpaid wages, non-payment of overtime or minimum wage, mis-classification of employees as independent contractors, failure to provide meal or rest breaks -- and that's just to name a few. And these in turn can impact greatly worker health and safety.

Many low-wage workers are exposed to a range of safety and health hazards including chemical hazards, violence in the workplace and economics issues. And yet many of those occupations or subsets of occupations are

either inadequately protected or not protected at all by occupational and safety health laws or by workers compensation in the state of California.

Today I'd like to focus on what I'm referring to as four cleaning occupations in the state of California, and they are, again, a predominantly low-wage workforce, and that includes janitors, maids -- either working at hotels or working at private homes, dry cleaning workers and carwash workers. And these workers, not even counting the carwash workers because I couldn't find any statistics in regard to them, number approximately 332,000 in California. And that's one-quarter of the low-wage workers in California. And whoever is from Los Angeles, you probably are aware that -- of how many car washes there are in Los Angeles, and similarly in the urban areas of the Bay area, probably down in San Diego. So that's a huge sector of population also.

Some of the work conditions that those sectors are exposed to include -- for instance, with janitors -- chemical exposures from cleaning and waxing products, from dust; ergonomic

issues such as bending, stretching, stooping and kneeling; and they're often working at night and working alone.

Maids and housekeeping cleaners, including those at hospitals and lodgings and at private residences, similarly have chemical exposures, ergonomic issues, insufficient protective equipment. Their wages are usually from the mid-$7.50 to $10.50, averaging about $9.47.

And the wages of janitors are pretty comparable, maybe slightly higher, especially if they're part of a union.

Oh, 30 seconds -- carwash workers and dry cleaner workers are also exposed to a wide range of chemicals and ergonomic issues. So obviously I didn't time this before I came here today and I should have.

So the research areas that we are asking for are in areas to bolster policy -- policy goals, which include improving wage and hour laws to -- by there -- therefore improving health and safety on the job, and to also impact and improve policy around setting workplace chemical exposure levels.

So -- just 15 seconds more. So we'd like

research to be done on the chemicals to which these workers are exposed, the health effects of those chemicals, the real costs of those exposures due to chronic illness including lost wages, education and rehabilitation, hospitalization and other medical costs. And also the same sort of research and compilation of information in regard to other health and safety hazards.

We'd also like information on how violation of workplace wage and hour laws impacts health and safety and -- well, thank you.

MS. PETERS: My name is Denise Peters and I'm with Mr. Clean Maintenance Systems, and I didn't actually plan to speak today. But I would like to say that I agree with most of the things that you just said. Those are all issues that we have with our janitors, as well. It is a tough situation to be in, employing janitors, because they are in a low-wage position and they are spread out. They don't usually all work together in one place -- at least not in our circumstance -- and it's very difficult many times to be able to communicate well with them on the issues of health and

safety. So I think, as a corporation, while we're trying to really promote health and safety in our workplace, we are finding that there are issues that we're struggling with in workers taking personal responsibility for their own health and safety, and that is an area that we would certainly like to see some research done in.

Additional issues that we see that definitely affect health and safety in our workplace are the underground economy and the competition with that, how it limits our dollars to be able to help our employees or our workers. Because of the underground economy we have pressure with being able to compete and get enough dollars to include a healthcare package for our people, which is something that we'd like to be able to do. However, if that's something that we could look at as far as research, how can -- improving that situation, how that can improve workers' general healthcare and safety would be a real good thing for us. Thank you.

MS. ALEXANDER: Good afternoon. I want to thank NIOSH for inviting me back. I was one of those 500 correspondents that they used in

1996, and I have four basic recommendations that I want to bring to NIOSH on the education sector. I am the director of health and safety for the American Federation of Teachers.

Before I make those four recommendations, I just want to preface my remarks with a few observations. Interestingly enough, NIOSH has been in more schools in this country than any other federal agency. They have responded to requests for HHEs and I'm very -- very, you know, heartened that NIOSH chose to go in and look at primarily indoor air quality issues in schools.

The second observation I want to make is that a school is children's workplace, and you know, believe it or not, children do not have any statutory right to a health and safety school given by anybody -- locally, federally or anything. And I would really like to see NIOSH be given a broadened mandate so that when they do go into schools they can look at the impact of conditions on children, as well.

And last but not least, I want to really say that schools are very complex industries. They're more than teachers. I really -- I

think people generally just think that teachers are a synonym for schools, but there are all kinds of work -- workers there, all kinds of activities. And schools are becoming the most densely populated institution, aside from maybe prisons and jails, in our society. And in case you didn't know it, the schools are undergoing a historic growth that's not supposed to plateau until 2009, and maybe beyond. They're extremely crowded, and I don't know if any of you have kids -- anybody have kids in schools? You've been in the hallways when they're changing classes or in the cafeteria? The noise is incredible.

Anyway, here are my four recommendations. First of all, I think that education needs to be considered its own sector. It's somewhat like how NIOSH and health and safety people looked at healthcare back in the '70s. They sort of made all these assumptions about hospitals and healthcare facilities being safe. And lo and behold, they began to understand that's not the case. We don't really have any data or any surveillance that's useful. BLS has very incomplete data on the education

sector, so we need a way of doing surveillance for this sector that's meaningful. A lot of work-related conditions never get reported -- like voice disorders, bladder infections, asthma -- which is really on the rise among many workers.

Number two -- maybe in -- by 2016 we'll have them as their own subsector. Anyway, we really need partnerships. NIOSH is such a tiny force for good in doing research in health and safety, but they aren't the big money-bags. And if we're looking at education, we need to really recruit a lot of partners, like insurance companies for instance, who are paying for the healthcare of these people for work-related illnesses. We need people like, for instance, infectious disease people to come and partner with NIOSH. NIOSH can really, for instance, characterize exposures better than any other agency, probably, in the -- in the federal government. And infectious disease people don't know this, but they really do need NIOSH to tell them about how these agents are transmitted in the workplace.

Number three, we need partnerships -- oh,

excuse me, we need intervention and demonstration projects. And again I'll look at the whole communicable disease issue as an example. We know from some little titillating research that many pathogens like rhinoviruses can be found in ventilation systems. We don't have a clue what the ventilation rate should be in a very highly dense population like a school to really protect everybody, the students and the staff. So we need the building scientists working with NIOSH and everybody else and doing this.

And then fourth, I would say that we need to have some policy research that shows how effective regulatory and other policies are at really protecting people. It really surprises me that we have not looked at the hero* law and other laws to see if they have been effective at protecting workers -- also OSHA regulations. One last thing is that I will be submitting a review article which will give me -- give NIOSH my entire laundry list of all the hazards found in the education sector, and I look forward to working with the agency. Our organization will be happy to cooperate in any way we can to help

NIOSH pursue research in education.

MS. SCHNORR: Thank you, panel one. Please take the opportunity, too, as we change panels, to stand up and stretch or whatever as we do this.

The -- panel number two, Ms. Rosa Balan of Westin Hotel; Dr. Shane Que Hee of UCLA Center for Occupational and Environmental Health; Bill Meyer of Plumbers and Fitters UA Local 393; Margarita Ramos from Century Plaza Hotel; and Mary Gene Ryan of M.G. Ryan & Company.

(Pause)

And Ms. Balan, if you'd go first.

(Whereupon, the following presentation was made through the use of an interpreter. Where presenter and interpreter were speaking simultaneously, separation of the two was difficult. This transcription represents the best effort of the reporter.)

MS. BALAN: Good afternoon, everybody. My name is Rosa Balan. I work at the Westin layers (sic). I've been working there for 30 years. I work at night. I am a housekeeper there. I also take care of other duties, as well. I pick up the linen. I pick up the trash of ten

floors. Not only that, I clean meeting rooms, 31 of them. After that I go to the offices, pick up the trash there. Once I'm done, I clean the housekeeping department. But now I am disabled.

The work there is very hard. The beds and mattresses are very, very heavy. Mattresses are about 35 to 40 pounds in weight. I have to lift them with one hand at times.

Right now I'm in a very difficult situation. I'm waiting to be -- to have four surgeries. The money I'm being compensated with is not enough for anything. It's only enough for rent.

I got injured on June 17th trying to lift a 75 to 80-pound bag. On July 4th I had a miscarriage. That was a big hope of mine, to have my baby. I lost him. I lost my job. I am not working right now. I don't have money, I don't have anything to offer my children. It is very difficult as a parent when -- when your children come to you and ask you to take them somewhere, and not be able to provide them with that.

I'm on very heavy, strong medication. I'm on

morphine, pain killers, very strong pain killers. We are not safe at work. Sometimes we don't have enough cleaning products. We use dishwashing products. Most of the female workers at my workplace are ill. They are injured or disabled, but they're unable to speak up because they are afraid to lose their jobs.

Thank you. We are here because we need your help, and we want your help. We need your support. Thank you very much.

DR. HEE: Good afternoon. I'm Shane Que Hee, professor of environmental health sciences in the UCLA School of Public Health. I'm also a member of the UCLA Center for Occupational and Environmental Health. I'm also a member of the NIOSH Education and Research Center of Southern California. I also served a term on the NIOSH Board of Scientific Counselors from 2001 to 2004. On behalf of the Southern California ERC, we thank NIOSH for their past and present support in training industrial and environmental hygienists so as to achieve health and safety in the workplace.

We graduate about five to six masters --

professional masters -- professionals per year, plus a doctorate about every three years. We like to think of ourselves as a leader in the industrial and environmental hygiene profession nationwide, and also here in southern California, hence our contribution to the current NIOSH town hall.

Most of our students come from southern California, but we also do needs assessments so that we can know how to serve southern California better. Many of our graduates also stay in southern California. We want to be part of any solution to problems in our southern California community, and not be part of a problem. This is another reason for why we are here.

We know that NIOSH funding and support is a essential part to the existence of the ERC. We want the U.S. government to continue supporting NIOSH's efforts to produce leaders in the industrial and environmental hygiene community. I would like to see NIOSH's efforts to be expanded even more than current in southern California.

Why is such a NIOSH presence needed in southern

California?
Well, there are over 15 million people here, with many diverse industries and workplaces, an ideal laboratory for research and training. There are many hazards -- chemical, physical, psychosocial, ergonomic and biological -- that need research and monitoring. There are many diverse communities that require specialized help. There are many sweatshop conditions where health and safety are secondary, and even tertiary. We, as an ERC, have only scratched the surface of these problems.
In fact, NIOSH should really think of establishing a research center here to complement that in Spokane, which is the only NIOSH center west of the Mississippi. Such a center could then make more systematic investigations of health and safety in California than currently done by us, who are all dependent on research grants which are becoming increasingly hard to come by. Our ERC would benefit also by the proximity of such a center.
I welcome and encourage NIOSH to be less focused on locations east of the Mississippi

for their specialist research centers, and to address community health and safety problems as a major focus in the National Occupational Research Agenda.

With regard to the latter, the 8-sector approach has one problem. There needs to be an integrated approach to all simultaneously rather than a piecemeal approach at the current NIOSH centers and ERCs. The best way to tackle these research sectors is to base centers and ERCs in areas where all sectors are present and where the interactions amongst the various sectors can be investigated since the whole is often greater than the parts.

Southern California has all of these sectors, and Los Angeles or its environs would make a wonderful base and center for a NORA multi- and inter-sector research center. Thank you.

(Whereupon, the following presentation was made through the use of an interpreter. Where presenter and interpreter were speaking simultaneously, separation of the two was difficult. This transcription represents the best effort of the reporter.)

MS. RAMOS: (Unintelligible) to everybody here.

My name is Margarita Ramos, I work as housekeeper for 17 years at the Century Plaza. I have three beautiful sons who depend on me (unintelligible) for belonging to hotel where we have a union (unintelligible) so that the managers of this hotel do not abuse us.

How do they abuse us? They give us extra work. They do not respect us. We work very hard as housekeepers. We have to take care of about 20 to 25 beds daily. We list to 25 to 30 mattress units on a daily basis. Just (unintelligible) it's 40 to 45 pounds (unintelligible). Sometimes we feel very pressured and we only get injured. I have two torn ligaments in my knees. Many times it is very difficult to go through my assignment of 15 rooms. As housekeepers we need to have a lighter (unintelligible) working conditions. We need to go home and take care of our children, as well.

What we would like is to work harmoniously so that our guests come back to our hotel. I would like to take the opportunity to be part of this panel to make you aware that as female workers to be around our children and our

children's education. Ten years ago my husband and I decided to purchase our home, to have a car, but this means that my husband and I have to hold two jobs, each one of us and to allow -- we are happy with our three children, but we've gone through many hardships, many illnesses, because at the end of the day I have back pain and my knees hurt, as well. My children take turns to give me a massage so that I'm able to go work the next day. And that is why that I would like to take this opportunity to ask for your help so that you can help us female workers to live a harmonious life. Thank you very much.

MR. MEYER: Good afternoon. My name is Bill Meyer. I've been in (unintelligible) Piping Trades, Plumbers and Steamfitters Local 393 for the last 25 years. Also I've served as a authorized OSHA instructor for Cal and Fed OSHA at our pipe trades training center in San Jose, and at this point I'm about closing out my first year in office as a business manager of the Plumbers and Steamfitters Local.

In the 25 years I've been in the trade I've been routinely subjected to unregulated

exposures of regulated hazardous substances, items such as silica dust, which a fellow brother brought up earlier this morning, noting that when he went in after having lung damage, he was unaware -- at least the doctors told him they were unaware of the hazards of silica dust. Yet in my possession at home from 1935 I have a video done by the U.S. Department of Labor -- in fact, Ms. Perkins, who the Department of Labor building is named after, is in this videotape. And it was very profound, having worked in the field for 25 years and then all of a sudden becoming aware of these 71-year-old issues as we speak to date. And just myself out in the field working a year ago battling these issues, working at a brand new hospital facility in Santa Clara, California, we are breathing silica dust like a vacuum should be sucking it in. However, sadly it's our lungs instead of a HEPA filter.

Weld fumes, PVC glues and primers -- I'm up in silicon valley so we're dealing with intel, HPs, we're dealing all the semi-conductor facilities, on top of the hazards we encounter in that environment, as well as biotech

facilities. But all it really takes is a concrete building to generate these hazards. And it was extremely profound when I realized that crystalline silica dust is listed as the same degree of hazard as asbestos (unintelligible) International Agency for Research on Cancer.

As a (unintelligible) instructor of both federal and Cal-OSHA training courses, I have become thoroughly aware of the laws and regulations governing workplace health hazard exposures, as well as the medical studies which reveal that we're losing an estimated 28 human lives each and every day in California just to totally preventable disease. We lose over 60,000 per year in the U.S. from occupational disease. And having become aware of California Labor Code, as well as Cal-OSHA regulations in my period of time teaching, as well as being subjected to them on a daily basis out in the field, I did move at one point to have Cal-OSHA enforce some laws for me, only to have received a very thoroughly unproductive response, including words such as "do nothing, blow the guy off." The reason I bring that up to you

was not because I want any kind of profound response from that, but we are dealing with a systemic problem per my observations of being in the field for 25 years, also teaching on the subject matter.

On first, second and third blush, how do you do this job correctly? I mean how do you actually ask employers to do this job in a proper manner where it's going to cost dollars? And per NORA's own graph on the web site, you have the -- indicating the $171 billion burden that's estimated to be on our society a year from injury and illness, and of course they compare that on this graph with the monetary burden of AIDS, Alzheimer's and circulatory disease whereby the graph equates to the cost of injury and illness on American workforce is five times greater than AIDS, more costly than heart disease and equal to the cost of all cancer on our society.

And with that, what I ask and what I would hope that we can do in the research mode is not only do the wonderful job we're doing to research the hazards, but to try to come up with the means and a mechanism that we can actually

allow our enforcement communities to move forward and do this job where, per my observations, we're spending ten times more to do this job incorrectly rather than correctly. So what I do, once again -- in our -- in our environment in Santa Clara County we have adopted many ordinances dealing with biotech and semi-conductor, and one of them was how to pipe the arcene* and phosphine, all these hazardous gases that we used to just put together in the '80s with compression fittings, pretty much a mechanical fitting. We moved over to welded systems, double-contained systems. We've really raised the bar in that area. However, I can tell you the one spot that we need serious assistance with is how to enforce and how to implement the regulations and laws 'cause in my eight years of teaching I've learned most all the laws and regulations are already on the books. It's just we have this severe disconnect, especially when it comes down to the chronic, long-term disabling diseases. Thank you very much.

MS. RYAN: Good afternoon, I'm Mary Gene Ryan and I'm a health and safety consultant, and I

work privately. But I also work with clients in the public sector and in the private sector in all the occupations that have been mentioned today. One of the things I want to concentrate on today -- or to touch base on is ergonomics, but I also wanted to touch base on a couple of other issues. As has been eloquently stated, we have laws on the books that aren't really being followed. And our people, as has already been stated, are still getting hurt on the job. We really do need to have an action plan, and I believe NORA can -- can, as a research arm, begin to look at an over-arching action plan to address intervention and to do the research now, as you have on your initiative to actually demonstrate that interventions work.

To go back to ergonomics, as was stated earlier by several people, we need to start at a very young age. How many in here know what neutral back posture is, who could stand up and say I'm standing in a neutral posture? Who knows what neutral arm and hand postures are? And if I'm going to make a bed, as a housekeeper, am I doing it in the most neutral posture? We need to know what those postures are and our

workforce needs to know what they are and we need to learn them at a very young age. Just like we learn to brush our teeth, we need to learn to stand in a neutral posture and we need to use our hands in neutral postures.

Our technology's advancing so fast that our children now are becoming -- are being placed, as one of the educators had mentioned, in positions of non-neutral posture when they sit in school and work on our computer systems that we now have in school. We're not in the most ergonomic setting for that student, nor for our employees. I still find employers that do not have chairs that fit their employees. And if we can't even get a chair to fit an individual, then how do we expect them to stay in neutral postures and know what they are?

We also need to educate our force on what good work practices are. We've heard today from many of our service-connected employees that they work alone, and maybe the work practice should change to a buddy system so that I do have the availability of help to do work, or that I can share my workload. If I have 15 rooms I need to clean and another person has 15

rooms, maybe we can work together and get them done differently in a better work practice. But again, it's getting to the -- changing our focus and having a wider vision.

What I would recommend is, from an ergonomic standpoint, that we look at the hazards that -- we already know what the hazards are. We know what the risks are. But we need to classify them for each particular job task, and we need to give that information to employers and to the employees so that they can use the tools that we already have available. And we need to measure what really works because we have some guidelines that are out there, and as an individual that does ergonomic evaluations, we're not positive that everything that we are recommending really is the answer. And it's not the answer if we can't get the employee to move. And in essence, our jobs need to include movement.

Two other items I wanted to address are respiratory protection -- our EMS representative mentioned some issues with respiratory protection, but our firefighters here in this area, especially in Ventura County

where I am from, we have a lot of wildland firefighting, and we still have not come up with -- I know Lawrence Livermore is looking at respiratory protection for wildland firefighting, but we do not have a solution yet for that problem.

And we need to stay ahead of the potential threats for communicable disease, such as already was mentioned with the up and coming threat of avian flu and any of the new -- newer pandemic issues. As we urbanize our rural areas, we are now finding that we're bringing threats to the human side of the house that used to be in the animal side of the house.

From a nanotechnology area, as we get into clean areas and we ask people to stay in a clean environment, we limit their ability to take breaks and to get hydrated, and we increase the heat stress that we can have.

Thank you.

MS. SCHNORR: Our third panel will be Aurelio Gomes of UCM; Barbara Materna of the California Department of Health Services; June Fisher, Trauma Foundation; Maribel Barrenechea, UNITE HERE Local 11; and Jessica Barcellona of SEIU-

UHW Joint Employer Education Fund.

DR. GOMES: Good afternoon. My name is Aurelio Gomes, and for the past five years I have been an associate professor of clinical epidemiology in the Medical School of the Catholic University of Mozambique in East Africa and director of the HIV/AIDS Research Center.

My research focus is on AIDS, and with support from US-NIH I recently instituted the first rural HIV/AIDS clinic in Mozambique, in collaboration with UCLA and Pittsburgh. The clinic is located in Mangunde at a remote rural Catholic Mission. I have also worked in Beira City in Mozambique at an urban HIV/AIDS clinic developed by Sant'Egidio, a volunteer Italian lay organization which was the pioneer clinic to deliver antiretroviral drugs in central Mozambique.

Today a major topic is about scaling up HIV treatment in Africa. As this audience knows, the U.S. government allocated $15 billion over five years to fight AIDS in developing countries under the program called PEPFAR, the President's Emergency Plan for AIDS Relief. Such program will only be effective if health

care workers -- if there are health care workers that can provide the treatment.

For those in the field, there is however a phenomenon that can jeopardize this effort, the increased care by health care workers of contracting HIV and hepatitis, as well as other infections to which they are exposed, such as tuberculosis.

The question still not answered is this: Is it ethical to ask a health worker to sacrifice his or her life to save other people's life? This is a question I got from one of the health workers in HIV clinic which was treating patients with outdated equipment, such as glass syringes.

With help from TDICT Project that you'll hear of later from Dr. Fisher, we introduced on a limited basis safer devices supplied by some manufacturers which were tested in our environment. Sadly, a lot of these devices were even known by health workers, and the few that they -- that were known certainly were not available for them. The health workers are enthusiastic and identified some issues that were culturally and environmentally relevant to

them, based on their work experience and needs. This was particularly important for those working in home care. Just imagine having to provide care to someone laying on the dirty floor usually.

Policy makers often argue that cost is a limiting factor. However, anecdotal evidence shows that the costs of many of these outdated device are probably more expensive than those that are newer because they are considered custom-made. Yet they are still being ordered by government.

Today it has been recognized that providing manpower to staff these clinics has been severely hampered either by deaths due to HIV or by those deserting the health sector. To deliver proper care, and in particular antiretroviral drugs, it is critical that healthcare workers be provided with proper occupational health programs so they can remain in health sector.

We would -- I would encourage NIOSH, specifically when there is U.S. government funds available or involved, to be more intrusive and even take control of occupational

health issues in international funding that targets activities that are risky to health workers in developing world through a systematic approach that includes an assessment of the actual condition and mandatory guidelines for such programs to effectively include higher health and occupational standards in their -- in their programs. We would also encourage the medical device industry to bore attentive to the cultural values in developing countries where environmental factors can be an adverse impact on the use of devices tested only in U.S. or other developed countries. Thank you.

MS. MATERNA: Good afternoon. I'm -- I represent -- I'm Barbara Materna and I represent the occupational health branch in the California Department of Health Services. We're a non-regulatory public health program that conducts research and provides services to prevent injury and illness among California workers. My written comments will provide a little more information about what our program has done, much of it with NIOSH support through the years. It also covers some of the

characteristics of the California workforce that pose unique challenges to doing health and safety to serve the needs of all of our workers.

But in the interest of time, I'm going to jump right to my recommendations, which fall under two basic categories.

First, we recommend that NIOSH consider the following priorities for the next decade of NORA. First to place special attention on supporting research and other activities that will improve working conditions for low-wage immigrant and under-served workers, which you've heard about for several hours already today, and I support all of my -- the speakers that have preceded me. These workers are found in large numbers in the services sector, as well as in other sectors that are high-hazard and significant in California, including agriculture and construction.

NIOSH should support and promote efforts that determine the most effective ways to provide health and safety information and training that is appropriate to the languages, cultures and literacy levels in our workforce in California.

NIOSH should also support efforts that develop effective interventions for preventing and reducing musculoskeletal disorders, which are a major contributor to workers comp costs and cause of lost work days and disabilities, which often in many cases go unreported and uncompensated.

NIOSH should support efforts to disseminate available information that can be used to improve working conditions such as hazard information, research findings and best practices, and particularly to reach the large numbers of small businesses and their diverse workers.

NIOSH should support efforts that involve partnerships between occupational health professionals and researchers in community-based and labor organizations that have special access to these workers and knowledge of their needs.

And finally, NIOSH should support efforts to determine how to best address health and safety within the context of other important problems and issues that these workers face. For example, language barriers, poverty, working

long hours and multiple jobs, limited education, lack of access to healthcare and permanent employment, exploitation and all the other life stressors that you've heard many others speak eloquently about today.

And the other area of recommendations that we have for NIOSH are that NIOSH should enhance and expand partnerships between NIOSH and state public health departments for conducting occupational injury and illness surveillance and intervention activities, and to assist in translating materials and research findings into safer workplaces and work practices in our workplaces, in line with NIOSH's R2P, Research to Practice, initiative. Health departments are uniquely positioned to carry out these efforts. For example, we have legal right of access to workplaces to carry out public health investigations. We have statutory access to unique data sources that can be used for conducting epidemiologic analysis and case follow-up investigations. We're part of the state's public health infrastructure and have useful ties to colleagues in communicable and chronic disease control, environmental health,

family health and health through services delivery. We have existing relationships with local partners, which include trade associations, unions, community-based organizations, health professional organizations and local health departments. And we have a long history of collaborating with other states and NIOSH to share information and experience and promote a growing network of state-based programs to prevent occupational injury and illness. NIOSH support, collaboration and technical assistance has been critical to many of these state-based activities, and we have been successful in encouraging more states to expand their efforts in this important area of public health. So therefore we recommend that NIOSH increase the total amount of funding for activities conducted by state public health departments, provide enhanced funding for projects that involve developing and implementing interventions, support proposed partnerships that allow states to work with stakeholder groups to address health and safety issues identified in participatory group

processes such as the Build Safe California construction industry training effort that was funded through a NIOSH core surveillance agreement. And finally, to partner with states on efforts that involve widespread dissemination of research findings and adoption of the best health and safety practices into our state's workplaces. Thank you very much for the opportunity to provide input.

DR. FISHER: I am -- can you hear me? I am June Fisher, an occupational health physician and former lecturer in engineering. I'm also a member of the current NORA infectious disease group. I have been involved in participatory research for -- with healthcare workers and urban bus drivers for almost 30 years. Today I will talk briefly about a user-based design in occupational health and safety giving voice to worker expertise. And I think we've heard about the need for training workers and this -- what I'll talk about will be...

But we hear a lot about user-based design, and most common we hear about it in the development of software and that -- this is typical of -- way it's being used, at the very end you'll

beta* test something. That's too late. Workers need to be involved in all aspects of design development. That is including need-finding, the whole process of prototyping and going through the design and giving input to the design of really what they need, and to evaluate and select devices. In order to do this, you need to have some skills and training on both sides, the people who are bringing the technical expertise of design and the people who are bring the expertise and knowledge about their own work.

I would like to briefly discuss a NIOSH-funded project that I have been involved with for the past 16 years, which may illustrate some of these aspects. The project is a user-based collaboration of frontline healthcare workers, industrial hygienists and product designers, mostly -- the later two are mostly graduate students 'cause we were not well-funded. The frontline healthcare workers are primarily from San Francisco General Hospital, but healthcare workers from many other regions in the U.S. and Africa have been involved with the project. The project began before devices to protect

healthcare workers from exposure to blood were available, and this was a demand that our union at our -- my hospital made when they did not exist. It was not the occupational health people or the physicians at the hospital. It was the line healthcare workers were saying why don't we have safer devices, and there was stimulus for this project. And its mission is to promote the development and use of appropriate, safer medical devices to prevent such exposures.

The initial emphasis of this user-based collaboration was the training of the industrial hygienists and product design engineers to understand in depth the complexities of providing healthcare. That's critical. If you're going to design, you'd better know what you're designing for, and that doesn't happen very often. This was accomplished by observational studies, focus groups, joint brainstorming and -- most important -- intense mentoring by the frontline healthcare providers. The industrial hygienists and engineers were really nurtured, but valued, by their healthcare mentors. Thus

they gained a broad understanding of the work demands and the occupational hazards in healthcare.

In our third year, at the suggestion of the product designers, a course in product design and industrial hygiene for healthcare workers was developed. The intent of the course was not to create designers, but to give to healthcare workers a language and design vision so they could understand and be directly involved in all phases of the design process. The healthcare worker -- were -- participants were most enthusiastic about the course.

Many of the participants have gone on to be key figures in the struggle for the revised OSHA bloodborne pathogen standard which mandates the use of safer devices, as well as the historic requirement that line healthcare workers participate in evaluation and selection of such devices. Many of them are active in training other healthcare workers to evaluate and select devices. These device-savvy healthcare workers also provide critical links with the medical device industry. I have no doubt that the better devices that now exist owe a great deal

of their usability to the input of these design-trained users.

They have also given direction to our project, which I will skip over the many things that we've done, but are -- well, all our efforts are directed by the healthcare workers. And of particular note is the user-based safety criteria sheets that are widely disseminated world-wide now and is included in the OSHA revised bloodborne standard. The reason I bring this up, because an unexpected but most important outcome is that they're the de facto standards for the industry, plus the voices of the healthcare workers have been integrated into the manufacturing of medical devices to a degree that hasn't existed before.

I -- can I have 20 seconds more? We would encourage NIOSH to support efforts to promote comprehensive user-based design for all areas of occupational health and safety, and this includes training engineers, industrial hygienists in effective strategies for comprehensive participatory design.

Another thing I would recommend is a specific recommendation -- we need a study on how the

OSHA requirement for worker line involvement is being implemented because it's my impression -- and I have a lot of -- wide impression that it's not being implemented. Showing a worker a device you've already chosen is not worker input. We have to have real worker input.

And then totally off of the area of design, but I also think we need research on the inter-relationship of patient and healthcare worker. They are integrated, not the way it's viewed, that one has to be compromised for the other. Thank you.

MS. BARRENECHEA: Hi, good afternoon. My name is Maribel Barrenechea. I'm going to try to speak in English. If I find I can't, I'm going to request the interpreter help.

I'm a housekeeper from the Westin Bonaventure in downtown Los Angeles. I'm a single mother. I have two daughters. And I was being worker for nine years in there and the thing I can tell you right now is about a problem we have is a national problem we have and this problem is through the union for hotel and restaurants or hotels, and this (unintelligible) it was already implemented in Las Vegas and in other

cities and these programs are some -- they put -- they measured out their population of the housekeeper and they -- they know how this operation went there. They are working with (unintelligible) to be -- when they are resting, when they are working and how effect -- and their help and their -- with their family in general. And that program is to help us to how to avoid injuries in work, and these problems -- it was (unintelligible) I talk to you it's international -- it's national. It was in Toronto, Hawaii and Las Vegas and other cities, and we were working -- like we did our program where we put a big (unintelligible), and a lot of ladies, they -- they put a sticker where otherwise they hurt, and a lot of ladies -- we notice a lot of ladies that are already hurt and they don't report because they're afraid to -- to lost their job, and that's the (unintelligible). And we notice a lot of ladies, they don't take their breaks -- their breaks, even their lunch sometimes. They (unintelligible) go to clock in and clock out, but they don't take their lunch. We're trying to -- to tell them why it's so important to

take their lunch and their breaks. And I know a lot of ladies, they are hurt and like they're still working, and they're afraid of how -- to tell the managers or supervisor they're already hurt because when I talked to some of them they say, you know, because I don't have another income. If I (unintelligible) I don't have enough money to -- to pay my necessary -- something I need for my kids or myself. I'm sorry, I'm a little bit nervous in here. And where I notice in -- for -- for these people or the owners of the hotel and restaurant like are really -- they don't -- they don't like to know when other people that are hurt, and they have a lot of pressure on -- the coworkers, they have a lot of pressure to do their job. Like example, we have eight hour to do our shift, you know, but we have our 30 minutes -- our lunch and like ten minutes in the morning for a break and ten minutes in the afternoon, and totally we have like seven hours to do our work. It's like 14 to 15 rooms. In total we have like 15 to 20 minutes to do a room. And like if you notice, everyone in here, we have our beds at home, you know, and

how -- how long would take to do a bed, you know. And like we have to do -- like some of the ladies, they have to do more than 20 beds, like 30 beds, you know, and they have -- be rushed because 20 to 15 minutes to do a room is like it's not enough time. And we have -- like -- like they call to them -- checklist, and we have like 100 points in there, and like every point -- like if they found a hair in the bathtub, like they take away five points, so you know, it's a lot of pressure for that. And I know a lot of ladies like they can -- they can finish their work because really they have a lot of -- lot of pressure for other coworkers, and I don't think like that's fair to the other coworkers to be working like that when they're -- they're really hurt and -- sorry, I'm very nervous, but I hope they understand what I want to talk to you. Okay.

MS. BARCELLONA: Hi, good afternoon. I'm Jessica Barcellona, health and safety project coordinator with SEIU, United Healthcare Workers West and the Joint Employer Education Fund. SEIU, United Healthcare Workers West, represents 135,000 healthcare workers

throughout the state of California. We're part of the Service Employees International Union, which represents 1.8 million healthcare workers, building service workers and public sector workers nationally.

I'm grateful for the opportunity to speak today and thank NIOSH for planning these town hall meetings throughout the country. Overall, healthcare workers suffer a higher absolute number of injuries and illnesses than workers in any other industry sector. This sector has been growing larger every year, increasing the chances for more workers to be injured.

The rates for injuries in nursing homes are substantially higher than those in hospitals. Other healthcare workers, such as home care, social assistance and mental health, venture into the community to provide care, increasing their risk for injury and illness. Many workers in the healthcare industry are considered vulnerable workers as they are women, people of color, immigrants. They work in entry level positions, are non-English-speaking or suffer from illiteracy.

NIOSH must be commended for its work on

recognizing and addressing hazards facing healthcare workers. More attention has been paid to health and safety issues such as latex allergies, needle stick injuries and hazardous drugs due to NIOSH's research and alerts. However, there are still many occupational health hazards facing healthcare workers which need more consideration from NIOSH. These hazards include controlling glutaraldehyde and other carcinogenic chemical exposures, reducing anesthetic gas exposures, implementing workplace violence controls in healthcare and mental health settings, repetitive strain injuries and musculoskeletal disorders, and the impact of short-staffing on healthcare workers. Unfortunately I do not have the time to elaborate on all of these issues, so I'll focus on the last two I just mentioned.

Repetitive strain injuries are perhaps the biggest unaddressed hazard facing healthcare workers. Neck, back and shoulder injuries are among -- among healthcare workers are most commonly caused by the dangerous practice of manual patient lifting and transferring. On average, nurses are getting older, while

patients are getting heavier, and this is a recipe for disaster.

About 12 percent of nurses who have left the profession report the main reason they've left being they have suffered one or more of these preventable repetitive stress injuries. While at least one NIOSH-funded study has focused on the use of mechanical lifting and transfer devices, the need for more research is clear.

In addition, a large number of healthcare workers who do not provide patient care also suffer from work-related musculoskeletal disorders. Hospital and nursing home employees in the dietary, housekeeping and clerical departments, or home care workers who cook and clean for their client in their homes, are required to push heavy carts, work in awkward positions, or sit for long periods of time.

And workers who do patient care are also expected to complete other tasks such as maintain charts or distribute medication. The emergence of mobile work stations have created a new potential for ergonomic injuries in healthcare.

The other issue that is most important when we

talk with our healthcare workers, members of our union, they identify short-staffing and stress as a high priority in health and safety. Short-staffing has become the norm within most healthcare institutions. Many healthcare workers are feeling the stress and strain that comes along with it. Due to short-staffing, stress and fatigue increase, therefore raising the potential for injury and illness for workers. Also the quality of patient care may suffer as a result of healthcare worker stress and strain.

Stress may manifest itself in psychological symptoms which can be hard to diagnose as work-related. Also many stress-related physical symptoms -- such as headaches, gastrointestinal problems, sore muscles, high blood pressure -- are often attributed to personal health problems as opposed to work-related stress.

We urge NIOSH to focus more research on short-staffing, stress and other related psychosocial issues, as well as ergonomic hazards in the healthcare industry. Thank you.

MS. SCHNORR: Thank you. Why don't we take a short 3-minute break so you can stretch, but

really keep it to three minutes so we can keep going. Thanks.

(Whereupon, a recess was taken from 3:38 p.m. to 3:45 p.m.)

MS. SCHNORR: ... panel of people will be Richard Gorham of United Professionals; Sheryl Moore of AFSCME 3090; Fred Drennan, Team Safety, Inc.; Irina Nemirovsky, California Commission on Health and Safety and Workers Compensation; and Lynn Strother, Human Factors and Ergonomics Society.

(Pause)

MR. GORHAM: Hello, my name is Richard Gorham. I used to be a state employee but I retired early to go to work for United Professionals. Some of our members include psychologists, social workers, dieticians, individual program coordinators, recreation therapists, physical and occupational therapists, audiologists, chaplains, rehab counselors, pharmacists and licensing program analysts.

The basic problem with the state of California is understaffing. All occupations are covering at least one-third of a vacant position. This adds stress to everyone. The psychiatric

technicians, level of care, they're an endangered species. The state's way of addressing that is to hire a PT assistant. This is a certified nurses's assistant. It's like ten weeks of training. And they also have student assistants.

Who picks up the slack from all this work? The psychiatric technician. That's the person that actually delivers the level of care work.

Hiring process, if they are advertising, takes up to six months to hire someone. They have to do a background check which includes a credit report and a physical. And by the time they are called, they either starve to death or have found another job, and you're back to square one trying to hire them.

They had a program in the '90s, it was called Salary Savings. It was -- upper and middle-management were getting a salary bonus for every salary that they saved, every position that they kept open. I cannot find from anybody -- I don't get a straight answer when I ask is that in effect now. It has every earmark of that.

They also ha-- we also suffer from contracting

out psychologists, social workers, pharmacists, rehab counselors. We've been in negotiations with the State of California and they've agreed to stop, but they don't seem to be complying. We are underpaid. Our basic salary is augmented by a recruitment and retention bonus, which is not included in our peers' retirement. Psychiatric technicians that -- it's not even an A.S. degree -- make more than the individual program coordinators, dieticians and recreational therapists. They -- everyone in our union has at least one, if not multiple degrees.

Overtime, we're salary so we get no overtime. I worked ten hour days four days a week. Just because there was so much work, I was required to come in from one to four days every month just to try to keep up with the workload. My case load stayed the same, but the work just -- it's phenomenal. It costs me $6 in gas just to go back and work -- forth to work, so -- and I'm not earning any money while I'm doing that. We have some outside influences. The federal, state licensing, Department of Justice and the courts, they keep raising the bar. More rights

for the clients, more activities, more services, even though they're aware that they cannot deliver these services. This creates a neglectful atmosphere.

Borderline hostile work environment, ever-increasing workload, pressure to keep up, unresponsive management and their inability to change direction. Injuries have skyrocketed, both for the clients and staff, both from workplace violence. We represent people that work in department of corrections, developmental centers and mental health facilities. Every single one of those is understaffed.

I've got a pharmacist at Etascadero. He just was involved in an altercation. He ended up with three broken ribs. But we also have communicable diseases, methicillin-resistant staphylococci and vancomycin-resistant enterococci. These are two very bad pathogens. The treatment for that is -- is treating them with two different top of the line antibiotics, and they're not always successful. We also have people that have hepatitis.

My recommendations, bring outside influences

back into reality. Keep positions filled by speeding up hiring and provide incentives for hiring. And our highest priority for the upcoming negotiations would be increased pay, to that of the private sector, and include recruitment and retention in the base pay. Thank you.

MS. MOORE: Good afternoon. My name is Sheryl Moore and I represent the City of Los Angeles, as well as Cal-COSH. I am a -- on the advisory board. For the City of Los Angeles we're talking about over 5,000 clerical and support services members, which includes your 911 operators, a lot of your support staff when -- which you go to the counter and wish to get information from.

In the City of Los Angeles over a year ago we -- AFSCME Local 3090 put on the table for the City of Los Angeles to -- to sit down and look at injuries within our workers. Those injuries has skyrocketed as far as workers comp claims in the City of Los Angeles, so we took it upon ourselves to put some language down and then we started a program, with the assistance of UCLA, in order to look at injuries within the City of

Los Angeles. Now what I found astonishing was the fact that we had surveys done -- each time we did a class or an awareness class, we had surveys done. Now I'm going to just throw these numbers out at you. Out of -- based of 741 surveys, because we have a female-dominated class, we had over 594 women who responded to the survey and only 146 males. What I thought was -- and then the average age is 43, so you're talking about an aging workforce in the City of Los Angeles.

We heard a lot about what's going on in the private sector. Well, there is just as many injuries going on in the public sector, if not more. And the thing about it is, these people are not reporting these injuries simply because they have a mechanism to do it but they won't do it. And you know why? There is a fear factor in the public sector, just like it is in the private sector.

Just to throw out a couple of numbers, 69 percent or 80 percent of the people that work in the City of Los Angeles uses -- uses a computer, and 80 percent of them are injured on the job. Yes, if you get injured you're

supposed to fill out a form. You have to wait 90 days in order for it to be approved. But people are working hurt in the City of Los Angeles.

One of the things that I also found astonishing was there's a lot of neck -- we asked them if -- if they're experiencing discomfort with their neck within the last 70 -- seven days; 63 percent out of the 741 said yes, they are experiencing the basic neck, shoulders, upper back pain. Large numbers of people are experiencing pain, but they are not reporting it. Not reporting it.

One of the things that I found just -- just -- just threw me off the loop through these -- the survey was 70 perc-- 70 peop-- 70 percent people answered "no" to missing works -- missing work at their job. They will come to work hurt. Only 22 percent said they missed working days and not come to work. Now that -- that's -- that's ridiculous. Why are people coming to work hurt?

Another thing is 73 percent said no, they don't file workers comp claims. Well, there's no incentive to file a workers comp claim. Why

should you? Because if you do, it's not going to do any good, in the first place. You still have to work on that job and complete that task before anybody will even take a look at you, and that's including the City's doctor, as well as your own.

The other thing that I found quite astonishing was -- and you would think the City of Los Angeles with its bureaucracy would -- would promote good health and safety among its workers simply because they depend on workers in order to make a difference in the City of Los Angeles. Well, 74 percent said no, they don't receive any ergonomic training in the City. If UCLA, City of Los Angeles as well has asked me, didn't put on the table and say hey, you need to do something about the workers that's coming on in here, they wouldn't have done anything.

What I found that the research needs to be done, and I'm just asking, is education. There should not be any fear factor with anyone reporting their injuries. Also on-the-job training, ongoing training that includes peer health advisors, people within the

establishment get additional training in order to help one another, because I'll go to a coworker before I'll go to management. The psychosocial behavior that's -- and that's reducing the fear of on-job -- reducing the fear of on-job injuries, so that way these injuries can be reported. And then also looking at follow-up. We need follow-up. You need management as well as City workers in order to look at the bigger picture. What is it going to take for us to reduce these injuries as a group, you see, and not just put it all on the workers. These are some of the areas that I feel that is -- that needs to be researched more often and in place. We are trying to do it, but it's going to take a lot more help and also cooperation on all ends. Thank you for your time.

MR. DRENNAN: My name is Fred Drennan. I'm a safety consultant and I've consulted for large corporations such as Exxon, 3M and to small mom-and-pop organizations around the United States. And I've -- also have been the task force leader for the American Society of Safety Engineers for the last year and a half. We

have 30,000 members across the United States and our initiative is to help NIOSH with the steps to a healthier U.S. workforce. And some of the issues that the previous speaker presented is that while these problems that we have is the health of the worker, the aging worker, and how are we going to be melding safety and health issues because they really are one and the same picture. And so that's been my -- my focus for the last year and a half, speaking with John Howard and Greg Wagner and also Paul Scholte* in New Orleans just before the hurricane hit. And so -- but my presentation today is to really to talk to you about my position as a safety consultant and the other speakers here that are responsible to implement safety programs and to promote safety within their organizations, and that's the perspective I want to give you today.

And the first one is is that NIOSH, from my perspective, has been focused on what I call the hard sciences -- respiratory protection, the chemical exposure, dermatitis, things like that. I want to -- I'd like to see NIOSH focus on what I call the soft sciences. And for the

last 20 years in the field of safety one of the dominant management systems has been what we call behavior-based safety. And that philosophy says that 96 percent of all accidents in the workplace are caused by workers' unsafe acts. And so this -- this program is being promoted by other consultants such as myself and these programs cost millions of dollars and a lot of the major corporations across the United States have had less than stellar results from these. And so it's almost a consumer protection program is how do we -- companies -- individuals, the people like myself that are there to help small employers and large employers to implement and promote safety for their help, for their workers, and also that behavior-based safety has taken a new twist and it's called people-based safety. And there's no real research to say are these really valid, and so the unsuspecting buyer out there is kind of in a vulnerable position. The second one is this -- this is our trade journal for the American Society of Safety Engineers and the lead article here is the ANSI Z-10. It's a safety management assistant, so

this is going to be the benchmark for the next several years, and ANSI is American National Standards Institute, and it was only done by a group of 80 individuals such as myself and they got together and they called best practices, so this is going to be the new standard. But there is no real research that says is the ANSI standard really the gold standard, if you want to perceive it that way.

And then the next issue that is gaining more popularity is organizational culture. What are the cultures that we have in these different organizations that promote safety or hinder safety and the City of Los Angeles obviously has got a dysfunctional safety culture there. So it goes from there to my last statement that I would like to see and I think is the most profound that I would like to see NIOSH do research on is how do we sell safety to management. How do we sell safety to business owners. You know, in the 28 years I've been doing this, my first issue has always been an easy way to make a living is sell compliance. Well, once the compliance issues are taken care of and the management and business owners start

focusing on other areas and they take their eye off the ball that safety and things start going back down again until they start accelerating and getting (unintelligible) back hey, we've got a compliance problem.

The second issue, especially in the last couple of years in California, is the workers comp cost, including the -- self-insured has been very, very expensive in California so that's been my second biggest sell. So what I would like to see NIOSH do is focus on how do we sell management safety that's beyond compliance and workers comp issue. We need to show business owners and business executives that it improves efficiency, improves productivity, it improves morale, it improves all of these other issues than making businesses better places to work for, and the only way that's going to be done is if NIOSH comes and looks at -- and does some really broad-stroke demographic research of executives to find out how can we do a better job so people like myself and the lady here speaking for the City of Los Angeles, we have some real concrete data that we can present these things -- and the union speaker here was

talking about that. So I think that that's what I would like to see NIOSH focus on is the soft science, the sociology of safety, and that's my degree. I'm a sociologist and I hope that's the direction they take. Thank you.

MS. NEMIROVSKY: Good afternoon. My name is Irina Nemirovsky and I'm actually part of the Commission on Health and Safety and Workers Compensation of the State of California. My remarks are also on behalf of executive officer Christine Baker, who unfortunately apologizes and was not able to be here today.

First of all I would really like to thank NIOSH and UCLA for the opportunity really to be here today and to provide some of our key research issues for the workers compensation and occupational health and safety community in California. But before I begin, I'm not sure how many of you really know about the Commission or what its role is, and I'd like to just give you a brief introduction on what we do and what our mandate is in the state of California.

The Commission was created by the 1993 legislative reforms of the California workers

compensation system. The eight members of the Commission are appointed by the Governor and the legislature to represent employers and labor. And the mission of the Commission is really far-reaching. It was formed to monitor the health and safety and workers comp programs in California, and the Commission is charged with recommending legislative and/or administrative modifications to improve system operations. It's mandated to conduct a continuing examination of systems in California and to evaluate those programs in other states. Many of the Commission's studies and research findings have been incorporated into the workers compensation recent reforms of A.B. 749, A.B. 227, S.B. 228 and more recently in S.B. 899, which was signed in 2004.

We believe that considerable progress has been made in improving workplace health and safety, as some of the recent injury and illness statistics demonstrate that there've been considerable declines in the past decades of injury and illness incidence rates and has -- there has been a huge decrease in incidence rates really for all industries.

But much of the progress that has been made improving workplace health and safety has largely been based on support and knowledge generated by occupational safety and health research. However, resources for occupational safety and health research are limited, and the toll on costs of injuries are still high. There's still about 700,000 non-fatal occupational injuries and illnesses in California annually, and an additional 416 deaths from injuries on the job. Thousands are permanently disabled as a result of workplace injuries. The workers comp costs, as some panelists have mentioned, for work-related injuries are really high. They're over $20 billion annually in administrative expenses, medical and indemnity costs.

Our -- CHSWC's -- some of the CHSWC's key research priorities which we would like to address here today and really recommend for NIOSH to take a look at include -- we really feel that there's a need for ongoing monitoring and independent evaluation of the workers comp system. It's critical to assess system performance and determine whether the goals of

the reforms are being realized. More research needs to be done in evaluating the medical outcomes, quality and access of the recent reforms. Yes, workers comp reforms have been put in place to control some of the above-mentioned costs and make improvements in the workers comp system, but their impact still needs to be evaluated, and the impact especially on the quality of care and access. That work still needs to be done.

We would like to recommend that more research be done on integrating -- on the integration of non-occupational and occupational healthcare and what the impact of that is on improving continuity of care, quality of care and reducing workers comp costs.

The implications of the aging workforce on occupational health and safety and workers compensation needs to be studied.

Incorporation of health promotion into existing occupational health and safety programs, that's a priority. There needs to be more information about workers compensation system available in several languages in addition to English and Spanish -- other languages such as Chinese,

Vietnamese, Tagalog, Cantonese and Korean. There needs to be actually more information disseminated into these languages as well. Lastly, it would be great if we can determine the feasibility of establishing a northern and southern California resource centers for employers and injured workers that would maximize successful return to work after a workplace injury and reduce workers compensation costs.

I would lastly like to emphasize that all of the Commission studies have been done with input from stakeholders. We believe that strengthening and broadening partnerships with partners is of great value in leveraging limited resources, obtaining important feedback and helping to implement and evaluate programs. Partnership with stakeholders are key to improving the workers compensation and health and safety systems in California, and we look forward to partnering with NIOSH and other organizations on helping to improve workers comp and health and safety systems in California. Thank you.

MS. STROTHER: Good afternoon. My name is Lynn

Strother and I am the executive director of the Human Factors and Ergonomics Society. We're located in Santa Monica, California -- right here down the road -- and I represent about 4,500 scientists and practitioners internationally in the area of human factors and ergonomics. And our mission is to advance the science and practice of human factors and ergonomics, and today my remarks are focusing primarily on some concerns within the research community regarding NORA's sector-based approach.

NORA was originally established in 1996 to consider the occupational and safety and health needs of industry and how to define a research agenda that would be meaningful for society. The idea was to bring together researchers, practitioners, academics, industry representatives and so forth to determine where weaknesses were in the research agenda and where future research focus should be encouraged. We applaud this inter-disciplinary and multi-dimensional focus to addressing this important public health issue.

Given the production of NORA I, we think that

the research agenda positively influenced the field of occupational health and served as a useful guide for policy makers and researchers to help focus their efforts.

The original NORA effort was effective and appeared to encourage research in needed directions. Research that would have had greatest impact across industry sectors was encouraged, and often focused upon fundamental illness and injury causality issues. This work reinforced traditional research values that encouraged the advancement of the science that would underpin the basic principles underlying health causality issues.

The new NORA effort appears to have significantly changed its approach from the focus on the injury/illness-based research to an industry sector approach that would encourage industry to identify the areas of research that are most -- of importance to them, to industry. Given the fact that the occupational health recording system has changed dramatically over the years, our fear is that public funds will not be appropriately directed to the real occupational health issues

facing society, but they will only be directed to the issues that are permitted by whatever the surveillance system is designed to identify.

An example of this concern can be found in musculoskeletal disorders. It is well known that musculoskeletal disorders represent the primary reason for missed work in industry overall. However, recent changes to the recording system have eliminated the MSD category from the surveillance forms. Thus this system would permit the country's most widespread health issue to be under-appreciated in this sector-based approach since it would most likely be buried in a generic accounting system.

Although musculoskeletal issues are to be addressed via the cross-cutting sector category in the new NORA plan, it is difficult to understand how addressing musculoskeletal disorders as a cross-cutting topic can facilitate a better understanding of the causal pathways that are needed in order to bring about truly effective solutions.

We live in a rapidly-changing world from an

occupational perspective. The fundamental manner in which work is accomplished has changed, along with out-sourcing, in-sourcing, globalization and large corporations increasingly being responsible for worker health across a multitude of industrial sector definitions. The sector-based approach to occupational safety and health research represents an effort to encourage immediate applied research efforts and, we fear, to minimize basic research efforts. Although applied research can be useful and of immediate assistance, any effective research portfolio requires a balance between basic and applied research.

Applied research can be optimal and useful in the long term only if it builds upon a strong scientific foundation that has been well-reasoned and builds upon a systematic approach to understanding the causal relationships underlying an occupation-related injury or illness. Our concern is that research defined and based upon industry sector will not lead to meaningful research that is consistent with the long-established process of scientific inquiry.

This sector-based approach will encourage superficial research that may not necessarily address the most important occupational health issues, and instead may result in industry control practices that address symptoms of occupational health problems instead of their root causes.

An additional concern involves the body of research that was initiated under Phase I of NORA. As stated earlier, scientific inquiry is a progressive process that often takes decades to come into fruition. Many of the efforts that were funded under the research topic-based NORA initiative over the past ten years will only lead to useful solutions if they are followed by research efforts that can build upon these initial steps.

I have a little bit more. I have been told to stop. I'll make sure that my comments get into the record, and I just want to offer the assistance and partnership of the Human Factors and Ergonomics Society, its members and technical groups in this effort. Thank you very much for your attention.

MS. SCHNORR: Thank you. We are up to our last

panel. There are six people on this panel, Suzanne Porcenne*, SEIU 660; Pamela Vossenas, UNITE HERE, Strategic Affairs; Sonia Moseley, United Nurses Association; Al Perez and Charles Burks of the Postal Service.

MS. PORCENNE: Good afternoon. My name is Suzanne Porcenne. I'm with SEIU Local 660 that serves Employees International Union. And we represent L.A. County workers as well as workers in special districts totaling close to 50,000 workers in L.A. County.

Our workforce includes office workers, court reporters, workers in schools, healthcare workers such as nurses, LVNs, eligibility workers in social services, blue collar workers -- custodians, housekeepers, and anyone else who delivers services for L.A. County.

As an important stakeholder in the public sector, SEIU Local 660 very much wants to work with NIOSH and looks forward to a collaborative partnership through the NORA sector research councils and other avenues. We urge NIOSH to support and conduct research that can be used to effect real policy changes, such as better ergonomic standards and an increase in staffing

levels across different departments within any public sector, including county, state and federal. And also to effect changes that will reduce psychosocial stresses on workers.

For over 20 years SEIU Local 660 has had a labor/management ergonomics committee. It is one of the few committees of this type that has an operating budget that we negotiated with L.A. County management. Our clerical bargaining unit, composed of 16,000 members, fought hard to win the creation and funding for that committee, and maintained the funding levels through a political climate that was adversarial towards workers.

We are in a bargaining year this year with L.A. County. We want to continue to make gains for county workers by negotiating better ergonomic standards, more funding for safe equipment for other bargaining units, and higher staffing levels. In order to do this we need research that will bolster these efforts. Policy makers need to see research on the correlation between the use of ergonomically correct standards and equipment, adequate staffing levels, and the reduction in injuries and less time off the job

by workers, and the cost savings to employers. I'd really like to emphasize that economic reasons for health and safety for workers is a very, very important argument that policy makers listen to. We work very closely with legislators on the state and federal levels, as well as the county levels, in SEIU, and these are the sort of issues that policy makers grapple with constantly in making decisions on funding priorities.

As was stated in the morning session, research doesn't do us much good if it does not assist us in effecting policy changes. This kind of research will be key and extremely important in educating policy makers on the local, state and federal levels to support ergonomics, staffing increases and better health and safety standards and enforcement, and the creation and increase of funding for these programs through legislation and bargaining by unions.

We hope that NIOSH will work with the stakeholders, as they've stated, including union members and staff people, to identify the priorities that make sense for the workers, as well as winnable issues that can really impact

the workers' lives. If we can assist in any way in terms of resources and actual staffing to make this happen, we would like to do that. But we want to really emphasize that it's the policy changes that are really going to affect the workers' lives, so we'd like -- we'd like this research to be really geared towards that and sort of stay away from academic theory that is very useful in its own right, but would not be as useful to the workers out in the field on the front lines. Thank you.

MS. VOSSENAS: Good afternoon. My name is Pamela Vossenas, and I am the senior health and safety educational representative for the union UNITE HERE at the international headquarters. I have about 20 years experience in the field of health and safety, working for unions, academic institutions and community groups as a researcher and as an educator.

I'd like to thank Linda Delp, Terri Schnorr and Cass Ben-Levi for making our participation here today possible, and to my sisters at Local 11 for their strong presence here today. It is both a pleasure and an honor to be here today while NIOSH lays out its future research

agenda, while at the same time hotel workers in Los Angeles and across the United States and Canada are demanding safer jobs.

The hotel housekeepers who spoke explained only too well the price that they pay with their health as professional housekeepers working under unreasonable workloads. They may not be on assembly line, but these women constantly face speed-up every single day.

Hotel housekeepers are women who are working in constant motion, every minute of every hour of every day of every week of every year. They have all the telltale ergonomic risk factors -- heavy lifting of mattresses, repetitive bending while making beds and twisting to do so because night tables are in the way. They reach high and low to clean showers and toilets. They experience forceful loads while pushing carts lade down with linens and amenities. And so it is no surprise that when we surveyed 600 hotel housekeepers that we found 91 percent said they suffered from workplace pain; 77 percent reported that it interfered with their activities outside of work -- meaning their time at home and with their families; 67

percent visited a doctor because of the pain; and 66 percent took pain medication. So the next time when you go to a hotel, look around at the housekeepers and realize that two out of every three of them are on pain medications. Something is seriously wrong with the workloads. When we review OSHA logs in different cities, we see that housekeepers make up a percentage of injured workers that is greater than the percentage they comprise of the hotel workforce. So for example, if housekeepers represent 23 percent of the workforce in a particular hotel, when we look at the logs they may actually represent about 26 percent or more of the injuries. We know that about 66 to 69 percent of housekeepers do not report that -- those injuries, and so we know what we are seeing is just an underestimation of the reality.

We must remember that work is organized, and it is organized by the employer, which means that it can be organized to be safer. Also employers have a legal responsibility to provide a workplace free of known and recognized hazards. With 80 percent of U.S.

jobs being in the service sector, and with record-breaking hotel occupancy rates that equal huge profits, NIOSH has an opportunity -- but I would also say an obligation -- to study workplace conditions of hotel workers, and to identify interventions that can reduce these injuries and prevent workplace-related illnesses.

From my own professional experience, I know that NIOSH can make a difference. From 1989 to 1992 I was fortunate to be funded by a NIOSH cooperative agreement at the Laborers Health and Safety Fund of North America, where I was able to do ground-breaking research on construction laborers. This time period we were able to set the ball in motion for many subsequent studies and additional funding for more studies and interventions. I'm certain that in 2006 the hotel industry is where the construction industry was over 15 years ago -- many injured workers with few studies to prove to management that the conditions must change that can change. This is what the hotel industry in particular and the service sector needs today.

We strongly recommend participatory research so the workers in the community have a role. And I'd like to leave you with a research task of your own. Next time you go to a hotel, how many pillows are on your bed? How many sheets? How many mirrors? How big are they? And know that every item in your room is one item on a 100-point checklist that workers are graded on every -- for every room that they clean. Thank you very much.

MS. MOSELEY: Good afternoon. My name is Sonia Moseley and I'm a registered nurse and executive vice president of United Nurses Associations of California, NUHHCE, AFSCME, our American Federation of State, County and Municipal Employees. Thank you for the opportunity to provide input into the National Occupational Research Agenda. Our national union has been active with NORA -- the NORA initiative from its inception.

I want to touch on both a general area of concern as well as a specific issue with respect to the research agenda. First, as a member of AFSCME, I want to mention that occupational safety and health for my sisters

and brothers in the public sector, particularly state and local government workers, continues to be a major area that does not receive the attention it needs and deserves. State and local governments employ nearly 20 million workers. That's roughly 15 percent of the non-farm civilian workforce in this country. According to the Bureau of Labor Statistics, there were 5,703 fatal workplace injuries in 2004; 527 of these -- or those, or nine percent, involved federal, state or local government workers. Thousands more die each year from occupational disease, and hundreds of thousands suffer injuries that result in time away from work, in all too many cases permanently.

Public employees are in many ways the forgotten workers, including among the occupational health and safety research community. Despite doing some of the most hazardous work in this society, public employees were excluded when the Occupational Safety and Health Act was passed over 35 years ago. We need to examine the hazards, health effects and consequences on public employees of working without health and

safety laws and enforcement. Today only 24 states have federally-approved state OSHA programs that cover state and local government workers. And we are indeed fortunate that California is one of those states.

I'd like to focus the remainder of my remarks on an important issue to nurses and other healthcare workers, respiratory protection against airborne pathogens. Concerns about appropriate equipment and resources have risen as the world and this nation are facing the possibility of an influenza pandemic. In the past week avian influenza was reported to have spread to more counties, including Italy, Germany and other parts of western Europe. And as of February 13th the World Health Organization has reported 169 confirmed cases of avian influenza in humans, with 91 deaths. Last November the Department of Health and Human Services released its pandemic influenza plan and recommended a surgical mask for respiratory protection. Its recommendation is based on the assumption that transmission is primarily via large droplet nuclei. However, the plan admits it does not have definitive

scientific evidence to support this claim. It does not address the issue of the evaporation and breakdown of droplets into respirable-sized particles within a matter of seconds, or even fractions of seconds, after they are expelled through sneezing, coughing or even talking. Surgical masks are not respirators. They cannot filter out droplet nuclei. They cannot achieve a tight seal against the wearer's face. They are not certified as respirators by NIOSH. The recommendation for surgical masks contradicts guidance from the Centers for Disease Control and Prevention and OSHA regarding respiratory protection for avian flu. They recommend a minimum of N95 respirators and higher levels of protection for activities that may generate aerosols.

NIOSH and others have not adequately addressed the effectiveness of disposable respirators for use against airborne pathogens. There are many questions that remain today and are applicable to other airborne pathogens, particularly a pathogen as lethal as avian flu, should it develop the ability to be transmitted between humans. Research should focus on determining

the minimum level of respiratory protection needed to protect wearers from exposure to airborne viruses like avian flu where infectious doses may be approaching one particle. We also need the research to establish the appropriate criteria for certifying the fit of half-mask respirators as part of NIOSH's certification requirements. Thank you for the opportunity to express our concerns.

MR. BRYCE: Good afternoon. I'm Charles (unintelligible) Bryce, president of National Postal Mailhandlers Local 303 and also the president of the COSH group, southern California COSH. I'm here -- we represent mailhandlers who work in mail processing plants from Bakersfield to San Diego and even Las Vegas, which is a total of about 14 processing plants here in southern California.

And I wanted to speak on some things about federal workers. As you all know, we got hit with the anthrax here and that was scary. That was real -- we wish NIOSH or the COSH and anybody else could help us with that. That was a real scary moment for public workers. You

know, Postal Service, we -- we can't look in your package to see what's in there. It's against the law. If we do it, we lose our jobs. We would like help in that area.

But what I'm here today asking help for in the area of research is forklifts and operating mules within the Postal Service. As we drove up here today -- many of us drove up here today -- we saw the highways, we saw the streets, we -- we saw where pedestrians walk and we saw where cars go and buses go. In the Postal Service what they do, they got a mixture of all that into one, and there's a high rate of accidents. And we feel that if working with -- with you and with anybody that can research that and find out -- just basically if you'll put a plan together what's in those processing plants where workers can work, equipment operators can operate and so forth and so on, we're willing to work with you on that.

And we appreciate, you know, you coming in and thanks for hearing me.

MR. PEREZ: Good afternoon. I guess somebody has to go last. Right? My name is Al Perez. I'm an environmental safety and health

professional. I've been in the profession for 25 years. This is my chosen profession. I started off as an industrial hygienist. I'm a graduate of a NIOSH-funded industrial hygiene program. And over the years, you know, I've had progressive responsibilities, expanding into safety engineering and environmental health and, you know, progressing up as a -- into a management position.

Most of my career has been with private industry, and I currently work for the largest commercial laundry -- or one of the largest commercial laundries in the country, and we have about 13,000 employees. Most of our employees are unionized. A lot of our employees in the production area are UNITE HERE-represented, and a lot of our drivers -- or most of our drivers are Teamsters.

I'm going to touch on a subject that's very similar to what the consultant talked about just a little earlier about those soft areas, not the technical areas but more softer areas that I feel NIOSH should -- should be focusing on.

Again, my primary job is to develop and

implement injury prevention programs. And one question that kind of -- has come up over the years as a health and safety professional when I talk to my peers is -- especially those of us who work in private industry -- is we ask each other, you know, what kind of safety culture do you have at your company, and vice versa. It's just something that always comes up. And early in my career I just kind of took that for granted. If you work in a company where you have a strong safety culture, it's there. You work with it. It makes your job easier. However, not all companies are the same. And earlier the gentleman from NIOSH showed a chart up on the wall that showed that the average injury rate in industry right now I think is five or so recordable injuries for every 100 full-time employees. Well, why is it that some companies have injury rates of one or less than one, and why is it that companies have injury rates of ten or greater than ten? I mean -- you know, the five is just the average. And if you look at it on an industry-by-industry basis, I would argue that the reason why you have companies with extremely low injury rates

is because they have a strong safety culture. And you know, what do I mean by that? There are different models with respect to safety cultures, what we call safety management systems. And there's the -- OSHA has a VPP model, and if you look at companies that are members of this prestigious VPP program, it's like -- you know, it's like getting the Nobel Prize for safety. OSHA actually recognizes companies that have stellar safety programs, and they're part of this VPP program.

And the difference is that these companies that do well have safety management programs in place. And that's an area that I'd like to recommend that OSHA really take a hard look at, and in particular I think there are three areas that I think are extremely important.

One of them is management commitment and accountability. The second is employee involvement, and the third is safety leadership.

Again, there are a lot of models out there, but what I find difficult is that you can go to reference books and you can find a lot of theoretical information about safety management

systems. What I'd like to request that NIOSH do is just develop some practical solutions to improving safety management systems 'cause you can develop all of the -- the nicest-looking, well-written safety programs in the world, and if you don't have safety management systems in place at your company, they're not going to go anywhere. Without those systems in place, basically your safety program is not going to move forward. So I'd like to recommend that NIOSH come up with research and actually come up with some practical solutions and methods for developing effective management commitment programs, employee involvement programs -- 'cause you won't find -- or you rarely find a strong safety culture that doesn't involve their employees in the safety process. It just doesn't happen.

And then lastly with safety leadership, without the leadership throughout the organization, obviously I think there needs to be a focus on senior management, but everybody needs to be a safety leader in a strong safety culture. So with these three areas, how do you define these three areas, what is -- what is -- what is

safety management commitment, what is employee involvement, what is safety leadership? What are the best practices, how do you achieve it? And then again, what are practical solutions to developing this strong safety culture? Thank you.

MS. SCHNORR: (Unintelligible) last presenter.

MS. DELP: Hi, I'm Linda Delp. I'm the director of the UCLA Labor Occupational Safety and Health program. We -- UCLA LOSH develops programs for a variety of workers from the public and private sectors, from the informal and the formal economy. Our goal is to improve workplace health and safety through participatory education, collaborative research and through promoting policy change.

We heard a lot today about often low-wage invisible workers in southern California. We've heard about immigrant workers, garment, restaurant, hotel, janitorial, construction industry, workers that are largely invisible to society. I want to highlight one other sector of the often invisible workforce, and that is the growing number of home care workers who provide critical personal care services to the

elderly and disabled.

In L.A. County alone there are over 100,000 in-home supportive services workers, and they are predominantly middle-aged women. They're an ethnically diverse group, and about half of them are immigrant workers. And they have a really non-traditional workplace, which is the home. I'm currently analyzing data from over 1,600 questionnaires and from six focus group discussions conducted with home care workers, a research project that we undertook with the union that represents home care workers, SEIU 434-B, to identify job stressors that are important to home care workers and what kind of support is available to them.

From the research findings so far, it's really clear that job-related stressors related to both direct care work, emotional and physical demands and to inadequate home care policies are significantly associated with workers' health and with job satisfaction. What's not completely clear are like what are all the mechanisms through which these different factors operate.

What -- I did -- I have learned quite a bit in

doing this research, and I want to just highlight a few issues that have emerged based on this experience that I think are important for research. Number one is what should be the research focus, and I do believe that the occupational health needs of this workforce do warrant concerted and systematic research efforts. It's a growing workforce to serve a growing elderly population in our society. The research needs that have been highlighted in the past are lifting, back injuries, bloodborne pathogens -- though we've heard today that those still need some more research. But even more important are the job stressors associated with both direct care work and with the way the work is organized, the schedule, demands, the lack of back-up support and respite care for workers.

Secondly is the research approach, which I would say must fundamentally change, as we've heard actually throughout the day. If one of the research goals is to collect valid data that can be used as a foundation for making policy changes, which I believe it should be, then we can't use the traditional research

approach -- in particular with the populations of workers that we've been talking about today, with immigrant workers, with workers that work in non-traditional workplaces.

What I believe is the only way to actually do valid research is through collaborative partnerships, so -- with -- with the groups that actually represent the workers that are most affected so that research questions can be identified, that all are appropriate to that workforce, so that the questions can be asked in a way that people understand, and so that there's a relationship of trust that's developed so that workers will respond and provide research data that -- that is accurate.

This has been referred to a couple of times today as either community-based participatory research or participatory action research.

Just one quick example of how that's worked in the research that I've been doing, we actually trained a team of home care workers to interview the other home care workers in, geez, about four different languages. And I would assert that with training and adequate supervision, workers can be as good or better

researchers than traditional researchers. They know how to talk to other workers. They have an element of trust with other workers that a lot of researchers don't. And they're passionately involved in wanting to conduct these projects. And a specific example is one of the Chinese worker-interviewers who was having a lot of trouble during our regular hours of making phone calls reaching other Chinese workers. And she's like the only way we can reach these workers is if we call them after they get home from their other jobs. They don't make enough money in home care. They're working in restaurants as well. They don't get home till after 11:30 at night. She said you aren't going to reach them. So we're like okay, you've had enough experience now. Take the surveys home and you can call them at 11:30 at night. She -- she came back with the highest response rate of everyone because she knew when and how to reach workers and how to talk to them. And she was very, very interested in making sure that we got the information that -- that would -- from home care workers that would actually result in

changes to improve their working conditions. Third is that the research methods need to be diverse, and I would say that we need both quantitative and qualitative methods. You can't really understand what's going on just with survey numbers. They are important, though, to be able to document how many people are affected. But unless you have in-depth interviews or focus groups, you really can't interpret what those results are.

And then lastly, worker education has to be a critical component of research. Unless the results of the research are disseminated to the people most affected and they understand what they mean, the research is not going to result in really fundamental change to change workplace health and safety conditions, which I believe ultimately is the goal of our research. Thank you.

MS. SCHNORR: Thank you all. Is there anyone who I may have missed or who is moved at the moment by all the others who have any comments?

(No responses)

CLOSING: TERRI SCHNORR, NIOSH

Okay. With that, I am going to summarize the

comments from this afternoon. As I think all of you are aware, the diversity of the services sector came out in a lot of the comments today, so in summarizing I -- there were a number of different populations or subsectors that were mentioned. To highlight a few of them, child care and EMS, immigrant and low-wage workers of which janitors, maids, dry cleaning and car washers were given as an example of a high percentage of those workers; hotel housekeeping, plumbers, pipefitters, wildland firefighters, healthcare, social workers, city workers, postal workers and laundry workers. We were also reminded that the school is a child's workplace, as well.

As far as health and safety issues that were raised, musculoskeletal disorders was uniformly commented in nearly every one of these categories, and also noted that these -- these problems are under-reported in the data collection means that we have. Personal protection equipment and transportation issues for emergency medical staff were highlighted. The issue of mixing pedestrian and vehicle traffic, particularly in the postal services,

was also brought up. Rest breaks, violence, chemicals including cleaning chemicals and others, voice disorders, bladder infections and asthma, heavy lifting issues with mattresses, pregnancy hazards as a result. Working while injured, the issue of protecting healthcare workers from infectious diseases as to whether the surgical mask recommendation is adequate. Infectious diseases in a number of the subsectors, particularly EMS, schools and healthcare. HIV/AIDS, particularly in developing countries, stress, and we're reminded that clients and staff in the services sector are often inter-related and they have inter-related problems.

As far as the recommendations -- I tried to sort these in -- into groupings -- we heard a lot about training and information. We were -- it was recommended that we start teaching people at a young age about occupational safety and health, that there should be better worker training at the appropriate level and in the correct language; that peer health advisors are a useful tool for providing this type of information. It was also reminded that we need

better dissemination of the information that's already available to the people that need it most, not just the businesses but the workers and particularly small businesses were highlighted.

There was also a mention of fitting health and safety into other factors, and some of those other factors that were mentioned were -- that affect health and safety are unpaid wages, low wages, the underground economy, fear of job loss as a result of injuries incurred on the job, the fact that low-wage workers need -- often need multiple jobs to make ends meet, lack of access to healthcare. Under-staffing was mentioned several times, and also the issue of, in the government subsector, of the problem of slow hiring which exacerbates the under-staffing problem.

It was mentioned by a few people that we need better surveillance and more of it, collaboration with the states as well as on other health outcomes; that -- it was also mentioned that the presence of NIOSH west of the Mississippi should be increased and we should have good coordination between the

sectors so we look at the total workforce, not by sector -- each sector by itself.

Respiratory protection for airborne viruses -- I mentioned that already, sorry. Economic data in research was a recommendation. This was mentioned as an important tool in effecting change in the workplace.

There were several recommendations related to regulation and policy. It was -- some felt that it was -- we need better enforcement and implementation of what is on the books. We need to do research that effects changes in health policy, and we need to do work that demonstrates what interventions and regulations work and which ones don't. Related to that, many government workers are not covered by occupational safety and health regulations.

In the area of education, there were a number of recommendations. One is that it should be its own sector. In addition, intervention and demonstration projects particularly related to ventilation issues as well as surveillance and increasing partnerships.

Recommendations specific to workers compensation -- are somewhere. A common theme

is to determine if change and reform is necessary in workers compensation or if they're having any change. The effect of the aging workforce on workers compensation and safety and health was also mentioned and that we need to make more information about workers compensation available in many languages. That's a common theme as well.

In the EMS category it was recommended that we do research on design of ambulances and look at national standards for safety for any EMS personnel.

There was a concern regarding the sector-based approach, particularly for -- because -- the question is whether it will effectively address health outcomes. One issue is that -- one danger is that it may minimize the basic research to a detrimental degree in the long run. Another is that the surveillance system, as it currently stands, is inadequate to measure a number of the health effects and exposure issues, and there's concern that those might be overlooked because of inadequate surveillance. So -- and as I mentioned, along that line many people recommended better

surveillance systems, better surveillance data. Partnerships was a common theme, particularly for follow-up and implementation issues and for leveraging our limited resources. Insurance companies and infectious disease experts were particularly cited as being useful partners to include participatory research as recommended by many. Some mentioned we should look at our workplaces and rethink how the jobs are done as one means of improving the workplace. Others mentioned integrating health promotion with prevention. Another issue was working on how to best sell safety and health to employers to go beyond compliance, and to build that into the safety culture, to improve safety culture in various employers.

And finally was a recommendation that we use soft sciences more effectively in occupational safety and health and to start implementing qualitative research as well as quantitative research in our work. And I think that's all I have to say.

And if you have more comments, you can still provide them. You can visit the web site and keep giving us some input.

DR. LUM: We've come to the end of the session. I want to once more -- if there's anyone in the audience that says gee, I really do have an idea, I'd like to come up and talk about it, remember that you can give us that input on the web site. But this is the appropriate time to not only thank you for coming, but look around and thank you for staying. That's also important.

Just one final note, I'd like to just -- to thank again our organizers and to provide a placque that commemorates this historic town hall meeting. And I say that really because -- you know, the first time around we did town hall meetings and we did three of them. But you'd think from talking to people over the last ten years we must have had a thousand people at each one of those. You know -- oh, I was at the town hall meeting, I was at the town hall meeting. Well, this is a -- this'll provide some evidence that at least we had some support here and we have your signed-in signatures so we know that you were in attendance at this historic town hall meeting. Let me just read this placque. This is to the

UCLA Labor Organization Safety and Health Program -- Laurie, could you -- I think you're -- is Cass here or Bill?

UNIDENTIFIED: (Off microphone) (Unintelligible)

DR. LUM: Linda? Linda -- oh, this is Linda, sorry, Linda. I've got one -- I should take my glasses off when I read --

This is, UCLA Labor and Occupational Safety and Health Program for your leadership in organizing a town hall meeting for the National Occupational Research Agenda. We appreciate your dedication in advancing the safety and health of workers in your region and throughout the nation. Signed by John Howard just a couple of days ago. Thank you very much.

UNIDENTIFIED: Thank you.

DR. LUM: Finally --

UNIDENTIFIED: (Off microphone) Now (unintelligible).

DR. LUM: -- now it's your turn. The -- this is the -- sort of the survivor. This is the southern California Education and Research Center, the same language, thank you very much again, incredible effort on the ground here to

get the town hall meeting set up and, again, thank you for your help.

So that brings to a conclusion this town hall meeting. We -- just to remind you that we know a lot of you will probably not be able to come to Washington, but we are going to have the symposium in April and we urge you to stay in touch with us through the web. And I know Sid mentioned this morning and I wanted to correct something that Sid said, you can go onto and sign up for e-news. No, we've signed you up for e-news. We know you need more e-mail and we just know that, and so -- but you can not receive it if you want. You will be getting e-mail -- e-news from NIOSH. It's a monthly publication to keep you up-to-date. And again, thank you for your ideas.

Yes, ma'am?

UNIDENTIFIED: (Off microphone) (Unintelligible) talk a little bit more about the agenda (unintelligible) symposium (unintelligible) objectives are.

DR. LUM: You know, it's funny, Sid and I go back and forth on this all the time. I say it's a important political meeting. Sid says

no, it's a research meeting. It's -- you know, tastes good -- what is it, tastes good, it's light -- I think we go back and forth, so when you have a research question, I'll yield to you, Sid.

DR. SODERHOLM: Yes, it's both. We will be celebrating the successes of the first decade of NORA. We have approximately 200 posters of research studies and information about other -- from other groups who'll be presented. We will be having some provocative speakers, some -- to make us think about better ways to deal with the research to practice issues, all the way from how does basic etiological research affect practice to how does an employer -- a large employer successfully affect practice and how do we do intervention effectiveness research. We will be celebrating the 35th anniversary of the Occupational Safety and Health Act. We will be thanking the team members for the 21 NORA priority teams that have worked for ten years and most of them have accomplished wonderful things and have had major effects on their fields. And one of my favorite parts, I don't know if it's scientific or political, is

going to be the last day where we'll have eight concurrent workshops, one on each sector, who will be doing some initial multi-- I think I mentioned that this morning, multi-voting on what that group things the priorities are within sectors. And then to show that we're not losing the cross-sector issues, we'll follow that with eight cross-sector workshops in what -- you know, unscientifically we've decided we've seen as the highest priority issues that have come up in these town hall meetings, these cross-sector issues where we'll talk about how we work within sectors, how do we work across sectors, what are the next steps to have the most effect in these high priority areas.

So it's a -- it's a lot of different things, and I hope you can attend. Do I get the last word this time, Max? We go back and forth here.

I want to thank you for coming and remember, this isn't the end. This is the beginning. And I'll interrupt myself because we have another question, and questions are more important.

UNIDENTIFIED: (Off microphone) (Unintelligible).

DR. SODERHOLM: The question is will there be a transcript of all the testimony. Yes, there is. We have a member of an overworked workforce in our presence, Ray, and he is a member of the services sector, I might point out, and a small business owner, so Ray has -- we have -- we do have the transcript of the very first town hall meeting on the web site, so if you go in where you registered and so on and where you found the details of this meeting, if you go to the first one in College Park you'll see a link for a transcript. You'll actually see a few pictures. We don't put up a couple of thousand, but we do put up a few pictures, and have the transcript there. So as we catch up with these meetings we will have the full transcript of all the meetings and we will be, as I mentioned, analyzing and putting that into the docket where -- you know, in the different categories where it belongs, also.

Any other questions?

(No responses)

So this isn't the end; this is the beginning of the second decade of NORA. Stay involved. If you would like, volunteer to join a research council. If it's in the sector area then you can talk to me or Terri or David. Or if it's in one of the other sectors, then certainly let me know and we will get you connected with the people who are trying to put a balanced research council together.

If you can't devote that kind of time but you'd like to keep up on what's going on, you have expertise, please let us know. We'll put you on a mailing list and when there are draft research agendas and other items up there where we'd like feedback, we'll make sure you know that -- that this is an opportune time to visit the web site and to provide some feedback. So there are a number of ways you can continue to participate and I encourage you to do so.

And thank you for your -- your longevity in sticking it out today, and -- is Max going to take the final word? -- we're done. Thank you very much.

(Whereupon, the meeting was adjourned at 5:00 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of February 21, 2006; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 21st day of March, 2006.

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STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102