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COSHes Help Build Healthy Unions

Abstract

[Excerpt] Boston's current fiscal crisis has made the refrain "we have no money to fix it" seem like a broken record. Yet, recently, Boston City Hospital workers have won improved ventilation, larger work rooms, air conditioning in certain areas, and the closing of a particularly noxious area with the transfer of workers who had been assigned there. A key to these victories was the establishment of a well-trained three-union hospital-wide health and safety committee that meets regularly to tackle both ongoing problems and crises.

Keywords

Boston, Boston City Hospital, COSH, MassCOSH, Massachusetts Coalition for Occupational Safety and Health



TWU

IS YOUR JOB
KILLING
YOU?

NYCOSH

New York Committee for Occupational Safety and Health

Internal Organizing for Health & Safety

COSHes Help Build Healthy Unions

■ *Nancy Lessin & Charley Richardson*

Workers at Boston City Hospital are confronted daily with hazards—including asbestos, heat, cancer-causing chemicals, blood-borne infectious diseases, violent patients, rats, shift work, poor staffing and a myriad of other problems that threaten their health and safety.

Boston's current fiscal crisis has made the refrain "we have no money to fix it" seem like a broken record. Yet, recently, Boston City Hospital workers have won improved ventilation, larger work rooms, air conditioning in certain areas, and the closing of a particularly noxious area with the transfer of workers who had been assigned there. A key to these victories was the establishment of a well-trained three-union hospital-wide health and safety committee that meets regularly to tackle both ongoing problems and crises.

Assisting with the establishment, training and functioning of this committee has been staff and volunteers from the Massachusetts Coalition for Occupational Safety and Health (MassCOSH), a

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statewide coalition of 90 labor organizations and 100 occupational health professionals. "COSH" groups (Committees/Coalitions/Councils on Occupational Safety and Health) around the country provide similar services to local unions in their cities and states.

Eighteen years ago, Chicago area health activists from the Medical Committee for Human Rights joined with local labor leaders to form the first COSH group in the United States. The Chicago Area COSH (CACOSH) brought together occupational safety and health professionals and trade union activists to enhance local unions' abilities to fight for improved workplace health and safety. Trade unionists from different unions and sectors of the workforce shared information, strategies and tactics on how to win health and safety struggles.

Shortly after the founding of CACOSH, Philaposh in Philadelphia, MassCOSH in Massachusetts and NYCOSH in New York City were formed. There are now over 25 COSH groups across the country, from Alaska to Texas, from California to North Carolina. They have been instrumental in building local political action around health and safety issues and in building a national health and safety movement. While each COSH group is shaped by local conditions, they share the view that union action and activism is the key factor in bringing about improvements in workplace health and safety.

Most COSH groups have a small paid staff and a large group of volunteers—health professionals, labor attorneys, scientists, union officials and activists—who offer training, education, technical assistance and other kinds of support on all aspects of workplace health and safety. In addition, COSH groups help mobilize city and state labor-based political activity related to occupational safety and health.

At the core of COSH activity is the understanding that health and safety is a union issue. Medical, technical and legal approaches, while important, are only tools to be used in the real struggles to create healthy and safe workplaces. These are battles of power, battles of economics, battles to push back "management rights" which have for too long included the right to maim, mangle and kill.

Many companies have posters proclaiming "Safety Pays," but unions and workers know that before safety pays, it costs. The outstanding question remains: Will companies bear the financial burdens associated with making workplaces safe, or will workers bear the burden of illness, injury and death? COSH groups help tip the balance in favor of creating safe workplaces.

COSH assistance to local unions includes training on how to

make effective use of medical, technical and legal tools, how to decipher technical reports, research health effects of various hazards, weigh the effectiveness of alternative hazard control measures, and judge when and how to use laws and government agencies. Assistance also includes help in developing the skills of those using these tools: local union officers, health and safety committee members, and stewards. Finally, COSHes help local unions plan strategies, tactics and campaigns useful in winning health and safety improvements.

OSHA: A Weakened Tool

The Occupational Safety and Health Administration (OSHA) is the government agency created to regulate and enforce health and safety conditions. Twenty years after the passage of the OSH Act, workplace injury, illness and death are still rampant in this nation's workplaces. If a jumbo jet carrying 300 persons were to crash in the U.S. every day, there would be a massive public outcry. But when more than 110,000 workers die each year in the U.S. from work-related illnesses and injuries—the same number as if a jumbo jet were to crash every day of the year—the outcry is less than deafening.

Unfortunately, there seems to be a distinction between tragedies that happen to the "general public" and those which befall workers inside workplaces. Several years ago the Massachusetts Department of Public Health was so concerned about new evidence showing Ethylene Dibromide (EDB), a grain fumigant, to be cancer-causing that it set a one-part-per billion standard for its presence in foodstuffs sold in grocery stores. But if your exposure to EDB is occupational, the standard that applies is OSHA's 20,000 parts per billion—20,000 times what is acceptable for the general public.

Labor fought long and hard to bring about a federal system of standards and enforcement guaranteeing equality of protection for working women and men across the country. Yet even before the gutting of OSHA during the Reagan years, it became clear that OSHA alone would not be able to fulfill its promise of workplaces "free of recognized hazards." Large groups of workers weren't even covered by the federal law, including state, county and municipal workers. OSHA was continually understaffed, underfunded and under attack.

Even at the height of OSHA activity, under the Carter Administration and OSHA head Eula Bingham, less than 2% of the nation's workplaces were inspected each year. There have always

been fewer OSHA inspectors in the U.S. than park rangers in Washington and Oregon. Fines for killing workers in the workplace are still less than fines for killing a moose in Maine. Of the more than 60,000 potentially hazardous substances in daily use in workplaces across the country, OSHA has set legal exposure limits for only about 500.

While OSHA could not be counted on to solve all problems for all workers, calling in OSHA—or threatening to—could be an effective tool to encourage improvement. Thus, in the mid to late 1970s COSH groups held workshops and conferences on how to make the most effective use of OSHA: when to call them in and when not to, how to get the most out of an OSHA inspection, how to file for "party status" if the union was dissatisfied with the citation issued to the employer. COSH training always stressed the need to view OSHA standards in the same way labor views minimum wage—as a minimum. Workshops on health and safety contract language focused on how to go beyond the minimum.

Then came the Reagan administration, cutting inspections, weakening enforcement and thwarting the setting of new and more stringent OSHA standards. OSHA has even been turned into its opposite and been used as a weapon against worker health. Unions would call for OSHA inspections only to be told that the level of exposure to a particular substance was "within legal limits" when the workers knew very well they were being made sick. When labor won the enactment of state standards stricter than the federal government's, OSHA was used to preempt those standards.

Union after union across the country had great difficulty getting positive results from calling OSHA. Even in the few instances when OSHA came out to a worksite and ordered a job halted, it often had little real effect.

A union in a Boston-area shipyard, for example, called OSHA in 1984 on an "imminent danger" complaint when it rained and management hung a 16-ton steel "cover" from a crane, ordering workers to continue doing their jobs. It is a violation of OSHA standards to work under any "live load," which the cover was. OSHA came out and ordered everyone off the job. But as soon as the tail lights of the inspector's car were seen exiting the shipyard, management ordered everyone back on the job—or go home and don't come back. None of the workers felt they could afford to spend a year or more fighting to get their jobs back, so back to work they went.

Employers were having a field day firing and discriminating against workers for calling OSHA in, for waging health and safety campaigns, for complaining about conditions—even for requesting

Material Safety Data Sheets, chemical factsheets that explain the nature and adverse health effects of hazardous substances. A provision of the OSHA law, Section 11c, states that these types of activities are lawful and workers cannot be disciplined or discriminated against for engaging in them. That's what it says on paper. In 1986 WISCOSH conducted a study of "11c" complaints in Milwaukee. They found that 94% of 11c cases were either lost or dismissed by OSHA as not having enough evidence to proceed with a case. Of the 6% that were won, union grievance procedures rather than OSHA law made the difference.

Union Action for Health & Safety

For the better part of the 1980s the focus of COSH work across the country was on assisting local unions to enhance their effectiveness in winning health and safety struggles in spite of weak laws and waning enforcement. With the coming of Reagan, COSH conferences on how to make the most effective use of OSHA quickly transformed into those such as the one MassCOSH presented in early 1982 entitled "It's Our Job Now: Establishing and Maintaining Local Union Health and Safety Committees."

Underlying COSH assistance to local unions is the belief that the real health and safety "experts" are those who work each particular job, each and every day. The history of occupational health is the history of workers being the first to make connections between on-the-job exposures and ill health. Science and government has most often lagged far behind. In the case of cotton dust and byssinosis ("brown lung"), there was a century between when workers in the U.S. first documented problems and when science "confirmed" them. It was decades longer before government acted to compensate workers made ill by cotton dust.

COSH groups promote interaction between "worker experts" and medical, scientific and legal "experts" to enhance shopfloor strategies, scientific research and governmental action. COSH physicians, epidemiologists and industrial hygienists pour over "clean bill of health" workplace inspection reports produced by company-paid scientists to document flaws, distortions, inaccuracies and outright lies. But then it is up to those on the frontlines to take that information and use it to push an employer to make the necessary changes in conditions. COSH assistance includes the sharing of tried and true strategies for helping bring this about.

Labor has a long and proud history of using creative tactics and strategies to press for improvements in wages, benefits and conditions of work. When requests for improving health and safety

conditions fall on deaf ears, when laws are not strong enough or agencies effective enough to force change to occur, unions need to rely on other means and devices. Often these devices are variations on tactics unions know only too well.

When a new fiberglass-coated wire was brought into a factory outside Philadelphia and 60 members of the UAW local there were experiencing skin rash and irritation from working with it, the local requested management replace the wire. Management informed the local's health and safety committee that no OSHA standard was being violated and they had no intention of removing the wire. A "nurse-out" was the strategy the local then employed to win the wire's removal: 60 workers would line up at the plant nurse's office to have their hands examined and treated each day. Production went down; the wire was removed.

COSH groups have collected case histories, stories and examples of creative tactics such as group education, threatening publicity, using the media, informational picketing, nurse-outs, lunch-outs, warm-outs, filing multiple grievances, and involving others who might have additional clout. Building occupants, school children, patients and others affected by a particular hazard but not barred by the exclusive remedy of workers compensation have the ability to bring lawsuits for illness and injury. Often the right allies can help bring about a satisfactory resolution to workplace health and safety problems. Usually, however, none of these tactics and strategies can be used without adequate education and preparation of the membership: "organizing the organized" it's often called.

While part of the solution to health and safety problems may lie in medical, technical and legal arenas, winning health and safety battles more often depends on the ability of a local union to educate and organize its membership to engage in effective shopfloor tactics. It is thus the union, rather than doctors, lawyers, scientists or the government, that ultimately brings about the resolution of a problem. The process by which this happens builds involvement of the membership in the union, and builds the strength of the union itself. The end result of winning a health and safety battle is not just improved conditions, but also a stronger union.

Organizing the Unorganized

But what of the more than 80% of the workforce that is not unionized? COSH groups have, since their inception, recognized the relationship between unionization and the ability to solve health and safety problems. Thus, for nonunion workers who call

COSH hot-lines, medical, technical and legal help is combined with referrals to union organizers. COSHes have also played an active role in assisting unions develop health and safety components of organizing drives. Factsheets have been developed, speakers provided, conferences held and workshops conducted on picket lines during strikes for recognition.

Because the activities of COSHes are based on the view that organizing and union action are critical to improvements in health and safety, COSHes have earned the respect of labor and the wrath of industry. In the late 1970s, the COSH group in Santa Clara County, California (SCCOSH) was providing information, written materials, workshops, conferences and a hot line on hazards in the largely unorganized electronics industry in Silicon Valley. SCCOSH had received a \$200,000 grant from OSHA under the Carter Administration. As soon as Reagan took office, swift industry pressure forced the cancellation of this funding. Today SCCOSH continues this work with a budget between \$10,000 and \$40,000 a year.

For their role in helping bring about a right-to-know law in Massachusetts, MassCOSH has been referred to as a "vermin organization" by Associated Industries of Massachusetts. It has been very difficult for COSH groups in any part of the country to become United Way agencies because of industry involvement in the United Way. An old saying maintains that you can judge your effectiveness not only by who your friends are, but by who your enemies become.

With the changing workforce, COSH groups have been tackling language and other barriers to provide immigrants and refugees with information, materials and training on health, safety and workers rights. COSH groups in Chicago, Washington, D.C., California and Massachusetts are among those pioneering effective ways of reaching workers from newcomer communities. The goals of many of these efforts go beyond informing workers about hazards and legal rights. Immigrants and refugees in unionized workplaces can become active in their unions through participation in health and safety activities; those in unorganized workplaces can help bring about organizing drives.

Real solutions to health and safety problems ultimately lie in the victory of collective action and power over "management rights," rather than in approaches that rely solely on technical expertise or government regulation. By holding this view of health and safety, COSH groups together with the services and support they offer become an invaluable part of the struggle to create safe workplaces and build a large and vibrant labor movement. ■