*Working for workers: Doing Science for the People in the union movement*

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I first got involved with Science for the People in 1973 when I began Biology grad school at the University of Michigan. There was an active chapter there thanks to John Vandermeer. I joined the Sociobiology Study Group, which was a hot topic at the time since the book had recently come out. We organized a symposium on biological determinism, which resulted in a textbook Biology as a Social Weapon. I dropped out of grad school in 1978 with my ABD and moved to Boston to manage the SftP national office for about a year and a half, all the while serving on the magazine editorial board.

One of the reasons I left grad school was a growing need to get out of academia and pursue a more practical or applied vocation. Occupational safety and health seemed a logical choice to put my science skills to work directly helping people. OSHA had just come into existence 7-8 years earlier and under the Carter Administration with Eula Bingham as head was really doing exciting work.

So I went back to grad school in public health and got a Masters in Industrial Hygiene in 1980. I did an internship with the Steelworkers Union and then moved to Washington, DC at the end of the Carter era and took a job with the Carpenters Union.

Toward the end of my graduate career I joined our professional association, the American Industrial Hygiene Association. Within that association a committee had formed of like-minded hygienists called the Social Concerns Committee. This committee has acted as the social conscience of the organization in much the same way SftP acted in pressing AAAS to become more socially aware. Over the past 30+ years our committee has presented many sessions at conference, published books and white papers and generally acted to move this management-dominated organization in a more progressive direction

For the past 32 years I have worked for a variety of unions, the past 16 for the Laborers International Union, doing occupational safety and health work. Most of my career has focused on construction safety and health. Construction work is unique, first because of the transient nature of the work. Construction workers may work for 6-10 employers each year and change jobs on the average every 6 weeks. In fact they are, by definition, always working themselves out of a job. Secondly, construction work is a high risk occupation. In 2012 about 750 construction workers were killed on the job by falls, electrocutions, cave-ins, struck by incidents. So most workers, and employers, are primarily focused on safety hazards, even though many more construction workers are killed each year by occupational disease. Because we have no real surveillance system in the US, these diseases remain hidden. NIOSH once referred to them as “silent epidemics.” The transient nature of construction work makes addressing chronic illnesses and injuries difficult. The workers’ comp system, which is supposed to provide an incentive to employers for safe workplaces, was never designed to address chronic illnesses and injuries and thus provides no real incentive to employers. Employers wonder why they should invest in protective measures for disease, which may occur 10 or 20 years down the road when this employee is working for someone else next month.

My first real battle for worker safety came quickly. In 1983, following considerable research by Dr. Selikoff, the Building Trades unions petitioned OSHA for an emergency standard to protect workers from asbestos. In the summer of 84, OSHA held 4 weeks of hearings on a proposed rule. I testified for the building trades and had to be cross-examined by about a dozen attorneys for the asbestos companies. Being as it was during the Reagan Administration, they put out a weak standard in 1987. We sued them resulting in more hearings in 1990 and a final more protective rule in 1994. Over 10 years to promulgate a tough asbestos standard, but we won.

Later in my career, I focused my efforts on preventing ergonomic injuries and hearing loss among construction workers, two more chronic injuries that devastated the lives of thousands of workers each year but remained largely invisible. Because these hazards were so widespread, and no one died form them, it was difficult for OSHA to tackle them with new standards. But we did a lot of work to make the problems more visible and encourage action by employers. We have been largely unsuccessful, with employers instituting stretching programs (which have little evidence of efficacy) and pushing hearing protection (shifting the responsibility to the worker) rather than making ergonomic changes to the work process and controlling noise levels. But without the threat of OSHA enforcement, we have little clout to compel action.

Most recently we pressed OSHA to publish a standard to protect workers from silica, a known human carcinogen and respiratory hazard. The hazards of silica have been known for hundreds of years. It’s been about 75 years since Francis Perkins, Roosevelt’s Secretary of Labor, declared war on silicosis and 40 years since NIOSH proposed stricter regulation of silica and 17 years since OSHA first began work on a standard. The proposed rule started to move once Obama got elected but was held up for 2 ½ years by the White House which didn’t want many rules to come out before Obama’s reelection in 2012. The proposed rule was published last September and 3 weeks of hearings wrapped up last week. Both Frank Mirer and I testified at them. The science seems pretty clear. There are dozens of high quality studies forming the basis of the risk assessment. The risk of silica-related disease at the current levels of allowable exposures is very high. The economic analysis showed it can be controlled inexpensively and dozens of studies demonstrated that as well. Of course certain operations will have difficulty meeting a stricter standard (e.g. foundries, sand blasting, tuckpointing, tunneling), but for most operations the proposed rule is feasible.

Yet the industry hired scientists to dispute the risks, the economics and the technical feasibility. As Dr. Michaels, the current head of OSHA, wrote in his book “Doubt is their Product.” In this case the science is so strong that I doubt industry will prevail. Yet it is sad that even a hazard that is so well known and well researched is still so difficult to regulate. This leaves hundreds of other less researched hazards unregulated. The regulatory system is broken and science is not going to change that.

Occupational safety and health conditions in this country have improved over the past 40 years and OSHA deserves much of that credit. Some of that is also attributable to changes in the nature of work, the shift from an industrial to a service economy. Many fewer workers are working in the mines, for example. Some credit is also due to industry waking up to the fact that safety can be a good investment as well. But the regulatory constipation has forced us to focus on non-regulatory approaches. In recent years we have developed national campaigns to prevent falls in construction. We have worked with the media to make occupational safety and health a public concern. There have also been grassroots campaigns for the right to know, chemical plant safety, protection from needlesticks and, more recently, safety of hospital workers from ergonomic hazards. Most of these have been lead by various unions.

We have also focused our efforts on educating and empowering workers. We have worked with leading employers on issues of safety culture. But the fact remains that with regulations stymied, industry has blunted our efforts. The roadblocks Congress and the White House have over the years added to the regulatory process makes new rules, the most effective change agent, very difficult to promulgate. Delay is clearly an effective strategy.

The employer’s approach is still too often to shift blame for injuries and responsibility for protection to the worker. Employers are willing to give out ear plugs and respirators and to train workers on hazard recognition and then to tell them they are essentially on their own, to protect themselves. I had one employer tell me last month that workplaces would be a lot safer if OSHA would start issuing fines to workers. When a worker gets injured on the job first they will be drug tested, even though the data don’t show that to be a major contributing factor. Then a report will make the incident as due to “worker carelessness.” The remedy is invariably to “retrain the worker.” Root causes are not addressed and supervisors and management get off without any blame. Not all companies operate this way but many do. Safety for them is an afterthought. Many companies wait to fix hazards until someone gets hurt or the OSHA inspector comes. Penalties are low as is the probability of inspection. It is a reactive approach in part dictated by the structure of the industry, e.g. the low bid system and low profit margins.

Occupational safety and health in this country has become a backwater weakened by anti-regulatory forces, hobbled by a weak and out of date statute and further weakened by the declining power of labor unions. Our only hope is to make occupational health a public issue and once again fight for the rights of workers to a safe workplace. The more things change, the more they stay the same.