March 24, 2006

The California Labor & Workforce Development Agency has just decided to abolish the only physician position left in the Cal/OSHA Medical Unit. This will leave Cal/OSHA with one registered nurse in southern California and no DOSH medical personnel in northern California.

In 1975, Cal/OSHA had seven physicians and three registered nurses. In 2006, the LWDA is planning to effectively abolish Cal/OSHA's Medical Unit altogether. The alleged salary savings will be dwarfed by costs of "contracting out" for medical services that Cal/OSHA is required by law to conduct.

The abolition of the Cal/OSHA Medical Unit means the Division will be unable to enforce the nation's only ergonomics standard as citations depend on a verification of the two repetitive motion injuries that trigger the standard's requirements. The Appeals Board law judges have generally refused to accept non-physician evaluations of these medical criteria. So the California ergonomics standard is effectively nullified by this LWDA action.

Other key programs that depend on Medical Unit participation, and which will be much more difficult, if not impossible, include:

- evaluation of employer medical surveillance programs;
- medical expert testimony in appeal hearings;
- evaluation of bloodborne pathogens exposure control programs; and
- evaluation of adverse health effects from chemical exposures.

The abolition of the Medical Unit comes at a time when Cal/OSHA is preparing for the Asian flu pandemic and is preparing new regulations for infectious airborne diseases like tuberculosis.

All supporters of an effective Cal/OSHA program need to contact LWDA Secretary Victoria Bradshaw and Governor Arnold Schwarzenegger to demand that the one physician position be reinstated and filled as soon as possible.

Please call:

- Victoria Bradshaw: 916-327-9064

- Arnold Schwarzenegger: 916-445-2841

Background Information from 2003 when the last attempt to abolish the Medical Unit was made under Democrat Gray Davis:

Passed unanimously by the 8/25/03 meeting of the San Francisco Labor Council

DEFEND CAL-OSHA DOCTOR LARRY ROSE

Statement In Defense Of Cal-OSHA Doctor Larry Rose

Whereas, the importance of defending Cal-OSHA is critical for all California workers and the public in general and,

Whereas, the need of a medical doctor on the staff of Cal-OSHA is critical for the retrieval of medical records and other important tasks in the protection California's workers and,

Whereas, 50% of the cost of Dr. Larry Rose is paid for from federal fund and,

Whereas, Dr. Larry Rose has given a good part of his life in the protection of the health and safety of California workers,

Whereas, the Cal/OSHA public health physician position is an integral part of the Cal/OSHA program. and in the heyday of the program, there were three occupational health physicians, as well as several nurse consultants and,

Whereas, the Cal/OSHA program is now down to to one physician and two nurse positions,

Therefore be it resolved, The San Francisco Labor Council calls on Governor Davis and the Director Of the Department of Industrial Relations to rescind any plans to lay-off or eliminate the civil service position of Dr. Larry Rose and,

Therefore be it resolved that the San Francisco Labor Council calls for Cal-Osha to return to employing a staff of three full time doctors to protect the health and safety of the 17 million workers of California and finally,

This Labor Council will send this resolution to Governor Gray Davis and Lieutenant Governor Cruz Bustamante, and will seek concurrence of this resolution by all other affiliated bodies including the California State Labor Federation, AFL-CIO.

Adopted by the San Francisco Labor Council on August, 25, 2003.

Respectfully Submitted,

Walter Johnson, Secretary-Treasurer San Francisco Labor Council

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The Last Physician/Medical Officer Position is Eliminated at Cal/OSHA. Save the PHMO Position!

The Cal/OSHA public health physician position is an integral part of the Cal/OSHA program. In the heyday of the program, there were three occupational health physicians, as well as several nurse consultants. We are now down to one physician and two nurse positions.

The occupational health physician:

1. Provides medical expertise to link exposures to employee illness, particularly when those exposures are not already controlled by regulations. Often, these investigations are in new technologies, or new uses of chemicals, for example in the biotech industry.

2. Interprets medical records and provides medical testimony at hearings. Medical record review is necessary in all repetitive motion injury cases. It is also necessary to establish that an employee has sustained a "serious injury" as defined by the Labor Code in order that accident-related penalties are applied.

3. Recommends and evaluates medical surveillance programs both for chemical hazards and biological agents. For example, the physician helped to establish Cal/OSHA protocols for requiring control measures for tuberculosis, in health care settings, prisons, and other high risk situations. The physician evaluates the results of biological monitoring for exposure to toxic agents.

4. The Cal/OSHA physician recommends special orders in workplaces where there is no existing standard to address hazards. These special orders have included protecting employees against Q-fever, tuberculosis, ergonomic hazards, and heat stress. There are many other functions that the physician provides, including mentoring occupational medicine residents, serving as a resource in regulatory development, interfacing the program with the medical community, and providing advice in individual cases and in the development of programs and publications. It is critical to maintain this position, since once lost, it is unlikely to be restored. Larry Rose M.D., MPH Cal/OSHA Medical Unit (415)383-6540

Cal/OSHA Alert: Cal/OSHA Functions at Risk

The last remaining Occupational Medicine physician in the Cal/OSHA program is being eliminated. This important position was selected for elimination due to the reduction in the overall budget for the Division. It is 50% funded by federal funds. This creates a crisis in the effectiveness, and credibility of the entire Cal/OSHA compliance and consultation programs.

The Cal/OSHA Medical Unit Physician functions in close coordination with the compliance safety and health officers whenever there is a medical problem caused by workplace environmental exposures. This coordinated investigation usually consists of on-site interviewing of affected employees reviewing doctor1s first reports, interviewing evaluating/treating physicians, and obtaining all up to date relevant medical records.

There are several specific substance standards, (e.g. lead, asbestos, arsenic, etc,) that require detailed medical surveillance when various trigger exposure levels occur. Whether or not the requirements of these standards are met needs the review of a health care professional.

At a certain high level of exposure to any toxic that is causing a serious health reaction immediate, and ongoing medical surveillance can be required. This can only be developed by interviewing all exposed employees, reviewing all work related medical records, and looking at past and probable future exposures to determine the initial and ongoing periodic medical surveillance requirements.

The main investigations where participation of the Medical Unit physician are critically important are:

1. The Ergonomic Standard (Title 8, 5110), where only the physician in the Medical Unit can make the contacts to determine that each injury recorded is a true repetitive motion injury primarily caused by job task factors.

2. The Bloodborne pathogen standard (Title 8, 5193). This complex, very detailed standard requires a thorough up to date grasp of the rapidly changing risks for transmission of HIV and hepatitis in hospitals, clinics, and other health care settings where health care worker exposures occur. The adequacy of the needlestick prevention programs, the needlestick post exposure prophylactic programs, training, engineered sharps program, is a constantly changing

picture, and needs a health care professional1s evaluation in the course of any bloodborne pathogen investigation.

3. Infectious disease exposures such as tuberculosis, SARS, Q Fever, Coccidiocycosis, rabies, Legionaire1s disease, and bioterrorism organisms such as anthrax, smallpox, need the input of the Medical Officer responses for credible effective response to employee concerns and complaints.

4. Indoor air quality health complaints, need Medical Officer reviews. True building related illnesses such as asthma exacerbations, Legionaires1s Disease, upper respiratory infections, CNS reactions, need to be evaluated using treating physician interviews, and medical records. Linking specific health reactions to airborne conditions in various building areas needs special medical input. Multiple Chemical Sensitive employees often need special reviewing.

5. Often employees that are expose to carcinogens, reproductive hazards, hormone disruptors, and CNS toxics, need detailed review to direct exposed employees to selected health care specialists.

6. Clusters of cancers, adverse reproductive events, and other medical diagnostic catagories frequently require epidemiologic screening.

In addition to the above six categories of frequent investigation participation the Medical Officer:

1. Supervises the medical surveillance program of Cal/OSHA compliance officers.

2. Participates in fatality investigation

3. Evaluations of new or emerging diseases, or health issues.

4. In legal appeal, and settlement proceedings gives input in depositions, and as an expert witness.

5. Frequent telephone responses to employee, and employer inquiries about health reactions and prevention as related to workplace exposures.

6. Develops health Hazard Alerts.

7. Advises health care professionals regarding Cal/OSHA requirements.

8. Helps screen health complaints for district offices (particularly infectious diseases).

9. Responds to telephone inquires about health reactions, and prevention as related to Cal/OSHA regulations.

10. Lectures to heath care workers when requested.

11. Consultations with employers when requested.

12. Developing and coordinating the residency training program at Cal/OSHA as a member of the Department of Medicine at UCSF.

13. Liaison with infectious disease departments, and CDC.

14. Interacting with other state agencies such as DHS, EPA, Pesticide enforcement.

15. Developing standards.

16. When Employees are exposed to high levels of toxic materials Cal/OSHA can require a Medical Surveillance program. The development of this program includes interviewing exposed workers, review of past and probable future exposures, and a medical determination that includes items of appropriate surveillance protocols such as: laboratory tests, X-rays. lung function tests, and biologic tests

If the Public Medical Officer position in Cal/OSHA is eliminated, no one in CAL/OSHA will be able to effectively fill these critically important functions.

Proposition 97 passed by the electorate in1989 required that the state OSHA program should be reinstated at the previous level of effectiveness. The Cal/OSHA program is now responsible for protecting the health and safety of more than 17 million workers in the State of California. In 1989 there were two Medical Officer positions in the Cal/OSHA program.

Cal/OSHA, Decreasing Effectiveness Due To Staffing Level Failures

Cal/OSHA: Tiger Team Enforcement or Paper Tiger?

At present the Division has 193 field officers, covering compliance, high-hazard industries, process safety management and mining and

tunneling.

That is a ratio of one inspector for about every 91,191 workers and 6,100 workplaces. One or more of the top three leadership positions within DOSH has been vacant for "significant periods" in the last several years. Recently the vacant chief's post was filled by Len Welsh, who still has to be officially nominated by the governor and confirmed by the state Senate. That job was vacant for almost a year after the departure of John Howard.

The Division has had no deputy chief for health since 2000.

DOSH's "benchmark" for inspector staffing remains at l98, the level that Fed-OSHA accepted in 1994. Previously the benchmark had been 805 inspectors, based on a 1980 U.S. Court of Appeals decision in AFL-CIO v. Marshall. The Benchmark constitutes the "fully effective" compliance staffing level of a state program. OSHA had recommended to the court that California allocate 334 safety and 471 health compliance officers.

But in l993 the Department of Industrial Relations reassessed California's staffing requirements and came up with a benchmark of 118 safety and 80 health officers.

Whether or not the 805 benchmark was ever realistic, the new benchmark has remained static for almost 10 years while the number of workplaces has risen 21 percent and the workforce has increased 13 percent. The ratio of inspectors to workers has declined 6 percent since 2001 - from 1:86,212 to 1: 91,191

April 2003 California has more fish and game wardens than workplace safety and health inspectors - 227 vs. 193.