

Washington, D. C.
April 1977

Testimony on
OSHA'S PROPOSED STANDARD FOR OCCUPATIONAL EXPOSURE TO LEAD ¹

by

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before

U.S. Department of Labor
Occupational Safety and Health Administration

On behalf of the:
International Union, United Automobile,
Aerospace and Agricultural Implement
Workers of America, UAW.

¹ From the UAW Archives (archive box 29 "UAW Health and Safety", folder 29-5) at the Walter P. Reuther Library, Wayne State University, Detroit, MI.

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My name is Leonard Woodcock, President of the United Auto Workers International Union. With me today are Melvin A. Glasser, Director of the UAW Social Security Department, Dr. Franklin E. Mirer, Industrial Hygiene Consultant in the UAW Social Security Department, and three representatives who will speak in detail of plant conditions.

It is with great urgency that I appear before you today. Lead has been known to be a hazard for hundreds of years. We knew it had not been controlled even in the plants of giant corporations.

Now recent evidence surrounding lead poisoning and the working conditions in plants where lead is used shows that even exposure levels formerly thought safe cannot be tolerated. We have resolved to do everything in our power to see that these jobs be made completely safe.

I am speaking today on behalf of the one and a half million members of the UAW. More particularly I am speaking for the 7,000 members of our Union who are employed in the manufacture of lead storage batteries, the 10,000 men and women working in lead areas in car and truck assembly plants, and the thousands of other UAW members who are exposed to lead in non-ferrous foundries, in soldering operations, and in spray painting and paint sanding operations.

I also speak in behalf of the families of these men and women. Workers' families are affected by lead in a number of ways. When the physical health of the wage earner is damaged, the economic health of the family is reduced. When a worker's contaminated work clothes are brought home, the family's physical health can be damaged. When a worker, husband or wife, has sufficient exposure to lead, the well-being of a child not yet born may be threatened. When lead operations are not controlled, entire communities may be affected.

But I do not wish to speak only in the abstract and about numbers of workers. Real people, their lives, and the day-to-day reality of work in American factories tend to be overlooked in the welter of medical scientific and economic data. We cannot neglect what all this means to the individual worker.

While we personalize the victims of lead, we must take care not to personalize the corporations. Employers are in business to make profits. Those who make greater expenditures for employee health and safety are at a competitive disadvantage to others. Were control of employee lead exposure a profit-making expenditure, there would be no need for laws and enforcement. Our plant representatives will specify companies, yet we wish to be clear that these are not to be considered or singled out as the worst offenders.

Allow me to describe the plight of one of our members who was exposed to lead in a storage battery plant. Ernie Cook, age 35, started work at a relatively new battery plant in late 1971. Seven months later the pains in his stomach became severe enough to require hospitalization. After three unnecessary operations his doctors discovered the real problem. The company had not told Ernie that his blood lead concentration was exceedingly high. For a time, the doctors feared that he would not live. Today Ernie has partially recovered, but he cannot work. His strength has been sapped and his memory impaired. His wife now does the heavy work around their farm to support them.

This young man, who had prided himself on being a good worker, will suffer the effects of lead for the rest of his life. His family life will probably never return to normal.

This was the result of his attempt to earn a living in a battery plant. The damage to his life did not have to happen. It would not have happened if lead operations in the plant were carried on in a safe manner.

More information about the effects of lead on Ernie, his family, and other workers in the same plant is detailed in an article published in Solidarity, our Union's magazine, which goes to all UAW members. I offer a copy of this article for the record. Further testimony on this particular plant will be made later in the UAW presentation by Mr. Cardinal.

We do not know how often Ernie Cook's story is repeated. The information collected by our Union and the testimony offered at these hearings shows that there is a significant problem with lead in American industry.

We can offer specific information about the battery industry, where the exposure is most severe among UAW members and where a survey has been made by UAW professional industrial hygienists. The overall conditions in the battery industry at the time of the passage of the Occupational Safety and Health Act in 1970 can justly be termed outrageous. Since OSHA came into being, industrial hygiene inspections have been made in nearly all battery plants represented by the UAW. In nearly every plant, OSHA cited the employer for exposing workers to hazardous amounts of lead. It must be emphasized that the standards which OSHA has been enforcing have been in existence since the 1930's as voluntary compliance standards. In some states, the standards were even stricter than those presently used by OSHA. Even in these states, the companies permitted the dangerous exposure to continue.

According to data presented at these hearings, a substantial fraction of workers, perhaps 15%, had lead-in-blood levels exceeding the guidelines accepted as safe at that time.

I submit to you that these conditions should be considered willful violations of existing standards, whether legally classified as such or not.

The companies involved cannot claim ignorance. The six major enterprises which control 90% of the storage battery market are multi-million dollar corporations who have abundant industrial hygiene and medical resources. They have access to capital to install the engineering controls. They have had the capacity to recognize and control the lead hazard.

Since OSHA has come into being, some improvements have been made in these plants. Our experience shows that despite the inadequacy of present OSHA standards and the lack of strong enforcement policies by the Nixon and Ford administrations, some headway was made. We believe this experience shows there is great potential for eliminating the lead hazard in industry by adopting a strict standard to be enforced by strong actions from OSHA.

I should note at this point, that our Union has had great difficulty in learning about the exposure levels in industry. Lead exposure in a plant can only be evaluated with systematic lead-in-air and lead-in-blood data. Most of this information is in the hands of management. Management is generally reluctant to share this information with workers or their union representatives.

Even the UAW professional industrial hygiene staff members have not been provided with detailed lead exposure information by most companies and plant managements. The only consistent source of information on conditions and compliance with existing standards has been OSHA. The UAW was able to request and obtain data on the plants whose workers we represent directly from OSHA area offices.

On the other hand, a good deal was learned from visual observations during the walk-through surveys of battery plants made by UAW industrial hygienists. These professionals documented in their reports that the battery plants were generally contaminated with lead dust. The poisonous

dust more often than not covered the machines and work surfaces. Lead dust was found piled under the machines and even in the superstructures of the buildings. Ventilation systems were sometimes missing from many high lead hazard operations. The existing ventilation systems in many cases were poorly designed and maintained. Process equipment was also poorly maintained, which contributed to increased lead exposure. House-keeping was poor in most plants; cleaning schedules were either not adequate or not followed. Many basic safety rules, such as the prohibition of dry sweeping of lead dust, were routinely broken. Workers were not informed of the hazard of lead.

Let me emphasize that the control measures for lead in battery plants are widely known and used, but in no one plant surveyed were all of these control techniques applied. One plant may have had good control over its stacking operations but a poorly controlled oxide mill. The next plant may have a well controlled oxide mill, but poor ventilation around the stackers.

Our industrial hygienists have seen good control measures for most hazardous operations in at least one plant. Even within the same company, the control measures vary from plant to plant.

The best plants have nearly all operations controlled but one or two. The result is similar to trying to insulate all of a house, but leaving a few windows open. Cold air enters the house through the windows and the purpose of the rest of the insulation is defeated. So in a battery plant, if one operation is not controlled, contamination is carried by air or equipment from one area to another, defeating the purpose of the other controls.

A list of known control measures for battery plants has already been supplied by us to the OSHA docket. Dr. Mirer will expand on my remarks in his presentation.

At this stage in these hearings, I expect everyone present today has heard much of the evidence relevant to the lead standard. I need not, therefore, go into detail on each of these issues. However, I will list the issues of the standard which the UAW believes are important and will state for the record our position on each with comments on the basis for our position.

Although I am neither a scientist, nor an engineer, nor a physician, I speak from considerable experience and from information that I have been told by our members, seen in the shops, and learned from the presentations of the experts. I have no new medical data to present, but will discuss the critical issues in this standard, as I see them.

Technical experts are required to examine the scientific papers, to decide whether the conclusions follow from the data and interpret them for laymen to understand. But laymen such as myself, or our members, or the society at large, must make the social and economic decisions based on the technical conclusions.

The following are the important issues as we see them:

(1) The standard should rely primarily on airborne lead measurements to enforce lead exposure controls.

The UAW supports the proposed standard's requirements that both environmental and biological measurements should be made to evaluate exposure in lead operations, but that environmental exposure should be the basis of enforcement. The standard should not be enforced by a blood lead criterion. The practice of "using the worker as a monitoring device" means not only polluting the work environment up to a limit, it means polluting the workers themselves.

Lead should be treated as other occupational health hazards, where the adverse health effects of exposure are directly related to the chemical's concentration in the air. In the case of lead, the blood lead measurement has been a useful tool in evaluation. However, the environmental index must be discarded because in this case, a biological index is useful. UAW experts tell me that although the correlations between the air exposure, the blood concentrations, and the medical effects are not precisely known, the data are better understood and more exact than with many other health hazards for which air concentration standards have been set.

(2) Exposure limits must be set to prevent the appearance of so-called subclinical effects.

The UAW believes that the subtle and insidious effects of lead are important and should be used as criteria in setting the standard.

Speaking as a unionist, I must say that if a high body burden of lead causes anemia and low levels of lead disrupt the production of blood, then we want protection from low levels. If it is known that high levels of lead cause kidney failure, and low levels cause kidney damage, then we want protection from low levels. If high levels cause sterility in males and low levels cause an abnormal sperm count, then we want protection from low levels.

Experts tell us that all the evidence is not yet in, that we don't have proof positive of the lowest unsafe level. Company medical consultants have testified that they have seen very few or even no cases of what they consider to be lead poisoning, but there is ample testimony as to the weakness of their programs. I would be the first to agree that there is a critical need for further research in this area. We need long-term studies which take some care in measuring a worker's exposure to lead and which carefully measure the effect of this on health. The history of this sort of

research reveals that adverse affects are discovered at lower and lower exposure levels. However, it is immoral to insist that corrective action be postponed until every study is completed. No society should tolerate treating its workers as guinea pigs. And surely no one in the labor movement, in this government agency or in industry wishes to face a sick worker, twenty years from now, and say, "We had evidence that your lead exposure would cause permanent health damage, but we needed more proof. "

I must remind this body that it is only with the advent of extensive health insurance for industrial workers, in the last two decades, largely as a result of collective bargaining, that the bulk of workers exposed to lead have had reasonably adequate access to medical care. The health care system in the U. S. is also not well set up to diagnose work-related diseases, and physicians are poorly trained in their recognition. How many times are lead poisoned workers treated for other diseases before the cause of their ill health was discovered?

Our members are troubled when it is explained to them that a food additive or a pesticide must be proven to be safe as it is used, whereas an industrial chemical must be proven harmful before it can be regulated.

It is my understanding that environmental agencies consider the number of adults, especially the number of children with high body burdens of lead, a genuine public health threat and are attempting to restrict lead exposure to the general population. Workers face a greater threat since industrial exposures are many times higher than lead exposure to the general community.

(3) The standard must prevent harm to the reproductive health of men and women workers, and must protect specially susceptible workers.

There should be no question that the standard should protect the reproduction health of workers. I have been told that estimates of abnormalities in newborn children range as high as 1 %, with at least

one-tenth of these abnormalities considered seriously harmful. This is a staggering toll, especially when it is added that the cause of most of this damage is not known.

This is not exclusively a problem of women. There is evidence, from animal studies that lead harms the reproductive health of both males and females. I understand that a scientific study of reproductive health of lead workers presented to this hearing concerned the effects on men, and found significant sperm deficit with a very low body burden of lead.

Focusing exclusively on women will be both discriminatory and unhealthy. Industry would find it unthinkable to exclude men from employment with lead exposure. The removal of a minority from employment is consistent with a long-term strategy for dealing with the lead hazard, which can be summed up in the phrase "fix the worker, not the workplace." Are we to condone the practice of selecting for the workforce of this country only the people who can "take it" in one industry or another, or are we going to set standards and carry out the effort to see that jobs are made safe?

Our Union has been fighting against this discriminatory practice since our earliest beginnings in the 1930's when older workers were fired as they became too worn out to keep up the pace. As our Union came into being we set work standards to make the jobs better for everyone. Now in the area of toxic chemicals we expect standards which will make the job safe for everyone. We cannot accept the exclusion of women from industry any more than we could accept the exclusion of older workers.

(4) The body burden of lead allowed by the proposed standard is hazardous and must be lowered.

The UAW believes that the only exposure condition which can be

considered safe with any assurance is one which results in no significant increase in body burden of lead over a pre-employment level, or the average of the general population. As a practical matter, this means that blood lead levels should not exceed 40 or perhaps even 30 micro-grams of lead per 100 grams of blood. This is much more stringent than the 60 microgram figure which is the basis of the proposed standard.



We feel there is no need at this point in the hearings to repeat the detailed medical data which has been offered to define a safe body burden of lead. We are convinced by the growing body of data which show that health is damaged at low levels of exposure to lead. It is the implications of the medical data on which we have offered our opinion, and on which we invite discussion.

(5) Airborne lead exposure should be restricted to 50 micrograms per cubic meter of air.



The proposed restriction of airborne lead exposure to 100 micro-grams per cubic meter is not enough of an improvement. It is my understanding that there has been a good deal of controversy in the testimony as to the extent of correlation of lead-in-air and body burdens of lead as measured by lead-in-blood levels. The UAW has no new data to present on this question. I am told that the data presented show that some workers exposed at the proposed level of 100 micrograms per cubic meter reach lead-in-blood levels greater than 40 micrograms per 100 grams and is therefore unacceptable. The further reduced exposure level we propose may achieve the reduction in body absorption we seek. If experience shows this not to be true, further reduction will be necessary. Evidently scrupulous efforts to keep lead operations clean in order to restrict accidental ingestion of lead would also be needed.

(6) The proposed standard correctly requires that engineering controls, not respirators, should be used to control airborne lead exposure.

The limitation of absorption of lead requires a combination of engineering controls, work practices and personal hygiene. The UAW supports most strongly the proposal that airborne lead exposure must be controlled by engineering methods, that is by ventilation and process changes, not by respirators. Reliance on respirators is in effect requiring workers to use their own lungpower to clean the air they breathe.

Equally important, where control of airborne lead to a safe level by engineering methods is not immediately possible, we emphasize the need to reduce it to the lowest level by engineering controls, even though respirators will still be required. We reject the idea that engineering efforts may be abandoned if respirators will do the job. The standard should be clarified to require partial engineering solutions even in cases where respirators will still be required.

(7) The standard should specifically prevent the abuse of biological measurements shown in the past.

The past use of biological measurements is a prime example of the industry attitude of "fix the worker, not the workplace." Lead exposed workers in UAW battery plants and larger vehicle assembly plants represented by the UAW have some sort of biological monitoring, most often lead-in-blood measurements. The stated goal of this program is to detect hazardous lead exposures by "using the worker as his own monitoring device. " In the experience of our Union, this stated goal is not achieved. Instead, the real function of this program is to attempt to prevent acute

lead poisoning by removing one worker from a hazardous environment as the body burden of lead reaches an acutely hazardous level, replacing him with another worker. Generally, the worker will return to the job after the lead-in-blood level has returned to a so-called safe level. Some of our members have termed this back and forth movement the "yo-yo" method of lead control.

If the standard were to specify a lower unsafe lead-in-blood level than is now in use, and present practices were followed, this would simply shorten the string on the yo-yo.

The discovery of an elevated lead-in-blood level should trigger a reduction of exposure as the primary result, not a transfer. An industrial hygienist should immediately survey the situation. If exposure is airborne, then a respirator should be worn while engineering controls are installed. If so-called work habits are the problem, then steps should be taken to correct the job layout. If the source of exposure is truly diagnosed as personal hygiene, then clothing, washrooms, change facilities and eating places must be upgraded.

An elevated biological measurement indicates the environment must be fixed. However, every effort should be made to correct the environment before the worker's body burden of lead is elevated.

(8) The standard should require that a worker moved from a job for lead absorption should receive full economic protection.

The UAW believes that the worker removed from a job for lead effects must be given full economic protection such as rate retention, and protection of seniority and promotion rights. Transfer from the job for elevated lead-in-blood is already a routine part of working life in lead-using plants. However, the provision of the proposed standard which

requires removal from lead exposure on the basis of a biological measurement or a doctor's opinion may have a major detrimental impact since no reference to the economic protection of the worker when such an event occurs. This must be changed so that in the event of such removal from exposure the worker is, in the jargon of the shop, "made whole."

This agency cannot avoid the impact that this standard will have, or the havoc it will wreak if such protection is not provided. Perhaps 30% of the workers in the battery industry have lead-in-blood levels in excess of the prescribed limit. While removals occur now, they are the result of company policy, not government decree, and the company must assume some responsibility. Industry has taken a firm and almost unanimous position that no hazard exists at a lead-in-blood level of 60 micrograms. Management may feel free to tell employees that it is the government which is forcing removal from jobs, and may claim to have no economic responsibility.

At present, there is great variation in the economic protection of workers removed from the plant or transferred for high lead. Some contracts provide for supplementing Workers Compensation, if it applies, for a certain number of weeks, or have provisions for temporary rate retention on job transfers. Unorganized workers must rely on the goodwill of their employers. The surge of transfers which will accompany a reduction in the lead-in-blood standard will quickly overload present practices. Cooperation with medical programs by individual workers will be seriously undermined if major economic penalties result from adverse findings in these tests.

No one can condone allowing workers to continue to absorb lead after they have a hazardous body burden or symptoms of lead poisoning.

At the same time, in lead contaminated environments, such absorption is not an accident, but a probable result.

I therefore strongly recommend that the standard include provision for the protection of pay, promotion and seniority, in the case of lead transfers. In addition, the need to remove a worker from lead exposure is evidence of a dangerous condition. Immediate written notice of such an event should be given to the transferred employee, as a permanent record of exposure, to his authorized representatives, the OSHA area office and to the state agency charged with occupational health duties if there is a state plan operative.

(9) The proposed standard does not adequately control medical abuses.

The controversy over chelation therapy is but a symptom of the problems with the company doctor system. It has come to the fore because the practice of giving treatment while workers continue lead exposure violates written medical guidelines. Important to the discussion of toxic material control is the quality of care our members receive from company physicians. However, the needed information is not available in any scientific form and the subject is too broad for these hearings.

Suffice it to say that the UAW finds many problems with the company doctor system. With regard to this standard, an immediate solution to this problem is the requirement that any chelation therapy be done as a hospital in-patient procedure, with specified precautions and follow-up. This is not a professional opinion of exactly what is needed, but a unionist's impression of what it will take to regulate this practice. In a related matter, the provision of the standard which requires that women workers submit to a pregnancy test by the company doctor should be eliminated. It is a most flagrant invasion of privacy.

(10) The standard must require employers to pay for and launder work-clothing and provide adequate personal hygiene facilities.

It seems almost absurd that in the last quarter of the twentieth century it is necessary to bring forward elementary aspects of fair labor standards such as showers, clean lunchrooms and clothing, in a national hearing of this type, or that employers who emphasize the need for personal hygiene have failed to make visible and elementary provisions for protecting health.

Two studies have shown that lead carried home on the clothes of lead workers has contaminated homes and poisoned their children. We trust that there is evidence enough that clothing contaminated by lead should not go home. We ask that the standard make it clear that employers will pay for clothing, just as they must pay for medical examinations. Likewise, if eating or smoking in lead contaminated areas is forbidden, as it should be, alternative facilities must be provided.

(11) The proposed standard does not give employees adequate access to information.

If there is a single theme that is repeated through the record of these hearings, it is the unequal access to information of management on the one hand, and workers, their representatives and the public on the other. In the hands of industry are the results of tens of thousands of medical examinations, yet there has been little effort to find the subtle signs of early lead poisoning. Corporations have the results of tens of thousands of lead-in-air samples and many more blood lead measurements, yet little analysis of these data has been performed. Plant management has much data on exposure levels and costs of compliance, yet little hard information was presented.

In the most recent round of major contract negotiations, many of our demands in the area of health and safety concerned some basic rights

for workers to be told about things which affect health on the job. We demanded the right for workers to be told about any exposure to a chemical above the legal permissible limits. We demanded the right for workers to be given the results of their medical examinations. We demanded the right for the Local Union safety representative to be given the reports of company surveys and investigations.

We won these demands, but in each case during the negotiations the companies' responses to these demands were that workers were too ignorant to understand anything about chemicals or medical exams. The companies said that the demands were not feasible because they would just create confusion and anxiety.

We know, however, that in reality the concern of the companies was that these demands might lead to an increased awareness among the workers, and this might require additional company expenditure.

While these demands were won from major employers, it will take time to extend them to every plant. Unorganized workers have no such protection. The information required for evaluating work with lead is known with great precision. The wording of the standard is vague and remarkably omits worker access to ventilation test results and compliance plans.

All information relating to exposure and control must be given in writing to workers and their representatives. Reports on medical examinations should be given in writing to the examined worker so that he or she will have a permanent record of the results.

(12) The strict exposure limits proposed by the UAW are both technically feasible and will have minimal economic-impact.

Anyone who has bargained over health and safety conditions has encountered the strict company definition of the "feasibility" of a change

requested by the union; the company's frequent definition of a "feasible" change is a change that requires no investment in new equipment, no maintenance costs, no change in production technique, no retraining of the worker, no use of engineering or design personnel, and it would be helpful if it increased productivity and profits.

Technological feasibility is not really at issue here, especially in the battery industry. The real issue is cost. My observations are based on our analysis of the economic impact study presented by OSHA. A detailed account of the contradictory assumptions, double counting and dubious information prepared by our economists is found in our pre-hearing submission.

I wish to make it clear that even accepting industry's highly inflated and suspect figures, the impact of standard on economic activity, jobs, inflation and competition is entirely minimal and well within the costs that the American people will be willing to bear. If it occurs, a price increase of one dollar per battery is a small cost to bear in order to protect lead workers health.

At the outset, I must say that I find the whole idea of weighing workers lives and health against economic criteria morally repugnant. A safe and healthful workplace is a right which has been recognized in the law. Nothing in the law calls for the government to enter into an elaborate calculation of costs to employers in providing a workplace free of hazards.

The process of carrying out a monetary cost-benefit analysis weighs something which has no price although great value -- the well-being of workers -- against a very tangible dollar value. The outlook of those who prepared the various documents is clear from the fact that absolutely no effort was made to estimate even the range of possible dollar benefits from improved health such as reduced medical insurance costs, sick pay, worker's compensation costs, absenteeism and increased productivity

which could result from improved employee health. Likewise inflation was calculated but the positive impact of investment or new jobs on the GNP and total employment was ignored.

The method of study is inherently hostile to the interests of working people. Calculations are simply additions and multiplications of unverified company estimates of cost, which is hardly an unbiased source of data. It should be obvious that it is in the interests of the industry to try to kill off a new strict standard, especially the requirements for engineering controls, by inflating the price. The various companies were free to present estimates without exposing themselves for identification or cross-examination.

The record should show that the hundreds of millions of dollars we are to be charged are not the cost of the new standard. Instead, these are estimates of the cost of moving from current conditions which are substantially out of compliance with the current standard, to the new standard. Experts agree that substantially similar methods would be used for achieving compliance with both standards. Asking us to consider costs of past failures as well as future improvements is clearly double counting.

Finally, past experience has shown that estimates of costs of compliance are faulty because they take a static view of the progress of industry. American industry, which in other matters, boasts of its initiative and innovation, now throws up its hands at any new occupational health standard and claims that it is impossible to comply.

This was the case for vinyl chloride where there were widespread claims that the 1 part per million standard would cripple the plastics industry. The loss of thousands of jobs and millions of dollars was predicted. Instead, manufacturers quickly came into compliance with a standard which called for a 500-fold reduction in exposure. No plant

shutdowns were caused by the health standard. The OSHA asbestos standard called for exposure to be reduced to less than half over a three year period. We are aware of no economic disasters caused by this regulation. Technological development was forced by the health requirements. We are sure that this will be true of lead as well.

Industry has even told us that a strict standard, or even achievement of the present standard, would be job creating. Lack of maintenance of ventilation and process equipment and poor clean-up of toxic residues in the plant have been cited as major causes of preventable lead exposure. These problems arise because of the elimination of indirect labor in industry's push for productivity and profit. Restoring the current plant and equipment to its potential is a catch-up setup which industry must take.

It is possible that a safe lead-in-air level of 50 micrograms per cubic meter in a battery plant cannot be achieved -- without respirators -- by simply adding on ventilation to existing equipment. Some process innovations may be needed which may also increase productivity. But we are sure that control can be achieved.

The dangerous conditions which presently exist in the battery industry, and frequent violations of the current standards, must not be used as an argument against putting forward a new safe standard.

(13) The standard should be equally enforced in all industries

Special assistance may be needed for small employers. The ultimate proof of technological and economic feasibility is a plant in a particular industry which has come into compliance with a standard and remained in business. We can't point to such a battery plant because no such effort has been made.

The feasibility argument should not be allowed to support a practice of "equal lack of protection under the law". Just because one industry, such as primary lead smelters, may have difficulty in getting into engineering compliance immediately, is no argument that other workers who could receive such protection should be denied it. If immediate engineering controls are not accessible, personal protective equipment can be used in conjunction with other controls.

What is critical in this regard is a better, more uniform quality of enforcement than we have seen. Within each lead using industry there must be carefully scrutinized variances, specified abatement periods, standardized fines and enforcement criteria for housekeeping and hygiene facilities, model abatement plans with milestones for progress, and good technical guidelines. A technical or coordination group within OSHA should be set up to achieve this goal.

It is especially important to oversee state plans. Unequal enforcement, especially of a strict standard, creates a grave incentive for employers to run away. Battery plants, foundries and secondary smelters must receive the same treatment in Michigan and Mississippi, Indiana and Idaho, New York and North Carolina. Employers must not be allowed to use the political climate in one state, or a weak economy with threats of run-aways in another to subject workers to greater risks. The standard on paper is no better than its enforcement.

The impact of the standard on small employers may pose a problem. We are not convinced that small plants pose the greatest risks, because the lower production rates generally result in lower exposures. However, many small employers have limited access to technical services or capital. Because lead exposure is equally dangerous in a 10 man shop as a 10,000 man shop, exposure limitations should be the same in all size plants. The government should explore supplying consultation services to

small employers including air monitoring, biological sampling, and ventilation system design. These are services formerly provided to a greater or lesser extent, by the state occupational health agencies which existed before OSHA came on the scene. In our opinion, this is one of the useful roles such agencies can play. Consultants should be hired by OSHA in areas where state agencies cannot fill the role-. Small business loans should be available to fund capital improvements for the installation of new equipment. Care must be taken that consultation be done in such a way and that workers receive the fruits of this support of the small employer - - they must receive all the information and reports provided to the employer, and capital provided must go to a safe environment, not converted into a quick new profit.

Summary: Let me summarize briefly the main points in the UAW position on this standard.

1. Exposure limitations must protect the health and functional capacity of all workers; this includes protection against the so-called subclinical effects which are probably the early signs of lead poisoning.

2. Conditions should be maintained so that there is no significant increase in body burden of lead, which is indicated in a maximum blood lead of 40 micrograms per 100 grams of blood.

3. Enforcement must be based on environmental measurements and observations. The lead-in-air limitation of 100 micrograms per cubic meter is not strict enough. We suggest 50 micrograms per cubic meter as an alternative level.

4. Airborne exposures should be controlled by engineering methods, not respirators.

5. Full economic protection must be provided for lead related

transfers. Reports on transfers must be issued to governmental authorities as well as the affected worker and his representatives.

6. The medical, air and biological programs should be upgraded to reflect the more stringent exposure restrictions.

7. All information on conditions should be available to affected workers and their representatives.

8. Provisions regarding personal protective equipment, clothing and hygiene facilities should be strengthened.

We make our recommendations with full realization of how far they depart from current conditions in the lead using industries, and that it will require an almost revolutionary change in the way some operations are performed. We can't turn away from the need to make the workplace safe for all.

Not only is this our Union's philosophy, it is also the philosophy adopted in the law of the land -- the Occupational Safety and Health Act of 1970, which provides that the Secretary of Labor:

"in promulgating standards dealing with toxic materials or harmful physical agents under this subsection, shall set the standard which most adequately assures, to the extent feasible, on the basis of the best available evidence, that no employee will suffer material impairment of health or functional capacity even if such employee has regular exposure to the hazard dealt with by such standard for the period of his working life."

This statement is more than just a legalistic phrase to be quoted in court. It was a commitment won from Congress to working people that the workplace would be safe for everybody. This is the same goal for which our Union has been fighting since its very inception. We have a long road to travel to reach this goal. We need to cover that distance as swiftly as possible.