NYCOSH

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SAFETY Rep

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WELCOME BACK

Q&A with Dr. John Howard on his return to NIOSH

In a move widely hailed by labor leaders and public health advocates, Dr. John Howard was reappointed Director of the National Institute of Occupational Safety and Health (NIOSH). Howard had served as Director of NIOSH from 2002 to 2008. In that capacity, he also was appointed to coordinate health programs for workers and residents who developed illnesses related to exposure to toxic substances on or after 9/11.

When Howard's previous term as director expired, President George Bush refused to reappoint him despite widespread support from labor unions and community organizations.

In February, New York State and local labor leaders joined with area Congressional representatives in calling upon President Obama to return Howard to his post. As Denis Hughes, President of the New York State AFL-CIO, stated at the time, "The heroes of September 11th have no greater champion than Dr. Howard."

In making the September 3rd announcement, Health and Human Services Secretary Kathleen Sebelius said, "Dr. Howard brings a wealth of administrative experience from his service in both state and federal governments and a long history of personal dedication and professional achievement to the field of occupational health and safety."

Shortly after his reappointment, NYCOSH interviewed Dr. Howard who addressed a wide range of issues and, in particular, issues related to his role as coordinator of the World Trade Center health programs.

"It feels great to be back," Dr. John Howard told NYCOSH following his reappointment as NIOSH Director by HHS Secretary Kathleen Sebelius.

NYCOSH: Welcome back, Dr. Howard. A lot of people here are very happy you're back at NIOSH and are looking forward to working with you again. Secretary Sebelius has said that you "will serve NIOSH well in a time of unprecedented challenges and opportunities." What are some of the challenges ahead?

Howard: First I'll say it feels great to be back, to be able to work with the people at NIOSH again. It's a very exciting experience for me.

Some hazards have been around for a long time, and for some reason we have not been that successful in solving them. In construction, for example, people are falling from heights, people are being trapped in a trench when it collapses. We all know that human beings can't survive in a deep trench when it collapses, and yet we still have these kinds of fatalities and serious injuries. We have to think of new ways to handle these old hazards.

In the emerging hazard area, the train has left the station for products that incorporate nanoparticles. But have we worked out the occupational and environmental risks associated with nanotechnology to workers? No, we haven't. Has there been sufficient funding devoted to that by the government? No. If you talk about nanotechnology promotion versus nanotechnology implications to workers, you see a huge amount of promotional money, but we really haven't seen that on the risk side. This is an emerging hazard that is really unprecedented because this technology has been predicted to be a trillion dollar item by 2015 and millions of workers are involved.

There are other issues that are not traditional that involve prevention safety and health issues for NIOSH. The World Trade Center disaster is an example.

We've spent a lot of time trying to get ourselves back together — from the commercial sense, the economic sense, even the architectural engineering sense by building additional buildings and by honoring those who perished. But one of the biggest lessons learned is the continuing health issues associated with those who did not perish, but survived, and who responded or who were in the community helping cleanup or were residents, bystanders, students, office workers and others. That to me is the most serious issue — that not enough attention has been focused on going

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Michaels confirmed as new OSHA chief

The Senate voted unanimously on December 3 to confirm Dr. David Michaels as the new Assistant Secretary of Labor for the Occupational Safety and Health Administration (OSHA). Jordan Barab, who has served as the acting OSHA administrator since April 13, will continue to serve in OSHA as Deputy Assistant Secretary.

Dr. Michaels is an epidemiologist and a research professor at George Washington University's School of Public Health. He served as Assistant Secretary of Energy for Environment, Safety and Health in the Clinton Administration. Michaels had come under immediate attack from industry lobbyists and business groups after President Obama announced his nomination on July 28. The attacks were no surprise. In his recent book, *Doubt Is Their Product: How Industry's Assault on Science Threatens Your Health* (2008), Dr. Michaels exposed how industry-funded "product defense specialists" use bogus science to produce studies aimed at defeating regulation of harmful products and preventing lawsuits. In an August 5 editorial endorsing Michaels ("A Champion for Workers' Safety"), the *New York Times* termed his book "saber-rattling" and said he was certain to take a "more vigorous approach" to OSHA regulation than was taken under the eight years of the Bush Administration when "OSHA killed dozens of existing and proposed regulations and delayed adopting others, preferring instead to rely on voluntary compliance by industry."

Dr. David Michaels , a founding member of NYCOSH, was confirmed unanimously by the Senate as the Assistant Secretary of Labor for OSHA.

The American Association for the Advancement of Science said Michaels "understands the ways that science can be used—or misused—in legal and regulatory decision making."

Michaels' nomination was endorsed by several organizations which wrote letters of support to the Senate Health, Education, Labor and Pensions Committee (HELP). The Committee approved him on Nov. 18 by a vote of 7-2. The American Public Health Association (APHA) called Michaels "one of the strongest leaders in the public health community" and said his "commitment to protecting worker health and safety makes him an excellent choice to lead this critical public health agency."

The American Association for the Advancement of Science (AAAS) said Michaels was "an expert on the health effects of exposure to toxic chemicals" who "understands the ways that science can be used — or misused — in legal and regulatory decision making." Michaels was awarded the AAAS Scientific Freedom and Responsibility Award in 2005 for his "commitment to obtaining justice for workers whose health has suffered from working in nuclear weapons programs and advocacy for scientific integrity in public policy-making." While serving in the Energy Department, Michaels was the architect of a program to compensate nuclear weapons workers who developed occupational illnesses as a result of exposure to radiation and other hazards.

OSHA officially withdraws Bush Administration's 'secret rule'

A year after the Bush Administration tried to push through a new rule on occupational risk assessment, OSHA officially withdrew it on August 31. It was known as the "secret rule" because the Department of Labor refused to provide any information about it to Congress or the media, after it was initially disclosed by Celeste Monforton in a post on *The Pump Handle* blog.

The proposed rule changed both the procedures and the criteria used to assess worker health risks when setting new standards. It added another procedural step and round of challenges by requiring OSHA and MSHA to issue an *Advanced* Notice of Proposed Rulemaking, for all health standards, even for well-understood contaminants like coal mine dust and silica.

In her post on August 31, Monforton wrote that the "secret rule chapter is finally closed," citing a notice in the Federal Register that included comments made last year by health and safety advocates in their criticism of the plan. "Today's announcement correctly notes that OSHA and MSHA should continue to have the discretion to determine whether an ANPRM is necessary," she wrote, and then cited from the notice: "an inflexible requirement would not fit the varied circumstances in which rulemakings are conducted and could cause unnecessary delays."

In his comments at the time, Prof. Frank Mirer of the Environmental and Occupational Health Sciences track, Urban Health Program, Hunter College (CUNY), wrote to the DOL: "A review of OSHA rulemaking history since 1975 reveals that never has a rule so broad in impact been rushed forward by a process permitting such narrow participation, by a process so narrow, so truncated, so opaque and without a public hearing,"

LOOK OUT

Radiation beamed from cell phone base stations

By Louis Slesin
Microwave News
<www.microwavenews.com>

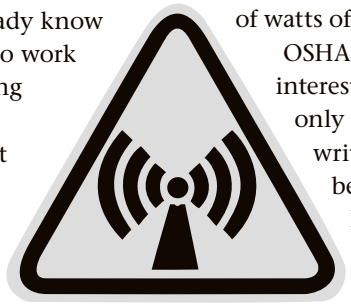
Active antennas may be beaming radiation right at you, and you'll probably never know it — even if you were to get sick later on.

The next time you go up on the roof of a building to do some work, take a good look around. Whether you are tarring the roof, painting the elevator shaft, washing the windows, maintaining the HVAC or anything else that might keep you there for some time, do yourself a favor and see if there are any antennas nearby. I'm not referring to those old-time aerials that help improve TV reception; they collect radiation. I am talking about antennas that send out signals, that is, transmit radiation.

Active antennas may be beaming radiation right at you, and you'll probably never know it — even if you were to get sick later on.

'Huge' number of active antennas

The news regularly features stories about the latest cell phone health scares, with headlines like: "Do cell phones cause brain tumors?" or, "Is living or going to school near a cell tower dangerous?" No one has the answer to these questions, and no one will for a long time. But we do already know that it is not a good idea to work right next to a transmitting antenna.



A cell phone puts out at most a couple of watts of radiofrequency/microwave radiation — often called "RF" — usually much less. A rooftop cell phone base station, on the other hand, can transmit a hundred times more energy. And if more than one company has antennas on that same roof, the radiation levels could be much higher. Many other types of transmitters may be there too: fire and police networks, terrestrial and satellite radio, TV and pagers, among others. Some of these can be very powerful, radiating thousands of watts.

Not all rooftops have transmitters. But the number of active antennas is huge. There are about a quarter of a million cell sites alone in the U.S., according to CTIA — The Wireless Association, the cell phone trade group. Many of these are stand-alone towers; most of the rest are on the top of buildings.

For many owners, the roof is a major profit center. If a building is in a desirable location, the rent collected from the antennas can exceed that paid on the commercial and residential leases. Unlike some tenants, the antennas, once installed, are usually hassle free!

"I tell workers to look around and not to be oblivious to their surroundings," says Richard Strickland of RF Safety Solutions, a consulting and training firm based on Long Island. Strickland points out that it is very rare for any of these transmitters to be turned off when someone is working nearby. That's even true for high-power radio and TV stations that broadcast tens of thousands of watts of RF radiation.

OSHA has never taken a strong interest in RF health risks. The only standard on its books was written back in 1966, years before OSHA was established. It requires RF occupational exposures to be less than 10 mW/cm2 (10 milli-Watts per square centimeter). Over the last 40 years, the standard has been updated many times by the groups that developed it, but never by OSHA. You can be sure that a standard is out of date when the military and industry act on their own to make it more stringent. Today, their limit is about *50 times* stricter than OSHA's 1966 10 mW/cm2 standard.

One important technical detail: Most exposure standards specify separate limits for workers and the general public — with a lower limit for the public to allow for the greater vulnerability of the young, the old and the sick. The updated U.S. RF standard, developed by a committee of the Institute of Electrical and Electronics Engineers (IEEE), works differently: It makes a distinction between "voluntary" and "involuntary" exposures. Voluntary exposures apply to those — such as cell phone technicians, who, it is assumed, know they will likely be exposed to RF radiation. Involuntary exposure limits are five to ten times stricter than the voluntary limits to protect those who know little or nothing about radiation, for instance, a roofer working near a cell phone antenna.

OSHA standard out of date

Not only is OSHA's 10 mW/cm2 standard out of date, but for many years, beginning in the early 1980s, the agency could not or would not enforce it. The trouble started with the fact that the RF standard had originally been adopted as a voluntary — or "should" — standard and OSHA rules dictated that its inspectors could not issue a citation for exceeding a voluntary standard.

The agency had a second option: Enforcement under the OSHAct's general duty clause, which requires all employers to provide workers with a safe environment, free from recognized hazards. Then the Occupational Safety and Health Review Commission (OSHRC), an independent Federal agency which decides contests of citations or penalties resulting from OSHA inspections, and the courts decided that the general duty clause could not be in-

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Welcome back

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forward — the respiratory, the mental health, the possibility of other chronic conditions developing as we go through time.

The James Zadroga Act, which the Congress is considering, is vitally needed. We have received no authorizing direction from the Congress. So, to me, that's absolutely vital. We need authorizing legislation so that we can build an appropriate program. Doing yearly grants and sort of cobbling together a structure is not the way to handle the World Trade Center program. Monitoring these folks and providing treatment to responders and those in the community — this is a permanent activity of the government that will be going on for decades.

NYCOSH: On the Zadroga bill. This has been an ongoing battle for some time. What happens if no bill is passed again this year?

Howard: We do what we're doing now, which we hope is doing the best job that we can by staying very close to stakeholders in New York and throughout the country. Getting their views, reaching out to them, making sure they understand that we're listening about how we should do our grants, our contracts. Are there gaps? Who's not being taken care of? We confer with the clinicians who are seeing these folks all the time — what are you seeing? We encourage them to write up their clinical findings in science journals so we can have a basis for going forward.

But again, we don't have the ability internally within the government to establish a World Trade Center program that has certain attributes that Congress will state need to be there. For example, in areas related to social benefits and areas related to research – right now we have no language that tells us to make sure responders in the community have knowledge about the social benefits available to them, or take the clinical experience we're getting from monitoring and treating folks and set aside funding for research. There are parts missing we really don't have authority for.

NYCOSH: There is some opposition in Congress to the legislation. How do you plan to work with Democrats and Republicans on this issue?

Howard: I've always thought the story has to be told. It's a hidden story, except in New York and with responders from other parts of the country. The story of the continuing health disaster is something that representatives and senators from states other than New York or New Jersey are not aware of. So it's bringing the story of the continuing health issues to those folks. Then getting their support in terms of once they realize that, now, eight years later we have portions of our responder community population with persistent respiratory problems, persistent PTSD, and the possibility of some other chronic conditions like cancer in this population. So telling that story to me is very compelling — and also having responders tell their own story in Congressional testimony.

NYCOSH: Can you speak about emerging health issues that will become more visible as we go forward?

Howard: I don't think we know the answer to that. There are respiratory conditions that now are very persistent. For some, we're not sure whether the mechanisms that caused the condition are going to wear out and the person is going to get to some better place clinically.

The issue about persistent mental health issues is one that unless folks have intervention, mental health issues can worsen and become almost recalcitrant to intervention — we don't want that to happen — we want to capture everyone that's having persistent problems so that things don't become so chronic that intervention is fairly useless.

There is the issue of new conditions that we know from the exposures at the World Trade Center produced disease. We know that from previous medical studies but there's a latent period between the exposure and the production of the disease. In some of those cases, the case of asbestos being the best example, there are decades between the exposure and the development of asbestosis, asbestos-related lung cancer, mesothelioma. With those types of chronic conditions, we have to continue monitoring the populations to intercept that disease process at the earlier opportunity.

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Labor leaders urge passage of 9/11 health bill

JOHN RAYMOND

"We are moving the James Zadroga Health and Compensation Act through Congress, but we need to need to make sure we all get together to increase the pressure," Denis Hughes, President, New York State AFL-CIO, said at a rally on Sept. 8 at which state and local labor leaders joined with local Congressional reps to urge passage of the 9/11 legislation.

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Coalition wants Gov. Paterson to appoint flu preparedness working group

A coalition of New York State healthcare workers, their unions, and public health advocates has called on Governor David Paterson to establish an influenza preparedness working group to address health concerns of healthcare workers who work with patients with influenza.

In a November 19 letter to Gov. Paterson, the coalition urged the governor to convene stakeholders — unions, frontline workers, employers, and professional organizations — to share information on preparedness efforts. "It would allow all affected parties to join together to promote voluntary vaccination, identify gaps in preparedness, improve influenza exposure control programs, share resources, and promote consensus," the letter said.

JOHN RAYMOND

Bill Kojola, Industrial Hygienist, AFL-CIO, was a featured panelist at the NYCOSH Forum; "Pandemic Flu in the Workplace: Are We Prepared?" held Sept. 29 at PSC/CUNY Headquarters.

The coalition's action comes in response to controversy over the New York State Department of Health's (NYSDOH) emergency regulation that mandated H1N1 and seasonal flu vaccinations for healthcare workers as a term and condition of employment. While the coalition did not oppose vaccination programs, it strenuously objected to the provisions of the NYSDOH mandate which would have forced healthcare institutions to discharge workers who refused to be vaccinated. The regulation, which was issued in mid August without input from healthcare representatives, was strongly opposed by healthcare workers and their unions who termed it a flawed "quick fix" policy that failed to address the broader need for comprehensive infection control programs. The New York State Public Employees Federation (PEF) filed a legal challenge to halt the regulation. PEF won a temporary restraining in state Supreme Court only a few days before the Governor officially withdrew the regulation in late October citing a shortage of vaccine supplies.

> **"Guidelines and recommendations aren't sufficient to ensure that all employers in all affected workplaces are providing the same level of protection to workers."**
>
> **Bill Kojola, Industrial Hygienist, AFL-CIO**

The issue over mandatory vaccination of state healthcare workers is not resolved. New York State Health Commissioner Richard Daines has stated his intention to seek a permanent regulation mandating annual flu vaccinations. Union leaders have argued that vaccination programs should be voluntary, not mandatory, to promote broader participation among healthcare workers. The coalition's letter asks Paterson to "take action to prevent promulgation of any regulation mandating vaccination of healthcare workers."

"The letter was sent in the effort to get the state to try to work with all stakeholders to improve preparedness efforts, including vaccinations on a voluntary basis," said Jonathan Rosen, Director of Safety and Health for PEF. "One of the big issues here was the lack of consulting with unions, health and safety groups, professional societies, and employers. What the Health Department did was really done in a vacuum, which is not a good way to do public policy."

While the vaccination controversy garnered broad news coverage, there was scant coverage on the need for workplace infection control programs.

Controversy took attention off broader issues

"This controversy has diverted attention from the broader issue, which is putting in place, across all workplaces, the kinds of infection control elements that are necessary to protect workers and to protect patients," said Bill Kojola, Industrial Hygienist, AFL-CIO.

Kojola was a featured panelist at a NYCOSH forum, "Pandemic Flu in the Workplace: Are We Prepared?" held September 29 at the Professional Staff Congress union headquarters downtown. This was one of four flu forums NYCOSH sponsored this fall in New York City and on Long Island to address flu preparedness in the workplace.

In October, NYCOSH issued its "*Guidelines for Workplace Protection Against Novel H1N1 Flu: A NYCOSH Primer for Workers and Unions*" (posted at www.nycosh.org). The guidelines state the need for comprehensive infec-

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Radiation beamed from active antennas

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voked if there was an applicable voluntary standard in the rulebook. In 1984, OSHA went ahead and deleted many of its "should" standards, but, at the last minute, a secret decision was made to keep the voluntary RF/microwave limit. This guaranteed that 10 mW/cm2 standard could not be enforced.

Microwave News took OSHA to federal court in an effort to force it to reveal the reasoning behind this decision. OSHA was defended by the U.S. Attorney for the Southern District of New York, who at the time was Rudy Giuliani. The court ruled in favor of OSHA: the documents were deemed to be privileged and have never been released. Twenty-five years later, we still don't know who put in the fix.

OSHA 'ill-equipped' to deal with issue

Larry McGowan in OSHA's enforcement office in Washington says things are different today. "If OSHA found an RF hazard, OSHA could enforce a violation under the general duty clause," he said in a recent interview. Maybe so, but OSHA may not have the manpower and expertise to do so.

"At the present time, OSHA is ill-equipped to deal with the real and mounting concerns associated with RF radiation," according to Dave LeGrande, Director of Occupational Safety and Health at the Communications Workers of America (CWA).

If OSHA were to enforce RF exposures, the agency would be more likely to do so for those workers who work on antennas rather than the "involuntary" exposures of those who are exposed accidentally. After all, unless the exposures are very high, odds are that a worker will never know he or she got zapped.

In other words, you are on your own. So, be smart, take a close look around a rooftop you may be working on. If you see a yellow and black radiation warning sign or anything else that looks suspicious, ask what it is. If it turns out to be a transmitting antenna, keep your distance.

Q&A with Dr. John Howard

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NYCOSH: Secretary Sebelius made reference here about your dual role in reappointing you as the Director of NIOSH and Coordinator of the World Trade Center programs. What is the challenge here in serving that dual role?

Howard: It would be disingenuous of me to say it's not a challenge. It is a challenge. I would like to see authorizing legislation that would allow us to establish a permanent staff so that we could provide the support in New York City, in Washington, and the CDC headquarters in Atlanta. It could do the programmatic support necessary for this program and anticipate and then meet the challenges.

I would like to see more support in my role and I hope we can achieve that. I know the secretary is devoted to that. I have received tremendous support from her and her staff and I know we'll get there.

Flu preparedness

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tion control programs and note that reliance on vaccination alone "will not prevent infection in every single individual and may not be adequate to prevent the spread of infection. Where workers are at risk of exposure to the flu virus, employers must take additional steps to prevent infection by implementing a written, site-specific, comprehensive infection control program. Unions should be involved in this process."

> **"There's a pressing need to have a standard that applies, and applies everywhere in the United States."**
>
> **Bill Kojola**

A public hearing on H1N1 influenza was held Oct, 13 by the New York State Assembly Standing Committees on Health, Labor, Education, Higher Education and the Subcommittee on Workplace Safety. In testimony delivered at the hearing, Joel Shufro, Executive Director of NYCOSH, said "the most effective way to protect workers during a pandemic is for employers to develop a comprehensive infection control program."

Such a program should include voluntary vaccination, proper respiratory protection against aerosolized particles, and revision of leave policies, "along with other necessary components such as risk assessment, engineering controls (ventilation), safe work practices, cleaning and disinfection, and identification and distancing or isolation of infectious persons, and medical care and surveillance," Shufro said.

Both the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) have issued guidelines for employers on infection control procedures, but while the guidelines are needed and useful, they don't go far enough, according to Kojola.

"Guidelines and recommendations aren't sufficient to ensure that all employers in all affected workplaces are providing the same level of protection to workers. There is a pressing need to have a standard that applies, and applies everywhere in the United States," he said, noting that California is currently the only state with an applicable standard.

In 2006, the AFL-CIO submitted a formal petition to OSHA asking for an emergency temporary standard on pandemic influenza. "The Bush Administration rejected it with the argument that there was no emergency because we didn't a have pandemic flu in the United States," Kojola said.

"We've made it known to OSHA that we think they need to have a standard and we're encouraging them to move forward. We know it's going to take time, but the sooner they get started on moving forward with the standard, the better off we'll be in addressing these issues," he added.

GAO report cites disincentives to report injuries

A report published in October by the Government Accountability Office (GAO) found that employers routinely underreport workplace illnesses and injuries to the Occupational Safety and Health Administration (OSHA). The report details the disincentives that discourage workers from reporting work-related injuries and illnesses to their employers as well as the disincentives that discourage employers from recording them.

In addition, the report stated that a third of occupational health professionals who were surveyed said that they were pressured by employers to give insufficient treatments to workers in order to hide or minimize work-related injuries or illness. More than two-thirds of health professionals said workers were fearful of reporting an injury or illness.

The report, *WORKPLACE SAFETY AND HEALTH: Enhancing OSHA's Records Audit Process Could Improve the Accuracy of Worker Injury and Illness Data*, is available online at http://www.gao.gov/new.items/d1010.pdf.

Workers fear loss of their jobs

Employers with more than 10 employees who are covered under the Occupational Safety and Health Act are legally required to file an annual report on work-related injuries and illnesses. According to the report, there are currently about 1.5 million such employers covered by OSHA—representing about 17 percent of the approximately 8.6 million private sector worksites and an estimated 53 million employees.

"Underreporting is not just a technical violation of the law. Resource allocation, from inspections to the targeting of specific hazards, depends on accurate reporting. Injuries and disease that could have been prevented needlessly take a toll in workers' lives and well-being as a result," said Eric Frumin, Health and Safety Coordinator for Change to Win.

Employers will underreport injury and illness rates because lower rates will likely lead to fewer OSHA inspections, and also lower workers' compensation costs, according to the report. Workers fail to report injuries out of fear they may lose their job or face other disciplinary action.

The report states that employer safety incentive programs, which reward workers with prizes when their worksites have few recordable injuries or illnesses, can also be a disincentive to report injuries because workers don't want to risk losing prizes for themselves and co-workers.

Workers' fears of losing their jobs can be compounded by policies at some worksites that require workers to undergo mandatory drug or alcohol testing following workplace incidents, regardless of any evidence of drug use, according to the report.

The report contains four specific recommendations:

- Require inspectors to interview workers during the records audits to obtain information on injuries or illnesses and substitute other workers when those initially selected for interviews are not available
- Minimize the amount of time between the date injuries and illnesses are recorded by employers and the date they are audited by OSHA
- Update the list of high hazard industries used to select worksites for records audits and target inspections, outreach, and technical assistance.
- Increase education and training to help employers better understand the recordkeeping requirements.

Also, in response to the report, the Public Employees for Environmental Responsibility (PEER) raised concern over the recommendation that OSHA interview workers during records audits.

"Workers who contradict their employers' official reports can be targeted for removal or other reprisal. The only recourse for these workers would be to file complaints with OSHA, which has a notoriously poor record of protecting whistleblowers," the statement said.

Report supports need for PAWA

"Congress should act now on the Protecting America's Workers Act. The Act would specifically prohibit current underreporting abuses, and give OSHA the means to correct the abuses," said Frumin.

PAWA (H.R.2067/ S.1580) would extend OSHA protection to millions of federal, state and local public employees in states where they are not currently covered by OSHA or state plans and increase penalties for those who break the law. It also includes stronger whistleblower protections for workers who report unsafe conditions in their workplace.

The National Council on Occupational Safety and Health (COSH) is

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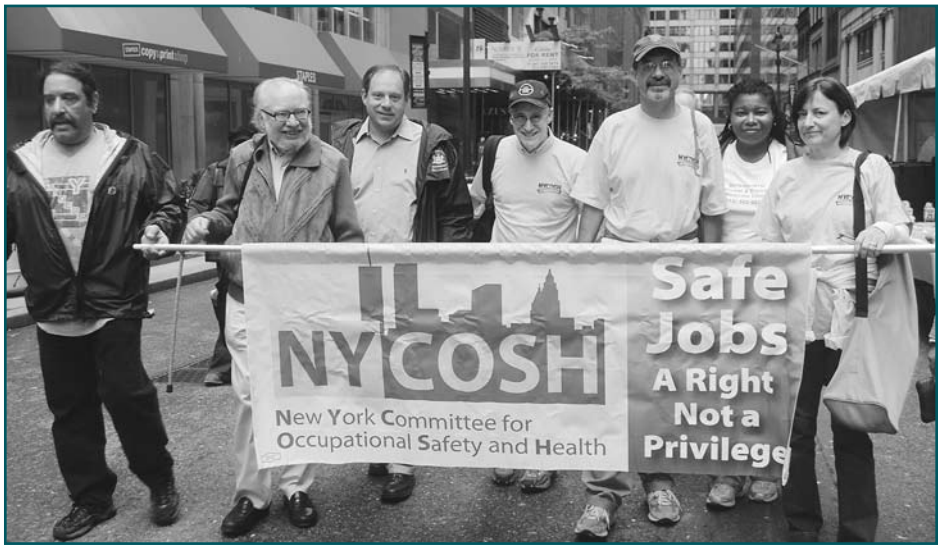
NYCOSH marches in 2009 Annual Labor Day Parade



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Employers underreport workplace injuries

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conducting a campaign to promote support for PAWA. Members of Congress are being asked through letters and direct visits to sign on as co-sponsors of the legislation. To date, 17 of New York State's 27 Congressional Representatives have signed on to the bill. They are: Gary Ackerman, (5-D), Timothy Bishop (1-D), Yvette Clarke (11-D), Eliot Engel (17-D), John Hall (19-D), Brian Higgins (17-D), Maurice Hinchey (22-D), Steve Israel (2 D), Carolyn Maloney (14-D), Eric Massa (29-D), Carolyn McCarthy (4-D), Gregory Meeks (6-D), Jerrold Nadler (8-D), Jose Serrano (16-D), Louise McIntosh Slaughter (28-D), Paul Tonko (21-D), and Anthony Weiner (9-D). All are Democrats.

"There is no reason for any member of New York's Congressional delegation not to co-sponsor this bill," said Bill Henning, Chairman of NYCOSH's Board of Directors. He called on the remaining 10 members of the Democratic Congressional Delegation and the two Republicans to become co-sponsors. These include: Michael Arcuri (24-D), Joseph Crowley (7-D), Nita Lowey (18-D), Daniel Maffei (25-D), Michael McMahon (13-D), Scott Murphy (20-D), William Owens (23-D), Charles Rangel (15-D), Edolphous Towns (10-D) and Nydia Velazquez (12-D); and the two Republicans: Peter King (3-R) and Chistopher Lee (26-R).

JOHN RAYMOND

Union representatives at NYCOSH OSHA 30-hour General Industry training at TWU Local 100