

Health and Safety News

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Katrina's Toxic Wake Threatens Public Health

An Open Letter from the National Council for Occupational Safety and Health to Members of Congress September 30, 2005

Dear Members of Congress and Senate:

housands of disaster responders, workers, and volunteers in the Gulf Coast areas affected by Hurricane Katrina remain inadequately protected against exposure to environmental health hazards.

As individuals and organizations in the fields of public health and occupational and environmental health and safety, disaster response, recovery and cleanup, we are greatly concerned. Many of us have been directly involved in 9/11 rescue, response, and recovery efforts. In the wake of the terrible tragedy of Hurricane Katrina we urge that the lessons learned in 9/11 response efforts not be ignored in Katrina response operations.

As we came to recognize in the aftermath of 9/11, there is a difference between rescue and recovery. Now, however, a month after the storm, we are now well into the recovery stage on the Gulf Coast, and therefore EPA and OSHA should immediately commence enforcement of life-saving workplace and environmental laws and regulations.

Failure to do so puts countless workers and residents at risk of contracting preventable environmental and occupational diseases. This was our experience in the aftermath of 9/11, when thousands of workers and residents were unnecessarily exposed to toxic substances after being assured by EPA that the air was safe to breathe. At the same time, workers were left unprotected by OSHA, which declined to enforce its respiratory protection standard and other regulations.

The illnesses of thousands of New York workers and residents today are in part the result of the failure of government agencies to enforce environmental and occupational health regulations after 9/11.

Therefore, we are unalterably opposed to the legislative proposal of Senator James Inhofe (R-OK) to allow the Environmental Protection Agency to temporarily suspend or relax its rules.

"The flood waters are contaminated by 6.7 million gallons of petroleum and high levels of sewage, bacteria, lead, mercury, hexavalent chromium, arsenic, and pesticides."

Although it is not yet possible to characterize with certainty the toxic nature of the flood waters that cover Louisiana and Mississippi, what is known is of great concern.

The flood waters have been contaminated by 6.7 million gallons of petroleum as a result of major spills from refineries and with another 1-2 million gallons of gasoline from gas stations and 300,000 flooded cars. There have been hundreds of smaller oil spills (396 as of Wednesday 9/14). The flood waters contain elevated levels of sewage, bacteria, lead, mercury, hexavalent chromium, arsenic, and pesticides. Some contaminants, such as benzene, are presumed to be present in such large quantities that the EPA has not considered it necessary to conduct sampling.

The flood waters impacted 31 hazardous waste sites and 446 industrial facilities

that reported handling highly dangerous chemicals before the storm. Thousands of damaged buildings are likely to be contaminated with mold and asbestos. Additionally, to our knowledge, no tests have been conducted for dioxin B, which is known to be present at levels of concern in southwest Louisiana.

As the flood waters recede, contaminants that remain have the potential to become airborne when disturbed by natural causes (wind and other storms) or by cleanup activities, creating an even greater occupational and public health hazard. The Centers for Disease Control and Prevention and the Environmental Protection Agency Joint Taskforce published on September 17, 2005, an

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Katrina's Aftermath

Bush Covers up Dangers...

On NPR's "On Point" program, EPA
Policy Analyst Hugh Kaufman said
that the post-Katrina pollution in New
Orleans is "infinitely worse than Love
Canal". And Kaufman knows what he's
talking about. He's been with the EPA
since its founding and is probably the
agency's most senior expert on toxic waste
and environmental disaster response.
Here's some of what he had to say:

Toxic chemicals in the New Orleans flood waters will make the city unsafe for human habitation for a decade.

The pollution is far worse than has been admitted, because the EPA is failing to take enough samples and is refusing to make public the results of those it has analyzed.

Kaufman called the people running the clean up "inept political hacks" and charged that they are endangering the health of low-income migrant workers. No one knows how much pollution has escaped through damaged plants and leaking pipes into the "toxic gumbo" now drowning the city, and no one is trying to find out.

The water is so contaminated with industrial waste and heavy metals that it won't be safe to drink, even if you boil it. We need to monitor levels of contaminants, issue health advisories, and remediate as needed, he cautioned.

Yet the Bush administration and state officials are playing down the need for a clean-up. The EPA has not been included in the core White House group tackling the crisis. Its budget has been cut and political cronies put in key positions.

Louisiana's environmental regulations are among the weakest in US, thanks to power of the oil and chemical industry. Kaufman warned against bringing people back before it's safe. (See page 4.)

...And Takes Aim at Wages

In the wake of the Gulf region's multibillion-dollar catastrophe, President George W. Bush says he's got to be frugal with government funds. His solution: Waive the rule that normally requires federal contractors to pay the prevailing wage for the area where the work is being done, and suspend affirmative action requirements.

That means that while contractors will pocket millions in profit for the years of relief and reconstruction work ahead, workers themselves will be paid as little as minimum wage laws and the depressed job market allow.

"This is a time to unite Americans,"
CWA President Larry Cohen said, joining
AFL-CIO President John Sweeney in
condemning the waiver of the DavisBacon Act. "But once again, the
president isn't interested in doing that.
He's taking advantage of a tragedy to
push his anti-worker agenda."

The Labor Department is seizing its opportunity, too, waiving an affirmative action rule for federal contractors hired to do service and supply work during the clean up and reconstruction. The rule, designed to ensure fairness in hiring, was lifted so as not to burden contractors with paperwork, a DOL spokesman said.

The New York Times jumped on the prevailing wage issue with an editorial titled "A Shameful Proclamation": "By any standard of human decency, condemning many already poor and now bereft people to subpar wages...is unacceptable...."

The editorial notes that Republicans have been trying to repeal the wage law, known as the Davis-Bacon Act, for years. "Now, in a time of searing need, the party wants to achieve by fiat what it couldn't achieve through the normal democratic process."

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734 North 26th Street Milwaukee WI 53233 Phone: 414-933-2338 Fax: 414-342-1998

Email: exec_dir@wiscosh.org
Website: www.wiscosh.org

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AFSCME Local 82, retired

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SOAR 3740, IAM 1377

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Newsletter Editor
Sue Ruggles, AFT Local 212

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Call us at 414-933-2338.

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W2 and Maximus Violate Hmong Worker Rights

By Rose Daitsman WisCOSH Board Member

iolations of the rights of workers have been rampant among W2 immigrant workers sent out on jobs by Maximus, a private agency administering W2 funds for the state of Wisconsin.

During the summer, Hmong refugees were forced to leave their literacy training and sent to work in a meat packing plant. Hand signals were used for communication between workers and supervisors. Workers were not prepared for the cold conditions under which they were working.

Hmong refugees were forced to work in a meat packing plant. Hand signals were used for communication...

Some of the workers could not tolerate these conditions and refused to continue on the job. These workers were penalized by Maximus, and were dropped from the program, thus denied benefits. They were not sent out on another job. It appears that workers have no protections while on W2. They had not been informed of the rights they have on the job.

WisCOSH became aware of the problem at a meeting organized by the Hmong community on August 14 at which workers gave testimony about their working conditions. The WisCOSH executive director then met with representatives of the Hmong community and now is in the process of planning trainings for these workers.

When the union became aware of the situation, they negotiated with the employer to provide an interpreter on site. Some of the Hmong workers came back on the job.

There is some anticipation that they will be hired as permanent employees and will be invited to join the union. This is not certain, because they have been employed as temporary workers. What it would take to change their status is uncertain.

WisCOSH is negotiating to make worker rights training available to workers who have been on W2 and are new to the work force. In addition, the School for Workers is getting into the act.

So, here we have a success story of worker training in spite of the blunders of a private agency that is supposed to be helping "lift people out of poverty".

We need to show our state government what kind of training workers really need to become self-sufficient: training that can enhance the dignity of workers; enable workers to survive on the job; and ensure a living wage for all workers.

An Open Letter to Governor Doyle

Dear Governor Doyle,

We write to you from Hmong refugees in the W2 program who were placed by Maximus at Patrick Cudahy and are supported by a coalition of local, state and national organizations that are committed to safe, dignified, and family-supporting work for all.

As you know, Wisconsin has made a commitment to supporting refugees who seek a better life and productive work in our state.

To this end, we urge you, Governor Doyle, to meet with us to discuss and endorse the following demands:

- Hold Maximus accountable for adequately preparing people for safe, dignified and family-supporting work.
- Stop unsafe and untrained placements until Maximus or the state acquires funds to increase access to bilingual skills training and vocational ESL.
- The refugees get full access to Maximus' policies and to the criteria used to determine job readiness.
- The State conduct a full audit of Maximus' finances and make public what it spends on immigrants and refugees.

August 14 marked Milwaukee's first Hmong Worker Rights Forum. To a packed room at the Hmong American Women's Association, refugees placed by Maximus at Patrick Cudahy meat plant gave first-hand accounts of injuries, disrespect, and threats that they will lose benefits if they do not work at the meat plant.

The accounts included on-the-job training and safety precautions being given using substandard and unclear hand signals.

W2 was hailed as a program that would transition poor and unemployed parents with dependent children off of the social welfare system, and into self-sustaining jobs.

With your support we can make this a reality for Hmong refugees in Wisconsin.

Sincerely,

Hmong Refugees
Hmong American Women's
Association (HAWA)
Education for the People
Praxis Project
Esperanza Unida
Voces de la Frontera
Hmong Bilingual Access & Consulting
and supporters

Katrina Workers in Peril:

Will We Repeat Mistakes of the 9/11 Cleanup?

by Jordan Barab

ederal agencies and the media have begun to pay attention to the safety and health of workers involved in the Hurricane Katrina rescue, response and cleanup. The main reason is clearly the toxic soup that has consumed the New Orleans area, but hovering in the background are the lessons learned from the clean-up operation following the destruction of the World Trade Center towers, which left thousands of workers with serious long-term health problems.

The potential hazards in New Orleans, and to a lesser extent throughout the Gulf Coast, range from the more common hurricane-related hazards – such as electrical hazards, falling tree limbs, and dust containing lead, silica and asbestos – to the unique hazards caused by the New Orleans flood: raw sewage, rotting human and animal bodies, medical waste, and chemicals such as gasoline, oil, corrosives, lead and other heavy metals. Many of these materials will persist in the soil for years to come as the city is rebuilt.

All of this brings back bad memories from the aftermath of 9/11 when police, fire, rescue, construction, utility and volunteer workers in New York were exposed to a similar array of hazards. Asbestos, glass, concrete and hazardous chemicals were pulverized when the buildings fell and then cooked for weeks while the fires sent out plumes of toxic smoke.

Dr. Stephen Levin of the Selikoff Center for Occupational & Environmental Medicine at Mount Sinai Hospital in New York estimates that of the 12,000 workers and volunteers screened by the hospital, half have persistent respiratory problems, such as asthma, inflammation and sinusitis.

One emergency medical technician died recently of respiratory illness related to his exposure. (See page 6.) Many others are so severely ill they can't work. About 300 firefighters have retired with disabilities from injuries and illnesses they believe are related to World Trade Center work.

Clear evidence has emerged that the federal government failed to take obvious precautionary measures. The Environmental Protection Agency, acting on orders from the White House, publicly downplayed the hazards of the dust. according to a report from the agency's inspector general. The Occupational Safety and Health Administration did not require the wearing of respirators by recovery workers. And the Department of Health and Human Services failed to effectively monitor the health of the federal 9/11 responders, who as a result did not get needed treatment, according to testimony just provided by the Government Accounting Office.

"Unfortunately, there are troubling signs that the Katrina aftermath could turn into déjà vu all over again."

Unfortunately, there are troubling signs that the Katrina aftermath could turn into déjà vu all over again. Federal agencies (including OSHA, the Centers for Disease Control and Prevention, the National Institute of Environmental Health Sciences, and the EPA) have published helpful material on their web sites describing hazards in the area, as well as measures that can be taken to prevent injury and illness. Yet... not one of these web sites - including OSHA's - provides rescue and relief workers with easily accessible information on their rights or what to do if their employer does not supply the necessary protective equipment or other safety measures. OSHA's public service announcements do little more than urge people to work safely.

Meanwhile, reports from EPA whistle blowers are already surfacing, casting doubt on the agency's competence. Veteran EPA employee and whistleblower Hugh Kaufman told Britain's *The Independent on Sunday* that the pollution being pumped out of New Orleans is far worse than admitted, as EPA has failed to take enough samples and refused to make

public the results of those it has analyzed. He fears that "inept political hacks" will imperil the health of low-income migrant workers carrying out the cleanup.

To make matters worse, none of the affected states (Alabama, Mississippi, Louisiana or Florida) provide OSHA coverage for public employees who will be involved in much of the hurricane-related work. (Only those 24 states that run their own OSHA programs or have federally approved "public employee-only" OSHA plans provide public employees with the right to a safe workplace.) Public employees in the hurricane-affected states will be forced to rely on the goodwill of their employers, as opposed to OSHA enforcement, to protect their health and safety.

Finally, the Bush administration seems to have found a silver lining in this disaster: the opportunity to roll back worker protections. Last week, the Department of Transportation temporarily relaxed rules controlling how many hours truckers can drive when transporting fuel, and President Bush signed an order suspending the Davis-Bacon Act, the law requiring that employers pay construction workers prevailing wages for public construction contracts. Not only does this guarantee lower wages for an already impoverished part of the country, but it also guarantees lower quality work.

The federal government and public health community would do well to heed the lessons of the World Trade Center cleanup. First, everything possible should be done to train workers about the hazards they face, equip them with needed equipment and educate them about their rights. From there, we need a coordinated approach for assessing and monitoring worker health and a plan to refer workers for treatment when screening examinations identify health problems.

No one can claim that we haven't been warned.

Jordan Barab is a former OSHA and labor union official who authors the blog "Confined Space: News and Commentary on Workplace Health and Safety".

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Katrina's Toxic Wake...

Government Must Protect Workers and Public

(Continued from page 1)

initial Environmental Health Needs and Habitability Assessment. The report provides an outline of the threats to the health of the public and of the workers who will be involved in cleaning up the areas impacted by Katrina. These threats are serious and unprecedented in scope.

The joint report provides a valuable overview. However, it offers no details concerning what needs to be done to protect workers and residents. That is why we believe that Congress should act on the following recommendations. We must not repeat the errors of 9/11 today in New Orleans. Response and recovery operations must proceed expeditiously, but the health and safety of those engaged in such efforts must be protected.

We urge immediate action on the following steps:

- 1. Presume Contamination Until Proven Otherwise. Given the wide range and toxic nature of contaminants to which workers, volunteers, and residents may be exposed, it is imperative that work areas be presumed to be contaminated and that appropriate precautionary measures be implemented until the work environment is demonstrated to be safe.
- 2. Implement the National Response Plan's Worker and Community Environmental Testing and Monitoring Provisions. The worker and community environmental testing and monitoring provisions of the National Response Plan must be followed closely. It provides for hazard identification, environmental sampling, personal exposure monitoring, collecting and managing exposure data, development of site-specific safety plans, immunization and prophylaxis, and medical surveillance, medical monitoring and psychological support.
- 3. Enforce all OSHA and EPA
 Regulations. Environmental and
 occupational health standards must be
 strictly enforced. We are distressed that
 OSHA has defined its role in Katrina

response, as in 9/11, as advisory rather than enforcement.

4. Assess the Hazards. EPA should conduct comprehensive environmental sampling to characterize the nature and extent of environmental hazards and NIOSH and OSHA must conduct a comprehensive assessment of the hazards posed to recovery workers. Hazard assessment should include evaluation of environmental hazards presented by chemical plants and refineries, hazardous waste sites, in-place building materials, biological agents, and other potential sources affected by the storm.

Environmental monitoring should be ongoing. Sampling results should be accessible to the public in a timely manner. Toxic materials should be catalogued, evaluated and tested, and any known or potential releases contained. Failure to act will threaten returning residents and workers and will increase long-term cleanup costs as toxic substances spread to larger areas.

5. Train and Protect Clean-up Workers.

All clean-up workers (public and private sector, paid and unpaid) should receive the appropriate OSHA-required training and equipment for protection against the hazards to which they may be exposed. OSHA should specify the minimum training that must be provided to all workers engaged in clean up and recovery. Training may include Hazard Communication, Respiratory Protection, Personal Protective Equipment, and Hazardous Waste Operations and Emergency Response. Protective equipment may include respirators and protective clothing and equipment.

6. Provide Appropriate **Decontamination for Workers.**

To protect worker and public health, emphasis must be placed on regular decontamination of workers and volunteers and of their protective gear, tools, equipment, and vehicles. Workers and volunteers must be trained in the importance of meticulous personal

hygiene in the presence of toxics and must be provided with appropriate decontamination and sanitary facilities.

7. Provide Medical Surveillance.

Provision must be made for early detection and treatment of occupational, environmental, and psychological illnesses. To ignore the medical needs of potentially exposed workers and residents is asking them to be guinea pigs in a long-term experiment, the consequences of which remain unknown. All public and private sector rescue, response, and cleanup workers, including volunteers, should be entered into a centralized database to facilitate medical surveillance.

8. Protect Vulnerable Workers.

Special consideration must be given to protection of immigrant and temporary workers, who reportedly are being recruited in large numbers. In 9/11 response efforts, immigrant and temporary workers were the workers least likely to be provided with proper training and respiratory protection, and were the workers least likely to have medical insurance. As a result, they incurred high rates of illness without having access to medical treatment.

9. Adopt Uniform Re-occupancy

Standards. There must be one standard for re-occupancy that applies uniformly to all communities and is sensitive to the needs of vulnerable populations. EPA has indicated that it will permit local authorities to determine re-occupancy criteria. To allow each locality to implement its own standard for re-occupancy will result in a range of standards, not all of which may be adequately protective of public health.

A clean up of this magnitude and complexity has never been undertaken. While we support proceeding with the clean up and recovery with dispatch, protection of the health of clean-up workers and of the public at large must be given the highest priority.

Four Years Later...

9/11 Disaster Claims Lives of Rescue Workers

By Ridgely Ochs Newsday September 4, 2005

MT Timothy Keller would have understood why two of those closest to him had to leave halfway through his funeral. Hunched over a plastic tube in the back of an ambulance outside St. James Church in Seaford, emergency medical technicians Karin DeShore and Bonnie Giebfried sucked on albuterol to open up their seizing airways.

It wasn't the church incense that caused their asthma attacks, they said: It was the loss of their friend. Timmy was one of them, he was part of their private support group. They suffered from the same respiratory ailments he had: They were together when the Twin Towers crumbled on Sept. 11, 2001, and they breathed the same hot, thick, black air.

Keller, an EMT with the New York City Fire Department and a volunteer firefighter and EMT in Levittown where he lived, died at age 41. The Nassau County medical examiner's office said his death was the result of "congestive heart failure due to hypertensive and atherosclerotic heart disease and associated conditions, chronic asthmatic bronchitis and pulmonary emphysema."

But his friends and colleagues said they know the cause of his death. As the Rev. John McCartney said to the several hundred gathered at the funeral: "Tim is a casualty of September 11. His death merely took longer to occur."

Along with countless other men and women that morning, Keller raced to the Twin Towers with the goal of saving lives. In the end, he couldn't save himself. Nearly four years later, he died almost penniless in his Levittown apartment, unable to take care of himself, supported by his fellow EMTs.

After Sept. 11, he coughed up dirt and stones for two days. Like DeShore, Giebfried and thousands of others who responded, Keller went on to develop asthma and other severe respiratory problems that left him gasping for breath or sent him into coughing fits....

His friends also describe a man living on unemployment checks, with no health insurance or drug coverage. Although diagnosed with severe chronic asthmatic bronchitis, severe chronic sinusitis and severe obstructive sleep apnea, records show, Keller was denied workers' compensation and line-of-duty-injury benefits from the city....

After Sept. 11, he coughed up dirt and stones for days, and went on to develop severe respiratory problems that left him gasping for breath...

His is a story about an unsung hero, a man who did everything he was asked to that day, and... eventually lost his health, his job and his life.

Despite \$7 billion amassed for Sept. 11 families and survivors, Keller's health and financial problems are not unique. A study by the World Trade Center Medical Monitoring Program, a federally funded program following 12,000 Sept. 11 responders, found last year that half of

more than 1,000 examined had persistent respiratory and mental health problems.

"We're still seeing a record number of new patients as well as follow-up visits for respiratory and mental health issues," said Dr. David Prezant, deputy chief medical officer for FDNY. Prezant said that between July of last year and June of this year, the fire department's Bureau of Health Services has seen about 2,000 firefighters and EMTs with respiratory complaints and another 3,500 with mental health issues connected to Sept. 11—not including those already on medical leave.

Most firefighters and police officers, whose benefits are handled differently, appear to be getting the medical help and disability benefits they need, according to interviews. But an untold number of EMTs and other workers—union and elected officials say it's in the hundreds—find themselves sick and unable to work with little or no health insurance or other benefits....

For complete story, visit: http://www.nynewsday.com/news/local/ newyork/nyc-liemt0904,0,4967063.story? coll=nyc-homepage-breaking2

Oppose Asbestos Bailout Bill

Senators Specter and Leahy plan to push for a vote soon on S.852, a bill that makes it harder for victims of asbestos-induced illnesses to receive compensation by limiting the liability of the companies that endangered them.

S.852 – the so-called "FAIR Act" – is anything but fair to workers, their families and communities exposed to asbestos. The bill will deny asbestos victims the right to take the companies that hurt them to court; instead they will have to file claims with a newly-created trust fund that will give them less compensation than they would get in court and deny many victims access to any compensation at all.

Yet eight of the ten largest asbestos companies will have their asbestos liability cut by more than 75 percent. This asbestos trust fund bill is truly unfair to victims. S.852 would stop all pending court cases, halt all settlement negotiations and take away the right to go to court, even before the new system is operational – a process that could take up to two years, longer than many victims may survive.

Unfortunately, the Specter-Leahy bill focuses more on limiting corporate liability than on addressing the public health crisis that will likely claim half a million American lives.

Let your senators know that they should stand with victims and oppose S.852, the Corporate Asbestos Bailout Bill.

In Solidarity, USAction

WisCOSH Grants Update and Training News

By Jim Schultz WisCOSH Executive Director

nce again we find ourselves at the end of a grant cycle. This year we have two training grants, both of them DOL-OSHA Susan Harwood Grants. The first is our long running *Vulnerable Workers Basic OSHA Rights Training*. In fact, this is our fifth year of this grant.

I've been working with Kehinde Lumumba, our former Interim Director, to set up trainings. We were able to do a couple trainings in the first quarter of the grant year, reaching 22 vulnerable workers or potential workers. Many of them were "at risk" teens.

This became an area of interest to me, in that if we can educate them while young they have a better chance of not becoming another statistic in the workplace or dropping out entirely from the workforce.

We also tried to find some avenues of outreach in the high-risk occupation areas—such as meat/poultry processing, construction/demolition, foundry, machine shop and similar industries.

The work setting up trainings, attending meetings, preparing materials, translating materials, finding trainers, assembling and transporting materials took up most of my time at first. We were able to perform quite a bit of outreach, but were unable to schedule many training sessions. That left us short of the goal spelled out in our contract with the National COSH.

Our work on the first grant was brought to a halt in mid-January when things started happening with our other Susan Harwood Grant: Train-the-Trainer for Respiratory Protection Program for Nursing Home and Long Term Care Workers.

This second grant is in conjunction with the Medical College of Wisconsin (MCW), which is the primary agent. WisCOSH's role is that of facilitator/support. This has the potential to increase awareness of WisCOSH among workers who've never heard of us, or who didn't think we pertained to them and their work.

From April to June, MCW and WisCOSH member Marion Walton, the principal instructor, were able to train 240 nursing home workers. We worked with the Wisconsin Directors of Nursing Education Council (DONEC) to outreach to 171 of the 392 nursing homes around the state.

Meanwhile, we continued to do outreach on the first grant. From July to September, we needed to train an additional 136 people. Thanks to the willingness of Irene Herron-Steeger, Diane Richter, and Allen Schultz we were able to coordinate our activities and make progress. Kehinde and I set up recurring trainings with several facilities and also some one-time trainings that may yet become repeat sites.

"If we can prevent one person from being injured in the workplace—like I was—it's all worth it."

During July we were able to train 41 people who were working in a hazardous industry, or teens who faced challenges in the workplace. During August we trained 27 people—including bilingual training for Hispanic workers, and training for mature workers to return to the workforce. During September we trained 83 people. Many were very grateful to receive the training, and have asked that we return to speak on other workplace issues.

That brings us to a total of 151 people trained in this last quarter and a total of 195 people trained this year. Under our contract, we needed to train 180. We have worked with homeless shelters, at risk child/adolescent/teen facilities, and organizations that are working to help people to be successful and productive members of society.

We have been just a small part of the picture for these people, but a necessary part that they were very grateful to have. If we can prevent one person from being injured in the workplace like I was, it's all worth it.

But that wasn't the end of our story, since we were still working on the MCW grant. Marion had yet to do the follow-up visits to a dozen randomly selected sites to see how the training went once the nursing home workers returned to their work sites.

We decided to offer a few more sessions here in Milwaukee at the Medical College of Wisconsin in July. We also added a training session in conjunction with the DONEC annual meeting in September. At this session we offered a fit testing class. It is not a part of the grant, but we decided it may help bring people to the classes, since they would need to do fit testing as a part of their program and this would give them some information on what it is and what it entails.

We hoped this would encourage those who had attended a training but had not yet implemented a program to do so, since they would now know what is involved, and could better assess whether to do it inhouse or to bring in an outside tester.

While these additional trainings did bring in more people to be trained and brought our numbers up to 321 nursing home workers trained as trainers, we still remain short of our stated goals. We've had no choice but to contact OSHA and ask for a no-cost extension of the grant. This would allow us to continue to outreach to the nursing homes that haven't responded to our training so far.

Nursing homes that have already complied with OSHA and CDC regulations have told us that they found this training beneficial, and they have told other facilities about it. This combined with renewed outreach work will surely enable us to not only meet our goals, but to ensure the safety of the workers, residents, their loved ones who visit them, and the vendors who service these facilities.

If you have family, friends, loved ones, neighbors or coworkers who are in long-term care, please check to ensure that they are in compliance with the latest guidelines issued by the CDC and OSHA for health and safety.

A MEMBER OF



Community Shares is a federation of 37 progressive, non-profit organizations working together to build Social and Economic Equity and a Healthy Environment for all citizens in Greater Milwaukee.

www.milwaukeeshares.org

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