

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
U.S. DEPARTMENT OF LABOR

NATIONAL ADVISORY COMMITTEE ON  
OCCUPATIONAL SAFETY AND HEALTH

Frances Perkins Building  
Room N3437, A, B & C  
200 Constitution Avenue, N.W.  
Washington, DC 20210

Wednesday,

December 12, 2007

The meeting was convened, pursuant to  
notice,  
at 9:00 a.m., MR. DOUGLAS KALINOWSKI, Acting Chairman,  
presiding.

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ALSO PRESENT

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Director  
Directorate of Evaluation & Analysis

EDWIN G. FOULKE, JR.  
Assistant Secretary  
U.S. Department of Labor

DR. JOHN HOWARD  
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LARRY LIBERATORE

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WELCOME AND ADMINISTRATIVE ISSUES

1  
2  
3  
4 MR. GODDARD: Good morning. My name is Keith  
5 Goddard. I'm the Director in the Directorate of  
6 Evaluation & Analysis. I'd like to welcome our new  
7 members, as well as our returning members.

8 We have quite a few administrative things  
9 that we'd like to take care of before we get the  
10 meeting started.

11 But, first, what I'd like to do is start with  
12 the end of the table--you're a new member, Jennifer--  
13 if you could start by introducing yourself by name and  
14 affiliation. If we can come around with this way with  
15 introductions before we get our Assistant Secretary's  
16 opening remarks.

17 MS. RANDOLPH: I'm Susan Randolph and I'm  
18 Clinical Assistant Professor at the University of  
19 North Carolina Chapel Hill where I teach occupational  
20 health nursing in our Masters program.

21 MS. McCABE: I'm Barbara McCabe, with the  
22 International Union of Operating Engineers. I am the  
23 Program Manager for our national HAZMAT program. My  
24 background is in industrial hygiene.

25 MR. JACOBSON: I'm Karl Jacobson, from

1 Liberty Mutual Group in Boston, and the Senior Vice  
2 President of Loss Prevention Services.

3 DR. BLESSMAN: James Blessman. I'm Assistant  
4 Professor at Wayne State University and serve as the  
5 Medical Director for City of Detroit.

6 MS. GARRETT: Hi. I'm Bridgette Garrett and  
7 I'm from NIOSH Atlanta, and I'm the new NIOSH  
8 representative for NACOSH.

9 MS. THOMSEN: I'm Catherine Thomsen. I'm the  
10 Project Lead with the Special Research at California  
11 Breast Cancer Research Program, and we're looking at  
12 environmental and occupational causes of breast  
13 cancer.

14 MR. KALINOWSKI: And I'm Doug Kalinowski,  
15 Director of the Michigan Occupational Safety and  
16 Health Administration.

17 MR. GODDARD: Again, I'm Keith Goddard, with  
18 the Directorate of Evaluation & Analysis in OSHA.

19 MS. CRAWFORD: I'm Deborah Crawford. I am  
20 the Designated Federal Official for NACOSH.

21 MR. SOMMERS: I'm Kevin Sommers. I'm the  
22 Chairman of the National Safety and Technology  
23 Committee for the Fraternal Order of Police.

24 MR. KNOWLES: Emory Knowles. I'm the Manager  
25 of Industrial Hygiene and Safety for Northrop

1 Corporation. I'm also an associate in the grad school  
2 at Johns Hopkins School of Hygiene and Public Health.

3 MS. WELLS: I'm Vickie Wells. I'm the  
4 Director of Occupational Safety and Health for the San  
5 Francisco Department of Public Health.

6 MR. McMILLAN: Good morning. I'm Alan  
7 McMillan, President and CEO of the National Safety  
8 Council.

9 MR. SWARTZ: And hello. My name is Jim  
10 Swartz. I'm the Director of Corporate Safety for  
11 Delta Airlines in Atlanta, Georgia.

12 MS. BAILEY: I'm Jennifer Bailey. I'm the  
13 Safety Manager for American Cast Iron Pipe Company in  
14 Birmingham, Alabama.

15 MR. GODDARD: Before I give to you Assistant  
16 Secretary Foulke, I have one administrative task to  
17 perform. That is, we have asked Doug, who has kindly  
18 volunteered to be our Acting Chair for this committee,  
19 until the Secretary nominates a permanent chairman,  
20 which we have in process. We have that paperwork for  
21 Ed to approve to put forward to the Secretary. We're  
22 going to ask Doug, and he has kindly volunteered, to  
23 be our Acting Chair.

24 I want to thank Catherine, who has acted in  
25 our last two meetings, for your support, Catherine.



1           Doug, your first act as Acting Chair would be  
2 to get our minutes approved from our last meeting. If  
3 you could ask for the committee's approval of the  
4 minutes, I will turn it over to Assistant Secretary  
5 Foulke and we would get that out of the way.

6           MR. SOMMERS: Motion to accept.

7           MS. CRAWFORD: Second.

8           MR. KALINOWSKI: Any discussion?

9           (No response)

10          MR. KALINOWSKI: All in favor of approval?

11          (Chorus of Ayes)

12          MR. KALINOWSKI: Not?

13          (No response)

14          MR. KALINOWSKI: They're approved.

15          MR. GODDARD: Thank you. Thank you, Doug.

16          Ed, you have the floor.

AGENCY UPDATES

Edwin G. Foulke, Jr.

Assistant Secretary, OSHA

ASSISTANT SECRETARY FOULKE: Thanks. Good morning, everyone. How are you all doing? I'll just start off by saying thank you for agreeing to serve on the NACOSH committee.

One thing I've found from all the committees is that you all provide a lot of valuable input to us, to OSHA and to NIOSH, on a lot of subjects involving safety and health in the workplace.

As I go around the country, I do a fair amount of speaking. One of the common themes I really talk about, I talk about safety and health and what is the bottom line. The bottom line, obviously, is making sure that everyone, every employee, goes home safe and sound every night to their families and loved ones. That may be more highlighted during the holiday season particularly, but it's important year-round.

So I just want to say thank you for agreeing to serve on this committee. I personally will look forward to working with you and providing whatever assistance I can, and I'm sure Dr. Howard will also be just as supportive on that. So, we appreciate your

1 service to this thing.

2 It is kind of the first time since we've had  
3 the full committee. We've been meeting, but we really  
4 haven't had the full committee since November of 2006,  
5 so I am really appreciative of the fact that we have  
6 full members on here and we've got everybody on board.

7 So, I do appreciate that.

8 I also appreciate, in going through all the  
9 applications and everything and the people that  
10 applied and the people that were chosen, I will say  
11 first of all that the quality of the people, the  
12 experience, the breadth of experience that they have  
13 in safety and health, has been tremendous. So I'm  
14 really pleased and gratified to see the number of  
15 people, the experience that you all have, and the  
16 expertise that you bring here that is going to be very  
17 important to the work that you're going to be doing.

18 I will apologize up front that I won't be  
19 able to stay for the whole meeting, but like I said,  
20 whatever we can do to be of assistance, though, that's  
21 what we're here to do.

22 I also want to welcome back the members that  
23 were reappointed, too.

24 In the last 12 months, we have been busy at  
25 OSHA. In November, we issued a final rule requiring

1 employer payment for personal protective equipment.  
2 We proposed rules for confined space in construction  
3 and general working conditions in shipyards. We held  
4 a public hearing on another action to update the  
5 consensus standards references for design of personal  
6 protective equipment. We also are right now in the  
7 process, the SBREFA process, on a beryllium standard,  
8 so we've been working closely on that.

9           Earlier this year we also proposed an  
10 Advanced Notice of Proposed Rulemaking for Power Press  
11 Safety, and a final rule on Electrical Installation.  
12 So, as you can see, we've been pretty busy this year  
13 in the regulatory agenda.

14           With respect to enforcement, we have also, I  
15 think, been working very diligently on that. In my  
16 speeches, I always talk about the fact that we talk  
17 about compliance assistance, but I also talk about  
18 having a strong enforcement because, unfortunately,  
19 there are still employers that for some reason don't  
20 seem to get it and think it's okay to expose their  
21 employees to safety and health hazards that could  
22 cause death or serious injury.

23           And so in FY '07 we conducted over 39,000  
24 inspections of work sites and uncovered nearly 89,000  
25 violations, which resulted in initial penalties

1 exceeding \$121 million. Over 100 inspections resulted  
2 in proposed penalties in excess of \$100,000. I mean,  
3 clearly, these enforcement numbers -- and if you look  
4 at the number of "Serious" and "Willful and Repeats",  
5 those numbers were up.

6 Also, it was interesting, our in-compliance  
7 inspections where we found no violations was actually  
8 down. So we're targeting the right employers. We're  
9 getting to the places that we need to be. So, clearly  
10 we have a strong commitment to enforcing standards and  
11 holding employers accountable when they fail to  
12 protect their employees.

13 In FY '07, we also launched a National  
14 Emphasis Program on butter-flavored popcorn,  
15 combustible dust, and oil refineries. In conjunction  
16 with the oil refinery NEP, I directed my Enforcement  
17 staff to develop an NEP that deals with process safety  
18 management in the chemical industry.

19 Once we finish up our oil refinery NEP, then  
20 we'll be moving into that, although we will probably  
21 be in there before then because hopefully we're going  
22 to complete our NEP, at least the first one on oil  
23 refineries, and inspect all oil refineries in Federal  
24 jurisdictions within two years. That's the goal. I  
25 think we're on target to hit that goal. I think those

1 inspections are going to be very valuable. But we'll  
2 be issuing the NEP on the chemical industry, and some  
3 of the regions, we'll start working on those because  
4 some regions do not have oil refineries in their  
5 regions.

6 This kind of goes along with this whole thing  
7 with respect to our National Emphasis Program on  
8 process safety and management. It goes along with our  
9 efforts to train our compliance officers in PSM and to  
10 address chemical handling in industries where there is  
11 a potential for serious releases or explosions. So,  
12 we are working on that.

13 The popcorn NEP is slated to run one year.  
14 We identified the facilities that are popcorn  
15 manufacturers and we're going into those to determine  
16 if they're utilizing diacetyl. Some are not, some  
17 are, so we're working to see that. The flavoring NEP  
18 will then come in place after that. We'll take over  
19 and expand the popcorn NEP to cover health hazards  
20 associated with all food flavorings.

21 Also, the silica NEP which we had in place  
22 has been revised and updated and we are currently  
23 working on revising and updating the lead NEP. We  
24 also now are operating more than 150 local area and  
25 National Emphasis Programs nationwide, which allows us

1 to basically channel our resources and target with  
2 precision those work sites that most need our  
3 attention, basically So, I've been real pleased with  
4 how our NEP program has worked.

5 Also, to assist employers, OSHA has issued a  
6 substantial number of guidance documents in the past  
7 year. For example, we published general guidance for  
8 employers to assist them in preparing for a pandemic  
9 influenza, along with specific guidance that targeted  
10 the health care industry. That is fairly extensive.  
11 The guidance document for health care of pandemic is  
12 about 150 pages long, so it's a fairly detailed  
13 document.

14 We also published guidance addressing  
15 employee exposure to diacetyl in food flavorings and  
16 we put out some guidance on the hazard communications  
17 involving diacetyl so that the necessary information  
18 on diacetyl would be listed on the Material Data  
19 Safety Sheets.

20 Other products we published in 2007 included  
21 a guidance on motor vehicle safety in marine  
22 terminals. We did guidance on slings. We provided  
23 guidance to assist employers in conducting hazards  
24 determination on a HAZCOM standard. That kind of tied  
25 into that diacetyl. We have draft ergonomics

1 guidelines for shipyards, we have obtained public  
2 comment on and now we're reviewing that public comment  
3 and we'll be finalizing those guidelines hopefully in  
4 the very new future.

5           Also, OSHA had a leadership role in many  
6 areas of emergency preparedness, continued in 2007.  
7 As you know, we were very much involved with Katrina,  
8 before that the World Trade Center and 9/11. But in  
9 2007, we had a number of areas or disasters that we  
10 had to deal with. Probably the two that were the most  
11 publicized was at the site of the Minneapolis  
12 Interstate Bridge collapse in September. We were  
13 working hand-in-hand with Minnesota OSHA and providing  
14 assistance to them.

15           Then, also, the wildfires in California this  
16 fall. Federal OSHA worked with our State partner, CAL  
17 OSHA, there. We actually had a mission assignment  
18 from FEMA to provide technical assistance to the  
19 emergency responders at those wildfires.

20           We also created an online hurricane matrix to  
21 provide a one-stop Web page for emergency response.  
22 If you look on that, the hurricane matrix pretty much  
23 is information to employers, communities on how to  
24 develop emergency response plans. We are currently  
25 seeking public input on our plans for a comprehensive



1 emergency response standard.

2 I also wanted to thank Dr. Howard here. He  
3 got to testify at one of the hearings that I didn't  
4 get to testify, so I appreciate that. But in that  
5 hearing, that was the Homeland Security Committee, I  
6 believe, wasn't it?

7 DR. HOWARD: Correct.

8 ASSISTANT SECRETARY FOULKE: It was the  
9 Homeland Security Committee. He discussed about where  
10 safety and health needed to be, where worker safety  
11 and health needs to be with respect to emergency  
12 response, talked about elevating the annex to ESF.  
13 He's kind of helped really expand the discussion on  
14 this area exactly with respect to emergency response,  
15 where the preparation needs to be with respect to  
16 first responders, emergency rescue workers, and then  
17 recovery workers, and then finally those people that  
18 come in after disasters to do the clean-up, and also  
19 to do the rebuilding.

20 So I appreciate Dr. Howard's comments at that  
21 meeting and really kind of facilitating more of the  
22 discussion in this area, highlighting the need that  
23 worker safety and health will be in the forefront on  
24 emergency preparedness. So, I appreciated your  
25 testimony on that.

1           One thing we did do this year also. I took  
2 our training and education program and made it a  
3 separate directorate. It's the new Directorate on  
4 Training & Education. It's headed up by Dr. Hank  
5 Payne, and I think is providing some really good  
6 leadership in that area. Really, he's in charge of  
7 directing and managing OSHA's Training Institute, as  
8 well as our Educational Center Programs, our Outreach  
9 Training Programs, and other Agency training programs.

10           What I've charged Dr. Payne, is to make OSHA  
11 the gold standard for safety and health training in  
12 the United States. To be quite frank, we used to be  
13 there. We've kind of let that -- we're not doing as  
14 good a job as we had in the past and I've charged Dr.  
15 Payne to really get out there and really make the  
16 programs run. I've been very pleased with what he's  
17 done. We're reviewing all our training programs and  
18 updating them, which includes our training programs  
19 for our CSHOs and all our employees. So, we're  
20 reviewing all those programs. I think in the future  
21 you're going to see a tremendous amount of change in  
22 the Directorate on Training & Education.

23           But to that end, though, in fiscal year '07  
24 we trained more than 520,000 persons through the OSHA  
25 Outreach Training Program, through trainers who are

1 authorized to train the OSHA 10-hour and 30-hour  
2 safety and health courses in construction and general  
3 industry.

4           So, also, the Training Institute centers  
5 trained more than 27,400 people in '07, which is an  
6 all-time high for the 19 Education Centers around the  
7 country. We are actually expanding the number of  
8 Education Centers and we'll be announcing those fairly  
9 soon to make sure that we have coverage around the  
10 whole country. We really kind of looked at the  
11 overall country and tried to figure out where we had  
12 gaps, and we're trying to fill those gaps.

13           Our cooperatives and State programs continue  
14 to grow in popularity and influence, and more and more  
15 businesses and organizations are recognizing the  
16 powerful long-term benefits of working with OSHA to  
17 protect their employers, the lowering of cost by  
18 reducing injuries and illnesses, reducing their  
19 Worker's Comp costs, making them more profitable, more  
20 competitive.

21           In the past year, we signed 55 new strategic  
22 partnerships and 72 new alliances, so we now have 150  
23 partnerships and 455 alliances operating nationwide.  
24 We are working with more than 1,100 participants or  
25 employers working in our SHARP worksites. We also

1 welcomed 255 new participants in our Voluntary  
2 Protection Program, or VPP program, including 71  
3 Federal agency sites, so now we have over 1,900 VPP  
4 worksites, representing over 300 participating  
5 industries. So, we're really kind of expanding  
6 that. In FY '07, OSHA assisted in evaluation and proof  
7 of a 3M site in Northern Ireland for VPP, so this is  
8 the first VPP site outside the government.

9 We also trained more than 250 new special  
10 government employees and private industry last year,  
11 bringing us up to more than 850 SGEs across the  
12 country. In FY '07, we had, on our on-site  
13 consultation program, 33,400 free consultations to  
14 businesses--most of these are small businesses--and  
15 helping them to identify their safety and health  
16 hazards at their worksites and helping to develop a  
17 comprehensive safety and health management system for  
18 their facilities.

19 We have also updated a number of our online  
20 education and training tools and our safety and health  
21 topic pages on our Web site. I hope every one of you  
22 have looked at the OSHA Web site. I unabashedly  
23 always tell the people I talk to that OSHA has the  
24 best safety and health Web site in the world, not just  
25 here, but in the world. I know Alan McMillan will

1 probably disagree with that, but that's okay.

2 We also, last month, unveiled a new formal  
3 publication page on our Web site to really make it  
4 more user-friendly and more kind of like what people  
5 are used to seeing when they're out there on other Web  
6 sites where they're trying to obtain our publications.

7 So we basically now have five different ways our  
8 stakeholders can look for products and new components  
9 on our publication page, so they can basically look  
10 and see all our publications on one site, on one page,  
11 and order them. So, we've done that.

12 We also, two years ago, launched our Summer  
13 Team Safety Program. This is a multi-year campaign to  
14 improve safety and health of thousands of teenagers  
15 who enter the Nation's workforce every year. Last  
16 summer, and again this summer, we were joined by  
17 numerous companies, educational institutions, and  
18 trade organizations that focus on teen safety. The  
19 first year, the focus was on landscaping. Last year,  
20 was construction.

21 This year I think we're looking to target  
22 residential construction, but we're looking into that.

23 What we are going to be doing, is we're probably  
24 going to try to raise the bar a little bit and maybe  
25 do a much higher profile kick-off of the program in

1 probably March or April of this year. We've had a lot  
2 of success on that. We've had a lot of interest in  
3 the program, so we want to make sure that the young  
4 people getting into the workforce come home, just like  
5 we do with their parents, safe and sound every night.

6 Just to that point, one of the things I  
7 always mention, too, in my speeches, is I ask my  
8 audiences if they would just help me reduce the number  
9 of green files that I get to look at when I come back  
10 to the office. When I come back to the office, there  
11 will probably be green files today. Those green files  
12 are condolence letters for people, to surviving  
13 spouses or surviving parents, for people that have  
14 been killed in workplace accidents.

15 I sign a lot of letters addressed to wives  
16 regarding the death of their husbands. I address a  
17 number of letters to husbands whose wives have died in  
18 the workplace. I sign way too many letters to Mr. and  
19 Mrs. whoever, giving my condolences for the death of  
20 their son or daughter. So that's why I always ask  
21 everyone to help me reduce the number of green files I  
22 have to open and sign.

23 Looking to 2008, OSHA anticipates making  
24 substantial progress on our regulatory agenda and  
25 expects to issue a number of proposed and final rules,

1 including a proposed rule on cranes and derricks, a  
2 final rule governing vertical tandem lifts in the  
3 marine terminals and longshoring industry, a proposed  
4 revision to our walking and working surface standards,  
5 and the final rule to revise standards for electrical  
6 power transmission and distribution.

7           Statistics. One of the questions is, are we  
8 making a difference? That's really the bottom line.  
9 Are we allowing more people to go home safe and sound  
10 every night to their families and loved ones? The  
11 statistics, I think, reflect that we are doing that.

12           In FY '06, which is the most recent data, the  
13 total recordable and lost work day case rates are the  
14 lowest ever reported by BLS, reflecting a 17 percent  
15 decline in the last five years. The FY '06 rate of  
16 fatal work injuries is 3.9 fatalities per 100,000  
17 employees. This is, too, an all-time low. The  
18 fatality rate among Hispanic workers has decreased by  
19 almost 22 percent since 2001.

20           Now, I say that those statistics are good. I  
21 mean, we're making progress and it's encouraging. But  
22 we still realize that we have a lot to do. One too  
23 many injuries, one too many illnesses, and clearly one  
24 too many fatalities is one too many, so we have to  
25 work together. That is why I appreciate the fact that

1 you all are here helping us out, to be able to help  
2 those employees go home safe and sound every night to  
3 their families and loved ones.

4           So, I do appreciate your commitment. I know  
5 every one of you all could be someplace else. You all  
6 have other pressing things, I'm sure. But the fact  
7 that you're here demonstrates to me of your commitment  
8 to safety and health, and I really do appreciate that.

9           I always talk in my speeches, at the end,  
10 about legacies, and people talking about legacies. I  
11 think if you can say, when you're finished up here on  
12 earth and you go upstairs to see the guy in charge--or  
13 the woman in charge, to cover all our bases--the  
14 question is, what did you do here? You can say, you  
15 know, one of the things I did -- I did a lot of things  
16 in my life, but one of the things I worked was the  
17 NACOSH committee with OSHA, and we kind of worked on a  
18 lot of different things, safety and health issues that  
19 we tried to address, and we came up with suggested  
20 ideas, we came up maybe with model policies, maybe  
21 came up with best practices, whatever.

22           And you know, I may have been doing all that,  
23 I may have helped some people not get injured on the  
24 job or be exposed to illnesses on the job, or maybe I  
25 even saved someone from getting killed on the job. I



1 don't know, because if you prevent something, you  
2 never know it would have ever happened.

3 I think that, to me, is not a really bad  
4 legacy to leave, when you really think about it. So I  
5 appreciate the work that you all are going to be doing  
6 on this committee. I appreciate your commitment, and  
7 I hope I haven't run over my time.

8 Did I take all of your time?

9 DR. HOWARD: No.

10 ASSISTANT SECRETARY FOULKE: Oh. Thank you.  
11 I appreciate it.

12 DR. HOWARD: There's plenty of time.

13 ASSISTANT SECRETARY FOULKE: Okay. Good.  
14 Thank you very much.

15 Geez, am I supposed to say something?

16 DR. HOWARD: Questions? Questions for you.

17 ASSISTANT SECRETARY FOULKE: Oh. I will  
18 defer to Dr. Howard.

19 (Cell phone ringing)

20 ASSISTANT SECRETARY FOULKE: Oh. There's a  
21 call-in questions, ladies and gentlemen.

22 (Laughter)

23 ASSISTANT SECRETARY FOULKE: It's probably my  
24 mom, just checking on me. She always worries about  
25 how I'm doing. Uh-oh. I think we've got a question.

1 She looks like she's getting there.

2 MS. WELLS: I was just letting James finish  
3 with his phone over there.

4 My question is, it is the committee's charter  
5 to provide advice and assistance to both OSHA and  
6 NIOSH, and I'm hoping that the committee can complete  
7 some concrete work products over the next year or two  
8 to help you do that.

9 We'd like to know what it is you think the  
10 committee can do to help you, what areas can we work  
11 on, what work projects would be useful for the  
12 committee to provide to you and to the Agency.

13 ASSISTANT SECRETARY FOULKE: Well, I mean,  
14 there's a lot of it. One thing I would say, because  
15 of your expertise and the things that you've seen,  
16 your diversity around the country and everything else,  
17 I'd say one of the things would be is to help us to  
18 look at what's new and emerging in the safety and  
19 health area, new emerging safety and health issues.

20 Nanotechnology is one that comes to my mind.

21 I know NIOSH has been working on that. We've been  
22 kind of working on that. That, I think, is one thing  
23 that would be extremely helpful, to kind of start to  
24 say you all need to be focusing on some of these  
25 things. These are issues that start to arise, and

1 kind of get ahead on those.

2 I would also say, with respect to our  
3 regulatory agenda, if there's information that you can  
4 provide us to assist us in preparing for what we are  
5 working on right now to provide information there that  
6 might be helpful to us, there might be those areas  
7 like that.

8 I didn't come here with a list of things. I  
9 know we've been working on different things, and I  
10 suspect Keith can probably talk a little bit more to  
11 that. But my goal was to make sure that we're  
12 soliciting your input on the things that we are  
13 working on too, and I think that would be helpful.  
14 But really, kind of the idea about, let us know what  
15 you see as kind of the new issues coming up so we can  
16 start working on them now as opposed to waiting for it  
17 to become a real serious problem, if there's something  
18 that's kind of like that. So that's what I would say  
19 on that.

20 Do you have anything to add?

21 DR. HOWARD: Yes. That sounded good. I have  
22 some other ideas, too.

23 ASSISTANT SECRETARY FOULKE: Well, give them  
24 to her.

25 (Laughter)

1 DR. HOWARD: Well, I think I'll wait.

2 MR. JACOBSON: Another way to pose the  
3 question might be, what are the biggest obstacles you  
4 face that we can help you face and help solve as you  
5 go about trying to control the work injury rates.

6 ASSISTANT SECRETARY FOULKE: One issue that  
7 might be helpful to us, what I see as the biggest, is  
8 getting to the small- and medium-sized employers,  
9 helping them figure out how we get -- we have a lot of  
10 companies that have really great safety programs here.

11 I'm familiar with Delta Airlines' program. They've  
12 been out front there in helping us not only having a  
13 safe worksite for their own company, but they're out  
14 there trying to make their industry safe. Maybe we  
15 need to figure out how we can do that to all  
16 industries, how can we move those type of things?

17 How do we help small- and medium-sized  
18 employers, how we get to them, how we can help get the  
19 message to them that we can provide, get that  
20 information to them. If you look, I think that's where  
21 the need is so much. I mean, we've got all these  
22 programs out there but we've got to get it to the  
23 small- and medium-sized employers, particularly. They  
24 need our help probably the most because they don't  
25 have the resources that a lot of large companies have.

1           But, also, part of that whole process is, how  
2 do we get to ensuring that they have a comprehensive  
3 safety and health management system in place, because  
4 if we can do that, if we can help -- and when I talk  
5 about "comprehensive", I'm talking one that's really  
6 in place, that's really supported by the employer, the  
7 management, upper management, and management all the  
8 way through and has the employee involvement in it,  
9 too. So to me, that's one of the biggest areas, is  
10 really getting to those employers that we have not  
11 been able to reach in the past.

12           MR. McMILLAN: This committee has worked with  
13 OSHA in the past on the issue of motor vehicle safety  
14 for workers.

15           ASSISTANT SECRETARY FOULKE: Right.

16           MR. McMILLAN: And we've seen, over time,  
17 cooperation go up, ebb sometime, get revitalized  
18 sometime between NSC and OSHA looking jointly, kind of  
19 how both of them, with responsibility in this area,  
20 can work together to do more things. We have also  
21 talked about in the past with this committee having  
22 maybe some sort of a model recommendation for Federal  
23 workers on motor vehicle safety.

24           I wonder if you could give us any update on  
25 kind of where you see those kinds of initiatives, even

1    though workplaces are getting safer and fatalities and  
2    serious injuries are going down.  Still, motor  
3    vehicle-related injuries are the biggest killer of  
4    workers.

5                   ASSISTANT SECRETARY FOULKE:  Right.  Right.  
6    Clearly, that's an issue that we -- our Compliance  
7    Assistance program has looked into.  We've worked with  
8    other companies.  We've worked with the National  
9    Safety Council on their Click it or Ticket, on the  
10   seatbelts.  I guess that's one area we probably need  
11   to continue to do more follow-up in.  I agree, if you  
12   look at the statistics, that's where our numbers are.

13                   We've got some good programs.  I know we've  
14   been looking at a lot of companies that have good  
15   driver safety programs and try to figure out how we  
16   can go more then.  Maybe we just need to be more  
17   cooperative.  I don't really have the answer to that.

18    But I think you're right, we need to be more working  
19   together on that issue.  The numbers went down this  
20   year, or in '06.  The fatality numbers went down for  
21   vehicle fatalities in the workplace.  But, still, the  
22   numbers are just -- you know, if we eliminate that we  
23   eliminate half the number of occupational fatalities  
24   in the country.

25                   So I'm willing to listen to the committee and

1 work with them, and OSHA, and I'm sure NIOSH, would be  
2 willing to join in there and try to do something more  
3 on that. But I think that is an area that we need to  
4 be looking at.

5 MR. SOMMERS: I would just like to make a  
6 comment. When I first came on the committee back in  
7 2005, one of the concerns that I had--my name is Kevin  
8 Sommers. I'm with the Fraternal Order of Police--was  
9 the lack of personal protective equipment as it  
10 related to law enforcement personnel. We were pretty  
11 much using the NFPA standard that really didn't take  
12 into account the dynamics of law enforcement during a  
13 SWAT operation, and everything like that.

14 In just over two years, OSHA, NIOSH, and the  
15 Department of Justice--I just want to express my  
16 appreciation for the cooperative effort--where now we  
17 have a committee together that is looking into setting  
18 a standard through the Department of Justice on PPE as  
19 it relates to law enforcement. We have members of  
20 NIOSH sitting on that committee, law enforcement,  
21 epidemiologists, a whole broad spectrum.

22 I've always been told that things run rather  
23 slow in the Federal Government, and it's really  
24 gratifying and enlightening to see that we were able  
25 to get something going, through a cooperative effort

1 of different Federal departments, where we're hoping  
2 that within the next three to four months we'll have a  
3 standard in place for law enforcement for PPE, and I  
4 want to thank you for that.

5 ASSISTANT SECRETARY FOULKE: Okay. Good.  
6 Appreciate that comment.

7 MR. KNOWLES: Emory Knowles, Northrop Grumman  
8 Corporation.

9 Just a couple of quick comments. If we truly  
10 want to get outreach to the small- and mid-sized  
11 companies, I think there really needs to be a new,  
12 concerted effort to get a safety program management  
13 standard enacted that provides the combined knowledge  
14 and guidance of all the top companies and  
15 organizations around this country. That's just a  
16 personal thought.

17 The other area is to utilize outside  
18 organizations. There are many professional  
19 organizations that would be willing to form additional  
20 alliances/partnerships to provide outreach to small-  
21 and mid-sized companies. So I would suggest engaging  
22 those professional organizations and let them help  
23 pick up some of that effort. I know personally some  
24 that are very willing to go out and do that. All they  
25 need is the handshake to move forward. So, just a



1 couple thoughts.

2 ASSISTANT SECRETARY FOULKE: Okay. Thank  
3 you.

4 MS. WELLS: Vickie Wells, San Francisco  
5 Department of Public Health.

6 You talked about the regulatory agenda. We  
7 are moving into 2008. We're still using permissible  
8 exposure limits that, for the most part, come from  
9 1968. Are there any plans to get those permissible  
10 exposure limits updated?

11 ASSISTANT SECRETARY FOULKE: Yes. Well,  
12 we're always looking at that issue. I mean, it has  
13 been one that we -- and I was involved before I came  
14 here on the committee with business groups and the  
15 groups that were trying to -- and the labor  
16 organizations to try to work out something where we  
17 could do that.

18 The biggest hurdle. OSHA tried, back in the  
19 '90s, to do that--I believe it was in the '90s--to  
20 update a lot of the PELs at one time. We got a court  
21 decision that was unfavorable to us on doing that.  
22 It's a difficult process, but it clearly is an issue  
23 that we need to continue to work on, and I think we  
24 have been trying to address that issue when we can.

25 MR. KNOWLES: Just one thought along those

1 lines. Has the Agency considered in any more depth  
2 the potential utilization control banding in lieu of  
3 getting new standards, updating those --

4 ASSISTANT SECRETARY FOULKE: We've been  
5 working with NIOSH on control banding and NIOSH has  
6 really been doing an excellent job on that, on  
7 researching and developing that issue. So, we've been  
8 working together on that.

9 DR. BLESSMAN: Just a quick question. You  
10 had made mention of a decrease in recordable lost  
11 days, impressive fatality rates. Do you think that --  
12 this is a question I've raised before. But do you  
13 think that we have the best metric for measuring the  
14 health of our workforce? If we don't, or if we do, do  
15 you feel as though when you look at the categories of  
16 hazards, being biologic, toxic, physical, and social,  
17 do you think--and this is between both NIOSH and OSHA--  
18 that resources are directed in a manner where we are  
19 addressing those hazards that are impacting the worker  
20 with regard to both health and performance on the job?

21 ASSISTANT SECRETARY FOULKE: You asked a  
22 pretty hard question.

23 DR. BLESSMAN: It's a big question. Yes.  
24 You have, pretty much, 30 seconds.

25 (Laughter)

1 ASSISTANT SECRETARY FOULKE: I know Dr.  
2 Howard will be addressing it in his talk.

3 DR. HOWARD: Exactly.

4 (Laughter)

5 DR. BLESSMAN: That was a good answer. That  
6 was less than 30 seconds.

7 (Laughter)

8 ASSISTANT SECRETARY FOULKE: You know, we  
9 have our recordkeeping standard and how we collect the  
10 recordkeeping data. I think we've been looking at  
11 that. I think the data has always -- we say, can we  
12 improve the data? I guess we can always improve it.  
13 I don't know. We're trying. One of the things I  
14 know we're trying to do, we're upgrading our computer  
15 system, our IMUS system, to a system that I think will  
16 actually provide more -- we can't say real time  
17 because I don't know how we can ever get to real time,  
18 but I think it will be faster time than we had, so I  
19 think that will help us.

20 I would say what we have, the system that we  
21 have, we keep trying to tweak it. We've done some  
22 changes in the past. I think, for the purpose of  
23 making the data we are collecting, it is as good as  
24 the data that we collect. So I think in that respect,  
25 we are, like I say, continuing to develop. With

1 respect to the resource issue, we have a lot of  
2 resources in our regulatory agenda that focus on that.  
3 We have a couple of other -- our Science & Technology  
4 Directorate is focusing on new health hazards. So we  
5 are looking. We have a lot of resources focused in on  
6 that, so we are doing that.

7 I guess you can always do more with more  
8 money, but you have budgets. The government has  
9 budgets. But I think with respect to the budget that  
10 we have, we were utilizing the money in a most  
11 effective way, and we're outreaching. Like I say, the  
12 statistics show that we must be doing something right  
13 because we're having the continued downward trend, and  
14 that's what we've got to do.

15 You've got to figure, even though it's going  
16 to be more difficult to reduce those numbers, we are  
17 continuing to reduce them, so I think we are utilizing  
18 our resources in a very effective manner.

19 DR. BLESSMAN: The basis for that question  
20 really came from an observation in public health.  
21 When you look at, kind of in general public health,  
22 the way the institutions are organized, they seem to  
23 principally be based on the model of the conditions  
24 that were present at the turn of the century, which is  
25 very highly infectious disease, communicable disease,

1 and whatnot.

2           When you look at issues that affect health  
3 currently, chronic disease, obesity, hypertension,  
4 those types of things, I'm not sure that that system  
5 addresses that in the best fashion. So I was  
6 wondering, from the standpoint of NIOSH and OSHA,  
7 again, number one, if we are looking at the metric,  
8 because there's clearly a relationship between health  
9 and productivity, and where that is a problem,  
10 industry struggles with that and sometimes makes  
11 decisions that are very detrimental to the local  
12 economy.

13           So I think issues that really address worker  
14 health and productivity are very important, so that's  
15 why I just get to the issue of, are we really looking  
16 at the best metric? It may be that there are other  
17 ways that that needs to be done. Then is the  
18 organization fluid and flexible enough to really  
19 address the most pressing issues, those that affect  
20 the largest proportion of workers? That's really  
21 where I was trying to go with that.

22           ASSISTANT SECRETARY FOULKE: On the  
23 flexibility, I would say, yes, we are, because we do  
24 address things as they come up. One of the issues  
25 that came up within the last year or so has been--

1 well, it's actually been there for a while--this issue  
2 on diacetyl, and we're looking to do a proposed  
3 standard on that. So we are trying to move  
4 expeditiously on those issues.

5 One of the other issues you brought up was  
6 obesity, which I agree with you is a very serious  
7 problem that is going to impact dramatically on the  
8 workforce in the coming years. I know that NIOSH has  
9 been working. I think you all have been focusing on  
10 some stuff on obesity. We're going to take the data  
11 that we have.

12 I think it's a good point. One thing that we  
13 need to do -- like I say, I think the nice thing about  
14 the advisory committees is, these are some of the  
15 issues that you can bring forward and discuss. It  
16 sounds like you're going to have some really  
17 interesting discussions there. But also it would  
18 probably allow us, too, giving us this input, to help  
19 OSHA and NIOSH to work more closely together on the  
20 new issues.

21 I think it goes back to my response earlier  
22 about, what are the new and emergent issues that we  
23 need to be seeing, that you all are seeing, so that we  
24 can be more responsive to those. So in that respect I  
25 would say -- but I really believe we do have the

1 flexibility. We do a lot of stuff. If you look at  
2 the things that we've put out, the pandemic stuff we  
3 put out, the stuff on emergency preparedness, all this  
4 stuff has come out.

5 We're still dealing in terms of years. It's  
6 just unfortunate, I think, that's how the government  
7 deals with things. So, we are moving on that. But  
8 the more that we can get input from groups like  
9 NACOSH, it's going to be very helpful to us to work  
10 together. If you flag something that you say, this is  
11 an issue that we need to look at, we can sit down and  
12 say, you know, all right, what are we going to do?  
13 Let's start looking at the research, let's let NIOSH  
14 do its thing on that.

15 MR. GODDARD: One more question.

16 MS. RANDOLPH: I think along those same  
17 lines, the whole concept of aging, the aging worker  
18 and the exposures that those aging workers face with  
19 working longer hours or shift work, and how they're  
20 able to deal with that. That's another issue that is  
21 going to be affecting workers in the future that needs  
22 to be taken into consideration.

23 ASSISTANT SECRETARY FOULKE: Well, I know  
24 where you're coming from. If you look at OSHA, we are  
25 having a lot of people retire. We've got a lot of

1 people. I was at a Region 3 managers' meeting in  
2 Philadelphia, oh, about four months ago. I knew a lot  
3 of the people there, but I didn't know everybody. I  
4 said, why don't you just introduce yourself, tell me  
5 your title, and tell me how long you've been with  
6 OSHA. There probably was about 35, 40 people in the  
7 room. I'd bet we had four, maybe, that said they  
8 worked for OSHA less than 30 years. It was like, they  
9 kept saying 30, 31, 35, 36.

10 So I'm looking at all this and I understand.  
11 We've got an aging workforce, too. There are a lot  
12 of other issues about that whole thing. That's one  
13 thing I've been trying to work on with the Agency  
14 itself, is succession planning, making sure that we're  
15 developing our people, and to get new people to come  
16 into the Agency that have had the same dedication as  
17 the people that are here now. You've got a lot of  
18 people that I sent a lot of retirement letters to.  
19 They'd been there over 30 years. That's dedication.  
20 Thank you.

21 MR. GODDARD: Catherine asked for one more,  
22 then we're going to move on to Dr. Howard's remarks,  
23 if we could.

24 MS. THOMSEN: I will make it very quick.

25 You had talked about --



1 ASSISTANT SECRETARY FOULKE: Your question is  
2 in four parts.

3 (Laughter)

4 MS. THOMSEN: It's actually more a comment.  
5 You had talked about new and emerging concerns. Some  
6 of the things that have come up for me in the  
7 literature in the last few months have been the  
8 ability for some researchers to actually quantify how  
9 much stress has played a part in productivity of the  
10 workers and their being off of the job for multiple  
11 days at a time. So I think stress is one of those  
12 emerging areas. I know that NIOSH has done some work  
13 on that, and I'm not sure what role OSHA could play in  
14 that.

15 But there's another piece of research that  
16 Dr. Blessman actually has worked on, and that was  
17 looking at the preparedness in the home of people who  
18 are emergency responders, and finding, like we saw in  
19 Katrina, that for people who did not have emergency  
20 plans and were not prepared, they were dealing with  
21 their home situations and their family's safety and  
22 not able to necessarily carry out their duties.

23 So I think that that's an area -- we didn't  
24 see it in the wildfires in California, but that was a  
25 very different kind of situation. So I think that

1 that's another area that might be looked at.

2 ASSISTANT SECRETARY FOULKE: Well, I will say  
3 with respect to emergency preparedness, the White  
4 House has been playing an extremely active role in  
5 emergency preparedness. We have meetings every week,  
6 the Domestic Readiness Group, which involves all the  
7 cabinet departments, FEMA, Homeland Security. The  
8 White House is kind of directing it. They meet every  
9 week on issues on stuff like that.

10 But developing the national response plan and  
11 the national response framework. I attend a lot of  
12 those meetings--matter of fact, I've got one this  
13 afternoon--to discuss worker safety in emergency  
14 response. So I think they're looking at that. There  
15 were a lot of lessons learned from Katrina that they  
16 have been systematically going through. I think that  
17 was one of the issues that came up, responders dealing  
18 with their families' issues and not being able to  
19 respond in a timely manner.

20 So we are addressing that. I think they're  
21 really looking at all those issues. I can't say that  
22 OSHA in itself is, but I would say as a Nation, the  
23 White House has really put a lot of emphasis on this  
24 program. It goes all the way up. I mean, this week  
25 it's an Assistant Secretary level meeting, next week,

1 we're having a Deputy Secretary meeting, then they are  
2 going to be having a Cabinet Secretary meeting, so  
3 that all the Cabinet Secretaries are actually tied  
4 into these issues and they are familiar with them.

5 We just had a top official floor exercise  
6 which involved, I think, 10,000 persons in the  
7 exercise itself, once again, trying to run through all  
8 the different scenarios. This one was a dirty bomb  
9 scenario, that we had three dirty bombs in three  
10 different -- Portland -- I can't remember. Portland  
11 was one of them. Oh, no. It was Arizona. Wasn't the  
12 other one Arizona? It was Arizona. Yes. So from  
13 that, then they do the lessons learned from that,  
14 where do we have problems on that. So with respect to  
15 emergency preparedness, we are doing a lot. It was  
16 very interesting.

17 I had a delegation about a month or so ago.  
18 We had the U.S.-E.U. Safety and Health Summit in  
19 Portugal. One of the topics that the United States  
20 put in was emergency preparedness. It was very  
21 interesting, the talk about our emergency preparedness  
22 versus what the Europeans are looking at. I think we  
23 provided a lot of insight that they had never had. I  
24 believe it was the lady from England, when they were  
25 talking about how large an area/land mass that Katrina

1 was dealing with.

2           The discussion was, after the discussion from  
3 our person--actually an OSHA person was there  
4 discussing that--her comment was, you know -- and the  
5 question was, what would you all be doing in your  
6 countries? She turned and she said, well, you've jus  
7 basically described an area the size of England, so  
8 that England would have basically been completely  
9 involved in this and would not have had the resources  
10 to draw from other places. So now they're thinking  
11 about, how can we bring resources from other nations,  
12 even. So I think we are taking the lead in that area,  
13 particularly.

14           MR. GODDARD: Okay. Thank you, committee. I  
15 think it is by no coincidence you're going to find in  
16 your packets those U.S.-E.U. emerging topic white  
17 papers that we've included. You're also going to find  
18 in your packets, on the right side, the regulatory  
19 agenda. Many of the issues that you have brought up  
20 to Assistant Secretary Foulke this morning, we have  
21 anticipated and we prepared for in our discussions  
22 this afternoon, also as well as defining further  
23 issues that you would have us consider as a committee.

24           If I could turn the floor over now to Dr.  
25 Howard for his remarks.

AGENCY UPDATES

By Dr. John Howard

Centers for Disease Control

DR. HOWARD: Thanks, Keith. I appreciate it.

Welcome, everyone. Thank you for volunteering to be on the committee. I especially want to welcome those who are new members. If you ever need anything from NIOSH, you know where to find me. My e-mail address is jhoward1@cdc.gov, so don't hesitate to send me an e-mail if you need anything from us.

What I wanted to do this morning is give you a very, very quick overview of a lot of things, so I would encourage you to fasten your seatbelts on your chairs to get a good idea of what we're doing.

First of all, on the budget front, we're in a continuing resolution for FY '08, which is always an interesting period of time. They may extend. It expires this Friday. They may extend that through the second session of the Congress.

The President vetoed, on November 13th, a Labor/HHS bill which would have funded NIOSH and OSHA.

They were working out an omnibus bill in the House, which is in somewhat an unstable form, so we'll have

1 to wait and see. For FY '09, the NIOSH budget  
2 actually has an increase, a substantial increase.  
3 Excuse me. In the FY '08 that the President vetoed,  
4 there was an increase. For FY '09, we're still in the  
5 developmental stage. The President will present that  
6 budget to the Congress the first week of February, so  
7 we'll have to see what that holds.

8 In terms of personnel issues at NIOSH, I  
9 wanted to mention a few. Margaret Kitt, Captain  
10 Margaret Kitt, a Commission Corps officer, has been  
11 appointed our Associate Director for Emergency  
12 Preparedness and Response.

13 Also, Christine Branch, formerly of the  
14 Injury Control Center, which some of you know--I think  
15 Alan and others may know her--has now been appointed  
16 our Principal Associate Director, with an office here  
17 in Washington.

18 Just to show you that we're not  
19 discriminatory when it comes to former OSHA employees,  
20 Anita Schill has been appointed our Associate Director  
21 for Science, and Anita is here, I think. There she  
22 is. She used to work for OSHA in Standards, right?

23 DR. SCHILL: Yes.

24 DR. HOWARD: In Standards. Right.

25 And also, to show you that we're definitely

1 not discriminating against former OSHA employees, Don  
2 Wright, the former head of Occupational Medicine at  
3 OSHA is now our Principal Deputy Assistant Secretary  
4 for Health in the Department of Health and Human  
5 Services and is serving right now as our Acting  
6 Assistant Secretary for Health.

7 So those are just some of the folks that are  
8 new names, and I'd encourage you to contact them if  
9 you need any information in their areas.

10 Obviously, many of you know NIOSH is managed  
11 as a portfolio of programs now. We have 32 in that  
12 program portfolio. You can go on our Web site and on  
13 the front page you see "Program Portfolio". You can  
14 open that and see the 32 programs listed. So, we're  
15 trying to make sure that everyone understands what  
16 NIOSH does. We are organized with eight sectors. Sid  
17 Soderholm is going to talk to you about those NORA  
18 sectors in construction, agriculture, mining, et  
19 cetera, et cetera.

20 We are going through a process now that some  
21 of you who have been on the committee have heard me  
22 talk about where we have asked the National Academy of  
23 Sciences to look at each of our major research  
24 programs for relevance and for impact, and we've asked  
25 them to give us scores in both, and then to offer

1 their recommendations.

2 I will pass around, because some of you may  
3 not have seen, our first National Academy review for  
4 our hearing loss prevention program, and our second  
5 one, which really doesn't concern this committee  
6 because it's a part of the Department of Labor that we  
7 provide research support to in mining safety and  
8 health, but it gives you an idea of what these  
9 publications look like. So, I'll pass them around.

10 We are expecting our agriculture report from  
11 the National Academy to be released next week, so that  
12 is the third in the series. Right now we have eight  
13 in progress. We hope, by the middle of next year, to  
14 have all of those eight completed, and then we'll be  
15 able to evaluate how successful this review has been.

16 Coincidentally, this idea of reviewing  
17 programs for relevance and impact is something that  
18 was started by the Office of Management and Budget  
19 several years ago, but is also permeating all  
20 departments. The Department of Labor and OSHA has  
21 been engaged in this. Recently, I saw an announcement  
22 that EPA is holding a meeting in January, looking at  
23 the impact of their regulations in air, water, and  
24 other areas. So, it is something that we've carried  
25 to somewhat of an extreme by having an independent



1 gold standard group like the National Academy do our  
2 reviews.

3           The next area that I wanted to update you on  
4 is emergency preparedness. As Ed talked about, there  
5 is lots going on in this area and I think it's  
6 important for you to look at that, and maybe even  
7 consider getting involved yourself in this area.

8           As some of you know, in October of '06 the  
9 Department published, on the [pandemicflu.gov](http://pandemicflu.gov) site,  
10 interim guidance for the use of surgical masks and  
11 respirators in health care settings. Then in May of  
12 this year we did interim planning guidance for the use  
13 of surgical masks and respirators in non-occupational  
14 community settings.

15           Then recently, we asked the Institute of  
16 Medicine to look at the issue of preparing for an  
17 influenza pandemic, looking at personal protective  
18 equipment for health care workers. I will pass around  
19 the pre-publication copy, which you can go ahead and  
20 keep if some of you want it, but you can also go on  
21 the National Academy Web site and find this document,  
22 too.

23           The point that I want to make with this, is  
24 the three points that the committee made which I think  
25 are worth stressing. Again, it may be an area that

1 you all would like to investigate some more and add  
2 your support to this area if you want to review this  
3 document.

4 First, the committee said that there needs to  
5 be a much better understanding of the mechanism of  
6 influenza transmission, you know, the three major ways  
7 that influenza is transmitted, through droplet,  
8 through contact, and through aerosol. There is a big  
9 droplet versus aerosol debate going on in science. We  
10 really don't know the answer to that with any  
11 exquisite detail. The committee said we need to put a  
12 lot more resources into answering that question.

13 And second, which I thought was extremely  
14 brave of the committee, they said that the commitment  
15 to worker safety and appropriate use of PPE is much  
16 needed. They actually said that health care worker  
17 facilities should establishment and promote a culture  
18 of identifying the institutional issues that prevent,  
19 allow, or even favor non-compliance. And as anyone  
20 knows, working in a hospital environment, that does  
21 exist. I think it was very important for the  
22 committee to point that out.

23 Third, they also wanted to make sure as their  
24 charge that they communicated strongly that the  
25 innovation and the strengthening of PPE design,

1 testing, certification, and use is much needed. As a  
2 physician trying to communicate with patients through  
3 a respirator, I certainly know that communication is  
4 not aided.

5 We need to figure out how to get over that  
6 problem. If I sat on the other side of the fence from  
7 a health care worker perspective, I would say, can't  
8 you come up with something less primitive-looking than  
9 what you have that will allow me to do my work? That  
10 is a legitimate issue in health care and needs to be  
11 addressed.

12 I think, as Ed mentioned, we're in a very  
13 interesting area here in NIOSH, looking at the lessons  
14 learned from the World Trade Center. For a lot of  
15 agencies, these are historical things, looking back,  
16 how did we do, et cetera. For us, with 40,000  
17 responders enrolled actively today in our Medical  
18 Monitoring and Treatment Program which we conduct in  
19 New York City and nationwide, this issue is quite real  
20 for us. This program, and our experience with these  
21 responders that have enrolled--and the denominator may  
22 be closer to 90,000.

23 We have 500 responders who are enrolling  
24 every month--has led us to be very strong in our  
25 recommendation that responder safety and health needs

1 to be put on par with victim rescue and site recovery.

2 As Ed mentioned, I spoke to the Homeland Defense  
3 Committee in their committee meeting in September and  
4 I said that we need to look at this whole issue from  
5 the pre-deployment, deployment stage, and post-  
6 deployment stage.

7 And certainly before deployment there are a  
8 lot of issues that we need to address--I think  
9 Catherine brought up one of them--looking at what the  
10 likely hazards are, looking at sort of hands-on  
11 instruction in personal protective equipment, and  
12 during the event, a lot more needs to be done than was  
13 done in the World Trade Center.

14 First, you have to know who is there and what  
15 they do while they're there. Having that exposure  
16 assessment information is absolutely critical. The  
17 absence of that in a quantitative way makes it  
18 impossible for us to draw associations between the  
19 exposures that occurred at the World Trade Center and  
20 the health effects.

21 Epidemiologically, it is a challenge. The  
22 most we can do is qualitative-type categories: when  
23 did you arrive at the site? What did you do? All  
24 self-reported, with very little quantitative  
25 information.

1            Obviously, an integrated safety management  
2 culture needs to be established so that all at these  
3 big, national disasters where you have agencies  
4 responding from all sorts of municipalities, States,  
5 and private organizations, there needs to be a unified  
6 safety management structure. You have to have very  
7 tight disaster perimeter control. You have to have  
8 rigorous tracking of responder entry and exit. You  
9 have to engage in, as I said, real-time exposure  
10 assessment.

11            You have to monitor the responders during the  
12 response and immediately afterwards. You have to at  
13 least give them some kind of self-reported  
14 questionnaire, or even physician-based screening to  
15 see, in conjunction with your exposure assessment  
16 information, whether you have a problem there that's  
17 going to take you through time.

18            After deployment, then you can decide to  
19 establish, if you need to, more periodic monitoring  
20 through time. I think some of you may be aware, in  
21 2006, the Security and Accountability for Every Port  
22 Act was passed. Some of you may not know, in Section  
23 709, there is laid out an actual monitoring road map,  
24 if you will, for responders.

25            We have received a letter just today from

1 Senator Boxer and Senator Feinstein asking the  
2 Secretary of HHS to activate that section, through the  
3 President, for the California wild land firefighters  
4 in terms of a medical monitoring program. So this  
5 issue comes at us from several different perspectives  
6 and it's a very fertile one. As Ed mentioned, OSHA is  
7 clearly engaged in it. I hope that OSHA can gain more  
8 ascendancy in this issue as we go through time.

9 I wanted to give you a brief update on some  
10 initiatives. I would encourage you to maybe consider  
11 them as possible areas that you would like to look at.  
12 From our research to practice, which is our focus in  
13 all of our programs, I wanted to mention a few things.

14 First of all, we have just renewed our AIHA  
15 partnership agreement. We will be renewing our ASSE  
16 partnership agreement at the conference in Las Vegas  
17 in June.

18 We entered recently in partnership with OSHA,  
19 BLS, and ORC and the Duke Energy Foundation to follow  
20 up on the issue of contractor safety and health and  
21 the lack of data and information that we have on this  
22 issue. I am happy to say that we had a very fertile  
23 meeting, A lot of good information was exchanged. We  
24 recognized the limitations that BLS has, that OSHA  
25 has, that NIOSH has, and we're working together to try

1 to solve that issue. I thank Ed for coming to that  
2 meeting and for BLS sending so many folks to that  
3 meeting.

4 Another area that I wanted to comment on  
5 that, as we begin to talk about this issue of the  
6 small employer, really struck me and I was going to  
7 mention anyway. But it's sort of my own personal  
8 chain theory of how to reach small employers, and I  
9 want to use an example from one of our longstanding  
10 partners with our beryllium research area, and that is  
11 Brush-Wellman. Brush-Wellman has recently developed a  
12 safety and health management tool. It's an electronic  
13 tool which we showcased actually in our booth at the  
14 National Safety Council meeting last October.

15 This is designed for downstream users of  
16 beryllium. Brush-Wellman, I think, is maybe the sole  
17 actual manufacturer of beryllium in the United States.

18 But a lot of people buy their products. What they  
19 did as part of product stewardship, is to develop this  
20 plan. We got a lot of positive comments. They got a  
21 lot of positive comments in our booth at the National  
22 Safety Council.

23 But what it essentially does, is suggest that  
24 a way to get at the smaller employer is by getting the  
25 upstream manufacturer or supplier, the big guys, to

1 actually work on how to downstream the product, in  
2 this case a safety and health management tool. So, I  
3 would suggest that that may be an area that we may  
4 want to look at more specifically with regard to the  
5 small employer issue.

6 Some of you may know that we just put on our  
7 Web site a curriculum for kids in school called Youth  
8 at Work: Talking Safely. This is a curriculum that  
9 has been several years in the making, with lots of  
10 different partners. It is designed to be used by  
11 school districts throughout the country. There are 50  
12 different curriculums, including Puerto Rico, on the  
13 Web site. I encourage you to look at that, because we  
14 think that the customization for each State will make  
15 it more user-friendly.

16 The second initiative that I wanted to talk  
17 to you about is our asbestos road map, which we  
18 debuted last January in draft form. We had a public  
19 meeting during the year and we're still continuing to  
20 work on those comments through peer review.

21 It's interesting because our road map has  
22 gotten a lot of attention. The recent passage in the  
23 Senate of the Ban Asbestos in America Act of 2007  
24 actually includes authorizing language for the  
25 research to be carried out that we specify in the



1 agenda, many of the gaps that we identify. For those  
2 of you that think that asbestos is done as a research  
3 area, it's really not.

4 We've identified quite a few gaps in our  
5 research portfolio. Our next draft of the road map  
6 will probably come out the beginning of the year. The  
7 House is considering the asbestos ban bill. As you  
8 know, the Senate passed it unanimously, so it's likely  
9 to pass the House also.

10 Our prevention through design initiative got  
11 off to a great start this summer in July when we had a  
12 very well-attended kick-off. Ed and I kicked it off,  
13 and I thank him for coming to that. We had nearly 300  
14 people that really did a workshop job. They did not  
15 just come to hear people talk, but they actually began  
16 developing a strategic initiative in this area. The  
17 proceedings from that conference are going on our Web  
18 site.

19 I think it's an area that anyone interested  
20 in safety and health, moving the yardstick back to the  
21 actual design phase, is an area that I think all of us  
22 in safety and health should probably put some effort  
23 in. I think it's something that you all may want to  
24 consider for your interests also.

25 The NIOSH Work Life Initiative that has been

1 going on for a few years--some of you remember it at  
2 our launch a few years ago as Steps to a Healthier  
3 U.S. Workforce, and it's morphed into our Work Life  
4 Initiative--I think is another area, especially when  
5 Dr. Blessman was talking about metrics for workforce  
6 health. This is an area that we would very much like  
7 to explore in our Work Life Initiative.

8 We have three grantees now, the University  
9 of Iowa, the University of Massachusetts at Lowell,  
10 and Harvard University, and we are negotiating with  
11 the Veterans Administration to provide a fourth Center  
12 of Excellence, of research excellence, in this area  
13 for us. Dr. Michael Hodgson, who is head of  
14 Occupational and Environmental Medicine at the VA, a  
15 former NIOSH employee, is very interested in rolling  
16 out a Work Life Initiative for the VA employees.

17 And all of these issues that me mentioned,  
18 stress, the aging workforce, and especially a type of  
19 workforce that we don't realize that we have yet, and  
20 that's a workforce that maybe is not yet in the  
21 workforce but is on the cusp in 5, 10, 20 years, this  
22 epidemic of childhood obesity, these will be workers  
23 in the workforce and we have to face that fact, that  
24 we have a very unhealthy cohort of young people coming  
25 into the American workforce.

1           So it's kind of ironic. On one end, as Susan  
2 mentioned, we have an aging workforce. On the other  
3 end, we have a lot of problems with the entrants  
4 coming into the workforce. This really requires us to  
5 think about work life in a more comprehensive manner.

6       One publication that I want to bring to your  
7 attention on our disk, which we've provided lots of  
8 publications to you, I think is important. That is  
9 our recent hazard alert for cardiovascular deaths in  
10 firefighters. The reason I bring that to your  
11 attention is because it really is a combination. When  
12 you look at cardiovascular death in firefighters, it  
13 really comes from two types of factors.

14           One, are work factors. Obviously,  
15 firefighting is a very strenuous activity. In  
16 addition to work factors of heat, exertion, et cetera,  
17 there are also these work life factors, the things  
18 that the American population is struggling with, with  
19 obesity and diabetes, and premature heart disease,  
20 atherosclerosis, and everything, and how you actually  
21 integrate that into a workforce program.

22           The alert draws on a lot of people's  
23 expertise, 131 investigations that we have done in our  
24 firefighter fatality investigation program looking at  
25 that issue. I think the alert's conclusion that for

1 firefighters, coronary artery disease, sudden cardiac  
2 death, involve a combination of both personal and  
3 work-related factors, I think is an important one.

4 I think it's also applicable to many other  
5 areas that we could look at, and I think it's  
6 extremely important to note that. So I think there  
7 are a lot of issues that we've talked about already  
8 today that are subsumed through our Work Life  
9 Initiative and I would encourage you to think about  
10 that.

11 The other area that we need help with is an  
12 area that we have jumped off a cliff on. I think it's  
13 a brave act, but I'm not 100 percent sure that we know  
14 what we're doing. That is, we have recently entered  
15 the area of social media. Now, some of you, perhaps,  
16 are into social media and some of you are not. Social  
17 media is really a new phrase, a new term certainly for  
18 us in occupational safety and health, but it refers to  
19 the new kinds of participatory interactions between a  
20 provider of information and a recipient. Perhaps some  
21 of us when we were kids delivered newspapers or  
22 something.

23 Well, that's not really where it's at anymore  
24 in terms of communication. Sitting at a morning paper  
25 and reading it in a static way is really very old

1 century stuff. Social media is where you sit at a  
2 computer and you interact with the provider  
3 information, through a blog, through U-Tube, through  
4 Wikipedia.

5 We have entered all three of those mediums.  
6 We are placing our videos on U-Tube, we are entering  
7 Wikipedia sites that do not exist but should in safety  
8 and health areas--roll-over protection is our first  
9 one--and we have launched, at the beginning of the  
10 month, the NIOSH Science Blog, which I encourage you  
11 to go to. You can go to our Web site and enter the  
12 blog that way.

13 Every two weeks, we feature a science issue  
14 and solicit comments on, and provide responses to,  
15 those comments. Again, this is something that we've  
16 sort of jumped off and done. I think social media and  
17 occupational safety and health is an issue that you  
18 all could help us with in terms of providing some  
19 support for us there, and I would really appreciate  
20 that.

21 The other issue I wanted to mention, of  
22 course, as Ed has mentioned, is nanotechnology. We  
23 have devoted a considerable amount of resources to  
24 nanotechnology as an emerging issue. We always  
25 welcome your interest in this. Our NIOSH

1 Nanotechnology Research Center has many products on it.  
2 Recently we've issued a "Progress in Nanotechnology",  
3 where we list all of the things that we've  
4 accomplished in the last three to four years. Our  
5 approaches to safe nanotechnology is always updated on  
6 our Web site.

7 We issued a *Federal Register* notice today  
8 which announces a current intelligence bulletin on  
9 medical surveillance of workers exposed to engineered  
10 nanoparticles, which will be available starting on the  
11 15th, God willing and OMB permitting, so you'll be  
12 able to look at the Web site and see that. We, at  
13 this time, do not recommend medical surveillance, but  
14 we're in sort of a watchful waiting mode, and that's  
15 the bottom line on that issue.

16 Leading into that issue of nanotechnology is  
17 this remarkable activity that's occurring on the  
18 international level in nanotechnology. One of our big  
19 struggles is in dosimetry, in sampling, in exposure  
20 assessment. What do you call these particles? How do  
21 you sample them? We have just been appointed by the  
22 ISO and the OECD as team leads for those areas. We  
23 are finding that -- we just came back from a meeting  
24 in Helsinki. One hundred and ninety-two participants  
25 from 20 countries participated in what's called Euro

1 Nano OSH, and it's a conference struggling with these  
2 issues.

3 I think that this issue of international  
4 standardization is an important one. We began to get  
5 into this area when we looked at our HHEs and we were  
6 trying to figure out, what OEL should we recommend  
7 that the employer and the employees look at with a  
8 particular issue involved in an HHE. We began to look  
9 at the international spectrum of OELs that are out  
10 there. Should we be citing them? How are they  
11 prepared? Do we know how they were prepared? Can we  
12 stand behind them?

13 This whole area, I think, is increasingly  
14 important because of the number of American businesses  
15 that are doing business in other countries, and the  
16 American workers that are exposed to systems that are  
17 perhaps under these types of OEOs that are national,  
18 but not our national OEOs. So I think that's an  
19 important initiative that maybe we could use some of  
20 your help on.

21 That really leads into this other large issue  
22 that some of us have been following. The European  
23 Union, on June 1st of this year, finalized their new  
24 regulation on the registration, evaluation,  
25 authorization, and restriction of chemical substances

1 in the E.U., called REACH.

2 This is a very different law than, for  
3 instance, our Toxic Substances and Control Act in the  
4 United States, and it's going to generate, through  
5 mandatory requirements of shifting the burden to show  
6 that the chemical is safe to the manufacturer as  
7 opposed to the current system, a lot of information on  
8 toxicity, on safety and health, which will be housed  
9 in the European Chemical Agency, which is going to be  
10 located in Helsinki, Finland. I just learned from  
11 them, they have 20 employees now. They will have 500  
12 by next month. This is a ramp up for the E.U. I  
13 think it's an important issue that we should probably  
14 look at in terms of this information being housed in  
15 an international database, information that we may not  
16 have had before. So, I submit to you that it is also  
17 part of the international standardization issue.

18 So I've given you, I think, a lot of ideas.  
19 Our prevention through design can always use  
20 additional oversight and advice. Our international  
21 standardization issue, I think, is important; our Work  
22 Life Initiative, with its multifaceted look at a  
23 number of different issues; our social media issue,  
24 which for us is an emerging communication issue, I  
25 think is an important one; and the IOM report, I



1 think, is one that needs all of our support to move  
2 the knowledge base of influenza and personal  
3 protective equipment forward.

4 So those are some thoughts that I have for  
5 you today. There's a lot of other things going on in  
6 NIOSH. Time doesn't permit me to describe them, but  
7 if you need to know more or want to contact any of our  
8 folks, be sure and give me a call. I'd be happy to  
9 arrange that. So, thank you.

10 MR. GODDARD: Thank you, John.

11 If the committee has any brief questions. We  
12 want to limit it to give you all time to work on  
13 future meeting agendas.

14 Alan?

15 MR. McMILLAN: Dr. Howard, a couple of  
16 comments, and maybe a follow-up to one of your  
17 thoughts. First of all, Secretary Foulke talked about  
18 the outstanding Web site of OSHA, and he is absolutely  
19 correct, but I'd really like to compliment NIOSH also  
20 on having an incredible set of resources available to  
21 the public worldwide through your Web site, just to  
22 comment.

23 You talked about the issues of cardiovascular  
24 problems with firefighters. I wanted to let the group  
25 here know, as well as, I'm sure you and Secretary

1 Foulke already know, that last week the Senate passed  
2 a resolution, and I believe the House is taking it up  
3 this week, to designate the month of June to be a  
4 month of public education around the issues of AEDs  
5 and CPR. The National Safety Council, the Red Cross,  
6 and the American Heart were the principal supporters  
7 of that resolution.

8           It will have impacts in the workforce and  
9 beyond the workforce, but certainly, I think, goes to  
10 some of the things that you guys have been dealing  
11 with around the issue of firefighters, and probably  
12 other groups that we haven't even looked at yet that  
13 may be getting into these same kinds of high-  
14 intensity, short-duration activities where  
15 cardiovascular issues may occur as well.

16           I wanted to follow up on your comment on  
17 REACH. At the U.S.-E.U. meeting, as Secretary Foulke  
18 knows, there is a lot of conversation about REACH in  
19 the European Union and a lot of prognosticators about  
20 that kind of activity coming into the U.S., some who  
21 actively supported that, particularly some of our  
22 Labor delegates, very, very strongly and very vocally  
23 supporting that. But even among the management  
24 delegation and the government delegations, a lot of  
25 the -- this may be where we're going as well. It

1 seems to be more of a global kind of -- a developed  
2 global initiative and we'd better be thinking about it  
3 and preparing for it.

4           Then my last comment was, again, something I  
5 saw more out of the U.S.-E.U. meeting this time than  
6 in previous times, the whole psychosocial issues  
7 around stress. I don't know whether it was Susan, or  
8 Barbara, or someone raised that issue earlier. A lot  
9 of discussion around stress in the workplace. How do  
10 you get your hands on it? How do you even report it?

11       I mean, it's probably even softer maybe than  
12 ergonomics is. How do you find markers to identify,  
13 is it related to the workforce or not? But in Europe,  
14 particularly, we see it becoming more accepted as a  
15 compensable kind of activity. How do we in the U.S.  
16 start to think about things like that? Are they  
17 appropriate for us to begin to think about now or not?

18       So I just wanted to share those thoughts.

19           DR. HOWARD: Thank you. Thank you. I really  
20 appreciate the last comment because I think it does  
21 relate to the work life area. It encompasses so much  
22 that we're never going to be able to develop or use  
23 the regulatory paradigm for, but we have to deal with  
24 it. The question is, how do we deal with it? That's  
25 really the issue.

1           With regard to the REACH, I think that one of  
2 the issues that commentators have pointed out is, in a  
3 sort of Thomas-Friedman-the-world-is-flat kind of  
4 mode, you know, the largest economic power determines  
5 the rules. In the '70s when the U.S. was and there  
6 was no E.U., TOSCA began to be adopted by any number  
7 of countries. Now what's interesting, the E.U.  
8 actually has more people than the U.S. in terms of a  
9 market and has a larger gross economic product, so  
10 REACH may indeed become, as you say, the global  
11 yardstick. That's why I think it's important for us  
12 to at least monitor and watch it.

13           Also, from the occupational safety and health  
14 perspective, the existence of this data, even if it's  
15 located in Helsinki, it will be transparent. It's  
16 available, and I think we need to be aware. The  
17 question that we should ask ourselves is: well, if  
18 it's there, then how do we use it?

19           MR. GODDARD: Okay. Thank you for your  
20 questions.

21           Are there any more questions for Dr. Howard?

22           (No response)

23           MR. GODDARD: What we'd like to do is thank  
24 you both for your remarks. We want to take an  
25 opportunity to take a quick break and a photo

1 opportunity, if you would both stick around for that.  
2 We'd ask our photographer to help us get organized  
3 and take a short break just after, so we can move  
4 ahead with the agenda. Some things have shifted.  
5 Then we'll have our Cooperative Program Update with  
6 Paula as soon as we come back from break. So if we  
7 could take a 5- to 10-minute break at most, get the  
8 photo op in and come back, I'd appreciate it.

9 (Whereupon, at 10:33 a.m. the meeting was  
10 recessed and resumed back on the record at 10:50 a.m.)

11 MR. GODDARD: Okay. If we could get seated  
12 and continue. We have a pretty aggressive agenda and  
13 we'd like to get back on it.

14 Our next presenter is Paula White, the  
15 Director in the Directorate of Cooperative & State  
16 Programs.

17 Are you ready, Paula?

18 MS. WHITE: I am ready.

19 MR. GODDARD: Okay. Let's get started.  
20  
21  
22  
23  
24  
25

COOPERATIVE PROGRAMS UPDATE

By Paula White, Director

Directorate of Cooperative & State Programs

1  
2  
3  
4  
5 MS. WHITE: Okay. Thank you so much. It is  
6 a pleasure to be here. If I repeat things or say  
7 things that all of you already factually know and I  
8 underestimated how much you know, please forgive me.  
9 I'm going to try, very quickly, to get you up to date  
10 with everything that we do, which of course means I'm  
11 not really going to get you up to date on everything  
12 we do, but hit some of the high points in terms of  
13 where we are going with cooperative programs, and a  
14 couple of words about compliance assistance.

15 (Showing of slides)

16 MS. WHITE: So I think probably most of you  
17 know our flagship programs, in terms of the Agency's  
18 cooperative program efforts, include the Alliance  
19 Program. SHARP, which is the recognition program for  
20 our consultation program, BPP and partnership, and the  
21 numbers are there. These numbers, in terms of where  
22 we are, are as of November 30th of this year.

23 Since the Alliance Program is our newest  
24 program, just in case you don't know--although many in  
25 the room are in some way or another associated with us

1 in our Alliance Program--is our newest cooperative  
2 program and really was designed to offer an  
3 opportunity for groups to work with us not on a site  
4 basis, to work with us in a way that did not include  
5 an enforcement component, to essentially build new  
6 kinds of relationships, to develop a strong working  
7 relationship, and to obviously work toward improving  
8 safety and health in this country.

9 (Changing of slides)

10 MS. WHITE: This program has turned out to be  
11 extraordinarily successful for us, I think. I really  
12 believe in many ways we have just begun to tap the  
13 potential for these kinds of collaborative  
14 relationships.

15 These are just a couple of examples, and  
16 obviously a little hard to read, but giving you a  
17 notion of the kinds of things we have done. What's  
18 important about this, is it offers an opportunity for  
19 those of us in the government to really take advantage  
20 in the best possible way of the expertise and  
21 knowledge of folks in the private sector or from  
22 universities, or labor unions, or corporate entities  
23 to help us in our work. So we have developed any  
24 number of new safety and health topics pages. We have  
25 Alliance participants supporting us on our editorial

1 boards for existing pages.

2 (Changing of slides)

3 MS. WHITE: We've developed different kinds  
4 of tip sheets and safety and health campaigns, a  
5 number of fact sheets, as well as doing a number of  
6 training events in which our Alliance partners have  
7 helped us either developing training materials which  
8 are then utilized in outreach for their own universe,  
9 whatever that universe is--everything we do is made  
10 public--or offering, often, training opportunities for  
11 OSHA staff.

12 Again, I think it is a very unique situation  
13 and one that is new to us and has been very effective,  
14 to have an opportunity for folks working with us in  
15 the Alliance Program to talk with our compliance  
16 officers, to talk with our field staff and to give  
17 them firsthand information about how they do things.  
18 So these, then, are just a couple of the kinds of  
19 examples.

20 The other ways in which the Alliance Program  
21 helps us is, again, offering an opportunity for OSHA  
22 staff to be invited to participate in an array of  
23 events with Alliance partners, speaking opportunities.  
24 We participated in well over 100 speaking engagements  
25 last year that came to us through the Alliance



1 Program. Likewise, through the Alliance Program we  
2 were offered an opportunity to exhibit in almost 70  
3 venues, which again, I think, before this program  
4 perhaps we wouldn't have been invited to. So, it is  
5 an opportunity to share the OSHA message and OSHA  
6 information.

7 (Changing of slides)

8 MS. WHITE: So coming up, actually one of  
9 them has already appeared. We just posted, this week,  
10 a new topics page about the cleaning industry. It's a  
11 "Cleaning Industry Safety & Health" topics page. It's  
12 a collection of resources on keeping employees safe in  
13 the institutional and industrial cleaning industry.

14 I'm going to talk in a few minutes about the  
15 new safety PAYS advisor. But as you can see, then new  
16 information will be developed this year in terms of a  
17 new e-tool on powered industrial trucks, a new  
18 hospital e-tool, and some HAZCOM training.

19 (Changing of slides)

20 MS. WHITE: The consultation program, another  
21 one of our cooperative programs. Again, I think most  
22 of you are likely familiar with it, but we constantly  
23 look for opportunities to ensure that the rest of the  
24 world knows about this program. A very unique  
25 program. It is now imbedded in the Act through an

1 amendment to the OSH Act several years ago, offering  
2 free on-site assistance with a target audience, the  
3 priority target audience being small businesses of 250  
4 or fewer at a site, free assistance by trained  
5 consultants.

6 We have had a pretty steady funding level for  
7 this program and annually do about something around  
8 33,000 on-site consultations; obviously an array of  
9 training opportunities and events are also associated  
10 with this program. As we look at the program in this  
11 upcoming year--we have had several meetings with  
12 representatives of the consultation projects--we  
13 really are looking at once again refocusing our  
14 efforts in terms of how we train our consultants. We  
15 are developing some new training for them.

16 There is an assessment tool we use called a  
17 Form 33 that we use to assess safety and health  
18 management systems. We are looking at revamping that  
19 tool to ensure that consultants really are taking the  
20 broadest look at effective safety and health  
21 management systems and how they are implemented, and  
22 are then placed to give follow-up assistance to  
23 employers, and overall looking at how we encourage  
24 effective implementation of safety and health  
25 management systems.

1           The recognition program that is associated  
2 with the consultation program is called SHARP. In  
3 State Plan states it's sometimes called something  
4 else, but a name by any other name is still the same  
5 program. Essentially what this is doing is offering  
6 an opportunity, much like VPP for small employers,  
7 with the difference being, they get to that  
8 recognition point through the consultation program.  
9 That is, it is a recognition that these small  
10 employers may need additional assistance. They are  
11 not able to do this on their own, so they are assisted  
12 by the consultant.

13           If you were to go back to the first page, you  
14 would know that currently we have something over 1,000  
15 SHARP sites across the country. This is just a good  
16 example of a small employer and the success they have  
17 had. Anthony Forest Products is a family-owned  
18 business. They have six sites in four states, and it  
19 really is a classic story of a family-owned business  
20 in which nobody was particularly paying attention to  
21 safety and health.

22           One member of the family kind of came to the  
23 realization one day that what they were doing wasn't  
24 right. She turned to the Texas consultation program  
25 and now has spearheaded not only an improved

1 recognition of the importance of safety and health,  
2 not only improved safety and health conditions for  
3 their employees, but really the implementation of  
4 extraordinary safety and health management systems in  
5 all of their six sites, in recognition by OSHA through  
6 the consultation program.

7 Of interest to us, obviously, is their  
8 willingness to share with us the information on how  
9 they went about doing this. We've got a success story  
10 on our Web site, but very clearly talking about and  
11 sharing with us that, for an investment of \$50,000,  
12 they can quantify a savings of \$1 million that has  
13 accrued to them, in addition, obviously, to the more  
14 important thing, which is the improve of safety and  
15 health conditions for their employees.

16 (Changing of slides)

17 MS. WHITE: One of the things that we are  
18 also working on in this upcoming year are a number of  
19 new compliance assistance outreach materials focused  
20 on small employers. Our Office of Small Business  
21 Assistance is responsible both for managing the policy  
22 development for the consultation program, but as well  
23 for small business outreach.

24 I have thought we were going to launch for  
25 the last couple of weeks, but I believe next week we

1 are actually going to launch our new look at our Small  
2 Business Assistance Web page. We have redesigned it  
3 in terms of tabs to make it easier for small  
4 businesses to focus immediately on what they are  
5 looking for.

6 I think, more importantly, will be the  
7 materials that we are going to develop over the next  
8 several months. We are looking to develop a strong,  
9 robust tool kit for small employers of Hispanic  
10 employees so that there will be a number of products  
11 that support one another, including posters that can  
12 be downloaded, very simple talking points that can be  
13 used, and downstream, hopefully, a video.

14 Some material that will be related to the  
15 family so that, too, can be downloaded. We've been  
16 very fortunate to hire a number of staff with strong  
17 backgrounds in this area and we are going to take  
18 advantage of that, of the folks that we've been lucky  
19 enough to hire. We are obviously coordinating this  
20 through our compliance assistance coordinating group,  
21 which I chair, as well as our Diverse Issues  
22 Workgroup.

23 (Changing of slides)

24 MS. WHITE: One of the things that we're very  
25 excited about, and which will also be posted next

1 week, is this new "\$afety Pay\$" document. Some of you  
2 may know, because I know you're all OSHA addicts and  
3 probably spend all your time looking at our Web site,  
4 years and years ago we developed an e-tool on "\$afety  
5 Pay\$" and it was a good tool, but it was A) hard to  
6 find, and B) a little bit difficult to use. That is,  
7 you had to download it onto your own computer. It was  
8 hard to manipulate.

9 We very much appreciate assistance from  
10 NIOSH, from BLS, from NCCI, and also from Keith's  
11 staff, his reg analysis staff who have helped us load  
12 this tool with very accurate, very up-to-date data.  
13 What the small employer--or what any employer--will be  
14 able to do, is essentially with drop-down menus, will  
15 be able to identify, for example, if he has  
16 amputations, and he can load what his Worker's Comp  
17 costs are or put in some standard numbers that are  
18 there. He can begin to see what the direct and  
19 indirect costs are if he has one amputation. Then he  
20 can look at what his profit margin is and he can see  
21 how much more money he's got to make to pay for one  
22 amputation or for one whatever it is that he is  
23 experiencing in his workplace.

24 Our consultants are very excited about this  
25 tool. It's really going to have very high impact.

1 It's going to be very easy. We're going to continue  
2 to work on this again with NIOSH and the insurance  
3 industry and others. Our next phase of this is to add  
4 a return on investment portion of this so that small  
5 employer can also see, if he buys a new machine guard  
6 that prevents him from cutting off someone's hand,  
7 what that return on investment will be. So we're very  
8 excited about this page.

9 I think it's going to be a very good one for  
10 us, and we'll be looking for ways, besides, obviously,  
11 through our consultation network, but other ways to  
12 proffer this and make it more available, make sure  
13 that the small business community is aware of this new  
14 tool.

15 (Changing of slides)

16 MS. WHITE: In terms of our VPP program, we  
17 have a large number of initiatives going on to support  
18 the availability of this program to make employers  
19 aware of a variety of ways that they could work with  
20 us in the VPP program. Very briefly then, I will talk  
21 about our corporate initiative, the Fortune 500  
22 initiative, OSHA challenge, where we're going with  
23 Federal agencies, and our mobile workforce  
24 demonstration program.

25 (Changing of slides)

1 MS. WHITE: Again, just a brief note for  
2 those of you who may not know, about four years ago we  
3 launched, at the same time, three new pilot efforts  
4 for VPP. One was VPP Corporate. The notion behind  
5 VPP Corporate is looking at the efficiencies, trying  
6 to identify what the efficiencies are of accepting a  
7 corporate application from those corporate entities  
8 that have made a corporate commitment to VPP so that  
9 we review paperwork one time for those things that are  
10 common throughout the corporate enterprise.

11 It also allows us to rely more on the  
12 commitment of that corporate entity, their description  
13 to us of what their oversight capacity is over their  
14 sites, so that when we go to do -- the site  
15 applications are still required, but when we go to do  
16 an on-site, we go with an expectation that those sites  
17 are ready for us and so that our resources will be  
18 wisely used.

19 (Changing of slides)

20 MS. WHITE: These are the participants in  
21 phase one. Obviously you can read those for yourself.

22 Obviously our most prolific, I guess, for lack of a  
23 better word, partner in this enterprise to date has  
24 been the United States Postal Service, as we have  
25 reviewed, both from their perspective and our



1 perspective, the efficiencies in terms of what we  
2 think we've saved, in terms of manpower and hours. It  
3 has been a very good process for us. We have less  
4 data from anyone else, but certainly all of the data  
5 indicates to us that this program model is a good one  
6 for us to follow.

7           We are now moving really into the second part  
8 of this, a second phase of this. These are the groups  
9 that we see most clear will be submitting  
10 applications. Fluor, in fact, is meeting with us in  
11 the next hour to formally turn in their corporate  
12 application.

13           I am pleased with the diversity of this group  
14 because, again, I think it's going to give us a lot of  
15 experience in terms of how we work with a variety of  
16 corporate entities. It's certainly going to give us a  
17 lot of experience in the construction industry. So,  
18 we're pretty excited about moving ahead with this.

19           (Changing of slides)

20           MS. WHITE: Last year, one of the things we  
21 did at Ed's behest, is do a lot of outreach at the  
22 regional level and some at the national office level  
23 to Fortune 500 entities who were not active  
24 participants in our Voluntary Protection Program.  
25 That is a lot of identifying of the right level of

1 folks, meetings talking about the VPP model, talking  
2 about the success of the VPP model to both expand  
3 awareness of the program and hopefully, downstream, to  
4 expand participation in the program. The measurement  
5 of this really is looking at encouraging  
6 participation. It's not a separate program, but it  
7 really is about encouraging participation.

8 (Changing of slides)

9 MS. WHITE: When we launched the corporate  
10 pilot several years ago, we launched at the same time  
11 a pilot on a new program called OSHA Challenge.  
12 Challenge actually serves two purposes. One, it would  
13 serve--does serve--as a pipeline to VPP, but secondly,  
14 even if a site never gets into VPP, Challenge serves  
15 as a tool, as a process, for improving safety and  
16 health management systems, whether a participant ever  
17 does anything or not. Most importantly, for OSHA, it  
18 costs us next to nothing in terms of resources.

19 We designed the program really with the help  
20 of a lot of VPP participants, as well as OSHA staff.  
21 We took VPP requirements and broke them down into  
22 logical stages and steps. We kind of identified three  
23 stages/steps within each one, how you would know if  
24 you got there. It really is, in the best sense of the  
25 word, a road map, but it's a road map that also has

1 metrics and an understanding of what you've done.

2           We have volunteer administrators who manage  
3 this program for us. There's a construction track and  
4 a general industry track. The data from this program  
5 -- while the number of participants still is  
6 reasonably small, the data is overwhelming. The  
7 average participant, as you can see, is getting an  
8 annual reduction of more than one-third in their case  
9 incident rate and their days away rate, and it's  
10 better for construction. I have not seen evidence of  
11 any other program anyplace that is getting these kinds  
12 of results.

13           We are very interested in expanding,  
14 continuing to expand the volunteers who help us  
15 administer this program. We are using it now as a  
16 tool in our partnership efforts with, for example, the  
17 Air Force. We recently signed a partnership with the  
18 United States Air Force. The partnership is designed  
19 for a culture change in Air Force installations. They  
20 will be using Challenge, as will most of the rest of  
21 the military in a less official way, to manage their  
22 culture change, to track their improvements, and to  
23 essentially drive their sites into VPP.

24           We are very excited about the commitment on  
25 the part of many Federal agencies to improving their

1 safety and health performance. We believe very  
2 strongly that VPP offers a solution to longstanding  
3 problems in the Federal community, and we are hopeful,  
4 as our experience demonstrates more and more success,  
5 that more Federal agencies will, in fact, embrace this  
6 program.

7           This is me now, speaking very personally, but  
8 as I look at the President's initiative, the  
9 Secretary's initiative to address issues around  
10 Worker's Compensation problems and issues by Federal  
11 employees, I think VPP really offers the strongest  
12 possible solution.

13           The Postal Service. We never know whether  
14 the Postal Service is a Federal agency or not a  
15 Federal agency. It kind of depends on who you ask and  
16 what day of the week. So, we're including them in  
17 this list in terms of sites participating. Obviously  
18 NASA is a longtime participant. But the Department of  
19 Defense, we, as I said, are very, very excited about.

20 I've got a slide about DoD we'll look at in a minute.

21           We've had any number of folks from the IRS  
22 attend our special government employees training of  
23 late, a strong commitment ongoing, I think, on the  
24 part of the IRS. In terms of Interior, as you may or  
25 may not know, Yellowstone is our largest geographic

1 VPP site. They're still a merit site, but I think  
2 that's because of the bears. We've got to figure that  
3 one out. But Yellowstone is doing a great job.

4           Again, four sites with the kinds of issues  
5 that you would find, for example, in our national  
6 parks. VPP offers a great system for addressing  
7 safety and health issues. John Howard has a VPP site.  
8 NIOSH has a site, and we're very excited about that.

9           (Changing of slides)

10           MS. WHITE: Again, OSHA is finally modeling  
11 what we tell other people to do. We have now  
12 recognized five area offices in Region 5. Mike  
13 Connors and I are chairing an executive team here in  
14 the Agency to move OSHA's pursuit of VPP forward, so  
15 we've got a number of very active subgroups at work,  
16 looking at the issues that are important for us to  
17 look at so that we can at least provide a  
18 comprehensive template to our area offices. Ed is  
19 very keen on every region being represented in this  
20 program.

21           The wonderful thing, if you listen to Mike,  
22 or Mike's ADs, or anyone in these area offices talk  
23 about their VPP experience, is that you really, I  
24 think, see the transformational quality of the  
25 program. That is that you've got a bunch of people

1 who are safety and health people who think, we're  
2 safety and health people, we know it all, we don't  
3 need VPP, we know how to tell other people how to do  
4 VPP. I think they found the journey both enlightening  
5 and humbling, in that they found that there were  
6 things they needed to know.

7 But the result in terms of the teamwork that  
8 came out of it and I think a real transformation in  
9 the offices is just extraordinary and they've all  
10 remarked that, now when they are in the private sector  
11 and talking to people that we regulate, and a small  
12 employer or any employer may say to them, well, you  
13 know, I don't know, this is a lot of trouble, it's  
14 really hard, they can say, yes, I know, it was hard  
15 for us too, but we figured out a solution. So, we're  
16 very excited about OSHA's participation.

17 MR. McMILLAN: Paula, can we ask questions?

18 MS. WHITE: Yes. I don't know if I can  
19 answer them, but you can ask questions.

20 MR. McMILLAN: Is it too early yet to see if  
21 there's any data change? I know they're pretty early  
22 on.

23 MS. WHITE: Yes. I guess, two things.  
24 Because our offices are small, we have some offices  
25 that can't apply because their rates are too high.

1 So, their rates have to be so low. I guess the  
2 longest office has been in for, what, two years?  
3 Columbus?

4 MR. LIBERATORE: Columbus.

5 MS. WHITE: Is two years. So I don't know.  
6 I mean, obviously their rates had to get down before  
7 they could apply, but I think I've heard Mike say they  
8 have. I mean, they --

9 MR. LIBERATORE: Yes. At least three of the  
10 offices now have zero injury and illnesses. They had  
11 a lot before, but it is low.

12 MS. WHITE: So I guess the answer is "yes".  
13 But it's really working amazingly well. I just think  
14 the recognition and the care that each of them have  
15 for the others in that office and what they're doing,  
16 also being more aware of -- you know, for us,  
17 obviously, it's these issues of, how do our CSHOs  
18 monitor their own exposure? All kinds of complex  
19 issues show up for us in this, so it's pretty darn  
20 excited stuff.

21 (Changing of slides)

22 MS. WHITE: In terms of DoD, I mentioned  
23 this, but just so you know where we're going. We do  
24 have a new partnership with the Army. Well, we have a  
25 partnership with the Army. We are about to renew that

1 partnership. That partnership will identify the  
2 Army's sites that they wish to bring in under this  
3 program.

4 We signed, at the VPPPA meeting here in DC in  
5 August, a partnership with the Air Force. They have a  
6 coin for their program, and we were pretty excited  
7 about that. They serve as a Challenge administrator.

8 They have identified the bases that they are focused  
9 on.

10 Ongoing talks with the Navy, although the  
11 Navy has the most sites of any DoD participant. Also,  
12 very active in this program is the Defense Logistics  
13 Agency. They, early on, had a VPP site with us. They  
14 have served as a Challenge administrator. They are  
15 just gung ho in terms of bringing sites in.

16 So they have committed a great deal in terms  
17 of monetary resources. They have a group called the  
18 VPP Center for Excellence, a contractor group, hired a  
19 lot of good OSHA people, who are doing the gap  
20 analysis for the sites, supporting the sites, working  
21 closely with us. It goes back really two Secretaries  
22 of Defense ago, but their commitment--and Alan  
23 certainly is very familiar with this because the  
24 Safety Council wrote the report that got them moving  
25 on this--in terms of reducing mishaps is a very strong



1 commitment because their mishap numbers were so  
2 extraordinarily high.

3           If you look at the whole notion of  
4 preparedness, if your key resource, your people, are  
5 not available, you've got a real problem. So, this is  
6 a very serious commitment on their part. Again,  
7 obviously a change and a challenge if you look at a  
8 group that is strongly hierarchical, and so, how do  
9 you make that safety and health management system work  
10 there?

11           (Changing of slides)

12           MS. WHITE: Then our construction demo was  
13 the third demo we launched along with Challenge and  
14 Corporate. The notion is to offer a program designed  
15 for, and available to, mobile work sites. We had any  
16 number of pilots that were extant at the time. That's  
17 why the participants -- we rolled all our pilots into  
18 this program. Most of the new participants are coming  
19 through OSHA Challenge. Again, the data on this  
20 program is very, very good. The construction data in  
21 general is better in terms of their illness/injury  
22 reduction and their continued reduction than it is in  
23 manufacturing.

24           There has not been -- I guess, you know, we  
25 had thought there would be this big rush, and there

1 hasn't been that, so we're looking at what that is in  
2 terms of doing some more outreach and some training.  
3 But the effectiveness of the program, I think, is not  
4 in question.

5 (Changing of slides)

6 MS. WHITE: The Partnership Program, then,  
7 very briefly. It's been a program that we've had  
8 since the late 1990s. We usually have about 55 new  
9 partnerships every year. We had striking success,  
10 again, in major construction projects. We were  
11 pulling data the other day. I think we had about  
12 seven major stadiums that were built under our  
13 partnership with no fatalities. We've got major  
14 partnerships in place now for the two stadiums that  
15 are being build in our New York region, some other  
16 major construction projects in New York, a program  
17 that works, I think, very well for these kinds of  
18 events.

19 On a national level we tend to use  
20 partnerships like the one with the Air Force to manage  
21 a culture change, to manage transition to VPP. A very  
22 strong partnership with the United States Postal  
23 Service. They are both a corporate partner in terms  
24 of VPP and this ergo partnership. This is a  
25 longstanding partnership. Larry is here and can

1 answer any real specific questions. He is managing  
2 this on our end. This really is to implement new  
3 ergonomic processes in the large postal sites, which  
4 are usually these big mail distribution centers.

5 For those of you who are longtime OSHA  
6 watchers or ex-OSHA folks yourselves, you know that  
7 years ago when they were regulated as a public agency,  
8 OSHA and the Postal Service were just at loggerheads.

9 We would go and inspect and we would site them, and  
10 they would grumble, and it would go in the newspapers  
11 and nothing ever changed. Horrendous ergonomic  
12 issues.

13 Once they became regulated by us as though  
14 they were a private sector entity, I think they got  
15 serious. Strong, strong commitment by the Postmaster  
16 General. But again, you can see the data is very,  
17 very compelling about the impact in these centers  
18 where this has happened. And obviously this works  
19 hand-in-glove with the VPP initiative by the United  
20 States Postal Service.

21 (Changing of slides)

22 MS. WHITE: We were very interested in this  
23 study. This came from Australia and we just got this  
24 information. I put this slide up here because  
25 obviously safety and health management systems are the

1 core, and a core value for us in terms of our  
2 cooperative programs, VPP and SHARP, and our  
3 partnerships all center around effective safety and  
4 health management systems.

5 We were quite taken, obviously. You know, I  
6 guess we all look for research that supports our own  
7 personal programs and beliefs. But, you know,  
8 obviously we didn't ask Goldman Sachs to do this.  
9 It's very interesting that they've really looked at  
10 and seen, and they're developing this for their  
11 financial investors and they're really saying, if you  
12 invest in a place that has an effective safety and  
13 health management system, if you had looked at that in  
14 terms of your investment strategy, you would be making  
15 a lot more money. So we were very pleased to see this  
16 and we'll try to think of more effective ways to use  
17 this data. But this is very recent. I think this was  
18 released about the beginning of November, is when we  
19 found this. So, that's just for your information.

20 (Changing of slides)

21 MS. WHITE: Then lastly, just so you know  
22 what we're doing in State Plans, because this is  
23 something you're going to see very quickly, we've been  
24 working with our State Plan partners--with Doug in  
25 particular providing a leadership role--developing a

1 new format for our State Plan pages so that they will  
2 have a similar look and feel, but more importantly to  
3 the look and feel, have similar information in terms  
4 of being sure that the regulated public can go to our  
5 State Plan pages and have similar information about  
6 the State Plan in terms of their enforcement program,  
7 their cooperative program, have contact information on  
8 where to get information should they have any  
9 questions, to understand what the Federal OSHA  
10 jurisdiction might be in that State Plan state. We  
11 are all quite excited about this. Our hope is to get  
12 these pages all posted by early January. I think  
13 they're going to be very helpful for everybody.

14           The other thing that I think is going to  
15 perhaps be even more helpful and we're very excited  
16 about, again, my Federal steering committee and the  
17 OSHPA board have been working on this. We are going  
18 to also be posting and attaching to every Federal  
19 directive or standard, anything Federal we issue that  
20 requires a response from a State Plan, we will attach  
21 a link to it so that you can go to a chart that will  
22 tell you at a glance--those of you in the back of the  
23 room probably can't read this, but this chart will  
24 identify the states, whether the state has given us an  
25 Intent to Adopt, whether they have adopted an

1 identical program or policy, when they adopted it, and  
2 either a URL link or a contact so that you can get the  
3 information.

4           So, for example, when we issue -- this one is  
5 about the Federal program, our new complaint policies  
6 and procedures, you would know automatically if the  
7 State Plan you're living in has the identical  
8 complaint policies and procedures or something  
9 different, and if it's different, where to get it.  
10 So, I think this is going to be very helpful to  
11 everybody because it's really going to be at a glance  
12 and easily accessible to everybody.

13           So, again, we want to start posting these a  
14 the beginning of the year. We really are starting  
15 this with everything that's happened since Ed has been  
16 here and moving forward, and in time, hopefully, we  
17 can move backwards, but we're trying to catch up right  
18 now.

19           My contact information wasn't there, but for  
20 those of you who don't already have my phone number,  
21 my phone number is 202-693-2209, and my e-mail address  
22 is very simple, as are all of them. It is  
23 white.paula@dol.gov, should you wish to chat with me.

24           I would be happy, if Keith says there's time, to  
25 answer questions, but if not, you know where to find

1 me.

2 MR. GODDARD: Not much, but if we could  
3 entertain a couple, we'd be more than happy to.

4 MR. KNOWLES: Just a real quick one, Paula.  
5 An excellent overview.

6 MS. WHITE: Thank you.

7 MR. KNOWLES: We really appreciate it. Any  
8 possibility that you could send the committee a copy  
9 of your presentation?

10 MS. WHITE: Oh, absolutely. Absolutely.

11 MR. KNOWLES: Right. Thanks.

12 MS. WHITE: I'll send it. I'll give it to  
13 you.

14 MR. GODDARD: If you could get that, we'll  
15 disseminate it.

16 MS. WHITE: Yes. Sure. Sure.

17 DR. BLESSMAN: I had a question as to whether  
18 or not there's a strategy to do outreach to municipal  
19 workers.

20 MS. WHITE: Well, OSHA doesn't cover  
21 municipal workers. Federal OSHA does not. As you  
22 likely know, the only way public employees are covered  
23 by the Act is if they are in a State Plan state.  
24 State Plan states, by virtue of the law, are required  
25 to cover public employees. We have four States that

1 have a public employee-only plan, so Federal OSHA, no,  
2 does not do outreach directly to municipal workers,  
3 but most State Plans do. They have very active  
4 programs.

5 DR. BLESSMAN: Okay. While they're not  
6 necessarily covered, we're fortunate to be in a state  
7 where we have a state program.

8 I guess my thinking was, from a marketing  
9 standpoint, given the similarities between  
10 municipalities, if there was an effort to get them to  
11 sign on, that it might be an easier way to then  
12 disseminate this information to the employers in their  
13 environment. So again, even from a marketing  
14 standpoint, it might be a very strategic thing to do.

15 MS. WHITE: Right. Right. Right. Well, we  
16 will think about that. We have certainly got posted -  
17 - we have a page on the Web that provides information  
18 about our public employee programs that are in State  
19 Plan states. We have information so that if any new  
20 state is interested in a State Plan, they know who to  
21 contact. We provide assistance. We describe what  
22 that means. But that might be a place we could  
23 augment that information. So, thank you. That's a  
24 good idea.

25 MR. SWARTZ: Just a quickie. I had an



1 unsolicited comment last week that I thought you'd  
2 find interesting. One of our senior leaders said to  
3 me, when I saw how excited -- we have nine sites at  
4 this point. He said, when I saw how excited my  
5 employees were about VPP, he said, they got me  
6 engaged. He, in this case, has become our biggest  
7 spokesperson to his peers.

8 MS. WHITE: Right. It works, doesn't it?

9 MR. SWARTZ: So, job well done.

10 MS. WHITE: Great. Thank you. Yes. I love  
11 stories like that, and it's really true. It's really  
12 true.

13 MS. THOMSEN: I was wondering if, in addition  
14 to sending around the slides, you could also maybe  
15 send a link for that Goldman Sachs report that you  
16 were referring to.

17 MS. WHITE: Yes, I can do that. I can do  
18 that.

19 MS. THOMSEN: Okay. And do you happen to  
20 know offhand how they were evaluating worker safety  
21 and health programs at the -- I mean --

22 MS. WHITE: I don't know. I have not read  
23 the full report. But I will send you what we've got,  
24 okay?

25 MS. THOMSEN: Thanks.

1 MS. BAILEY: Paula, I have a question, and  
2 possibly maybe even an idea. I noticed the 38  
3 percent, I think, reduction in musculoskeletal  
4 injuries at the Postal Service. Wouldn't it be great  
5 if there was a way to share exactly what they did,  
6 what those fixes were?

7 MS. WHITE: They are available.

8 MS. BAILEY: Are they?

9 MS. WHITE: They're all available.

10 MS. BAILEY: Are they on the Web site?

11 MS. WHITE: Yes. Let Larry tell you where  
12 they all are.

13 MR. LIBERATORE: We recently published, not a  
14 best practices, but a good practices piece of very  
15 generic things that are not trade secret type things,  
16 but these were a representative sample of fixes that  
17 occurred on a loading dock with mail handling  
18 equipment in a variety of operations. So that's on  
19 our Web site. It's free. It's available to  
20 everybody.

21 MS. BAILEY: Which Web site is that?

22 MS. WHITE: On ours.

23 MS. BAILEY: The VPP?

24 MS. WHITE: Yes. So it would be under our  
25 "Partnerships".

1 MR. LIBERATORE: Partnerships.

2 MS. WHITE: Right. We can send you that link  
3 as well.

4 MR. LIBERATORE: Yes.

5 MS. WHITE: Now, one of the things that is  
6 built into our partnership with the Postal Service is,  
7 within the Postal Service itself they are maintaining  
8 a Web Site.

9 MR. LIBERATORE: They have a Web site.

10 MS. WHITE: So when they fix something in  
11 Idaho, everybody knows about it so that it's not --

12 MS. BAILEY: On the Internet, kind of.

13 MS. WHITE: Right. So they are sharing  
14 within the United States Postal Service. But our guy  
15 said our whole evaluation report -- the photo that was  
16 in that slide comes from our Web site. So, it is  
17 there.

18 MS. BAILEY: All right.

19 MS. WHITE: Thank you. Anything else?

20 MR. GODDARD: Okay.

21 MS. WHITE: All right. Thank you all so  
22 much.

23 MR. GODDARD: There are no further questions.

24 MS. WHITE: We appreciate it.

25 MR. GODDARD: Thank you, Paula.

1 MS. WHITE: You're welcome.

2 MR. GODDARD: Our next presenter is Sid from  
3 NIOSH. He's going to talk a little bit about the NORA  
4 agenda. We seem to be getting back on schedule a  
5 little bit.

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NORA UPDATE

By Sid Soderholm - NIOSH

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4 MR. SODERHOLM: Okay. Thank you very much.  
5 I anticipated that I needed to have a short  
6 presentation, so hopefully I can make up a little time  
7 here.

8 (Showing of slides)

9 MR. SODERHOLM: I'm talking to you about the  
10 National Occupational Research Agenda. This was  
11 started in NIOSH in 1995-1996 and it's a partnership  
12 effort. It's very appropriate that I'm speaking after  
13 Paula White, because ours is also an out-looking  
14 partnership effort that is focusing on research,  
15 setting priorities, working with partners to conduct  
16 that research, to fund that research, to define those  
17 places where missions of our organization and others  
18 mesh so we can work together to get more occupational  
19 safety and health research done.

20 (Changing of slides)

21 MR. SODERHOLM: There are a lot of successes  
22 in that 10-year period. I would point out, I think  
23 the most lasting one is that we created a culture of  
24 priority-driven research and occupational safety and  
25 health. As a researcher, we love to have

1 investigator-initiated -- we know what we want to do,  
2 but priority driven -- having those priorities and  
3 speaking to those priorities and pointing to those  
4 priorities is a very good way to do things, a much  
5 improved way, I think, to increase the efficiency of  
6 research.

7 (Changing of slides)

8 MR. SODERHOLM: During the second decade of  
9 NORA, as Dr. Howard mentioned, everything in NIOSH is  
10 oriented toward or related to research or practice  
11 that is actually making an impact, not just publishing  
12 papers. So the second decade of NORA is still  
13 priority setting, but in addition, moving research or  
14 practice through sector-based partnerships.

15 (Changing of slides)

16 MR. SODERHOLM: We do have NORA sector  
17 councils. We defined sector groupings, really. We  
18 call them "sectors", but we've defined sector  
19 groupings, eight of them. One of them is mining,  
20 which really doesn't impact this conversation as much.  
21 The combination of people from inside NIOSH and  
22 typically two-thirds of the people on these councils  
23 are from outside NIOSH, getting together, talking  
24 about priorities. Their first job was to develop a  
25 research strategic plan for their sector. These are

1 going out for public comment relatively quickly. One,  
2 construction, we expect to be up next week. We expect  
3 all of them to be up by the February/March time frame.

4 So we will be seeking public comment as  
5 individuals. The spheres within which you work, ask  
6 people to go to their sector of interest or the  
7 sectors of interest and to tell us whether these  
8 groups in this first draft have hit the right  
9 priorities and whether their ideas of how to move  
10 these issues forward to help solve these issues that  
11 are built into the strategic plan for the Nation are  
12 really good ways to go. So, we seek your input on  
13 this.

14 I believe, at least four of these groups have  
15 an OSHA representative, an OSHA person on the group,  
16 so we have tried to involve OSHA during this priority  
17 setting, and maybe we'll be able to do even more so  
18 during the next phase.

19 (Changing of slides)

20 MR. SODERHOLM: I think I can skip over  
21 these. This is basically to say that the same issues  
22 we've always had are there, yet there are some new  
23 ones coming up. There is a focus for research on the  
24 issue of organizational culture and the ways that  
25 public health has dealt with these kinds of issues in

1 the pas are still the ways we're going to be able to  
2 deal with these. Some people felt, by going to a  
3 sector approach in NORA, we're leaving out traditional  
4 approaches. But they are all there. They are now  
5 just explicitly tied to needs within sectors.

6           Again, there are some new things. We are  
7 talking about diffusion research. Again, how do we  
8 get things that we know into the hands of those who  
9 can make a difference in workplaces in such a way that  
10 it will be effective? So, diffusion research.  
11 Overall, kind of the social sciences related to those  
12 issues, I think, are coming out much more in this  
13 agenda than we saw before. So as these come up for  
14 public comment, you'll be able to judge that.

15           (Changing of slides)

16           MR. SODERHOLM: We will next be moving into  
17 an implementation phase and we're talking about  
18 organizational commitments. This is one place where  
19 maybe this committee -- I mean, you've got such a long  
20 list, you probably are onto your third page now of  
21 things you could consider, but there will be hundreds  
22 of goals and lots of things that need to be done.

23           We're going to be looking for organizations  
24 to commit to leading partnership efforts, to work on  
25 different aspects of the agenda. Maybe you will



1 identify places where NIOSH and OSHA need to work  
2 together even more closely or where you have links to  
3 organizations that can really move this agenda  
4 forward.

5           So, these partnerships that will be ongoing,  
6 that we want to identify--NIOSH's role is to  
7 facilitate these partnerships--will be not only to  
8 conduct the research with an eye toward its being  
9 effective in workplaces in the end, but also to  
10 translate and transfer those results effectively.  
11 Certainly the Alliance Program is one way in which  
12 this is being done already, so this is another venue  
13 to try to develop these partnerships and raise the  
14 effectiveness of what we do.

15           NIOSH's role is as facilitator. Again, we  
16 want to be able to track the progress of these NORA  
17 efforts in achieving the goals that have been set.

18           (Changing of slides)

19           MR. SODERHOLM: I wanted to mention a couple  
20 of things. If you don't already get the NIOSH e-news,  
21 please subscribe to that. There is a NORA column  
22 every month. You'll be told when these agendas are up  
23 for public comment, for example, and other things  
24 going on. Last month, we announced the NORA Symposium  
25 2008 will be in Denver July 29th this next year.

1           And an exciting aspect of this, is a couple,  
2 I think. The theme is "A Marketplace for Ideas and  
3 Partnerships", and trying to use the bully pulpit of  
4 NIOSH as a facilitator of getting ideas out there and  
5 how things can be done better, and facilitating others  
6 getting together, even if NIOSH isn't involved, to  
7 develop partnerships, to move different aspects of  
8 this forward.

9           The other exciting aspect besides the theme,  
10 to me, is that we're going to have a virtual  
11 conference. We're going to have posters where  
12 researchers and practitioners will talk about what  
13 they think needs to be done and it will be facilitated  
14 to do questions: are you interested in this work, is  
15 this something we can collaborate on, do you see ways  
16 to push this into the workplace to have a positive  
17 impact? These questions will be addressed in person  
18 at the Denver site, but also through a virtual  
19 conference where we will have the opportunity to  
20 exchange information with the authors from basically  
21 anyplace in the world.

22           So, again, we would encourage you to use your  
23 contacts to get people involved with the process, to  
24 look at this yourself. When you see an e-news as  
25 being available, take a few minutes, find those

1 posters of interest to you and offer your thoughts as  
2 to how the work can be done better, how it can  
3 influence workplaces even more.

4           So, a couple of things. As these drafts are  
5 up for public comment, please take advantage of that.

6       If the group feels at some point either we should try  
7 to bring things to you or you want to identify places  
8 where you think you're in a unique position to move  
9 something forward, that would be wonderful. That's  
10 all on the NORA Web site.

11           Also, information about the symposium is on  
12 the NORA Web site. If you have any questions, since  
13 nobody can spell Soderholm, please send thing to  
14 noracoordinator@cdc.gov. We can spell that, and that  
15 works just as well. That's my last slide, so I'll  
16 take questions if the Chair feels we have time.

17           MS. THOMSEN: Sid, I had a question. You  
18 mentioned the sector councils, but my understanding is  
19 that there are also some cross-cutting issues that  
20 were going to be addressed, for example, immigrant  
21 workforce. Can you tell us a little bit about what's  
22 going on with those? Are they producing the same  
23 sorts of reports for review?

24           MR. SODERHOLM: There isn't a separate  
25 effort. What there is, the leaders of the sector

1 councils come together as a NORA cross-sector council  
2 and they've identified, initially, four areas where  
3 they want to maximize coordination across the sector  
4 councils. So, kind of the best ideas in one sector  
5 could go into another sector, make sure we're not  
6 confusing people, talking about the same thing in  
7 different ways or terminology is similar, and in the  
8 end, once this is put together, identify efficiencies  
9 of working together.

10 Let me see if I can name those. One, is  
11 vulnerable population; surveillance is another; MSDs  
12 is another; and the whole issue of kind of the  
13 organizational culture is another, where this cross-  
14 sector council is trying to make sure that we're  
15 coordinated. Depending on timing, there may be a  
16 greater or lesser amount of coordination in these  
17 first drafts up for public comment. By the time we  
18 have included the public comments and have kind of the  
19 next version up for people to work on and implement,  
20 we hope that coordination has fully taken place. So,  
21 that's the way that's working.

22 MR. JACOBSON: Is it a granting process that  
23 provides funding for the partnerships, for the  
24 research?

25 MR. SODERHOLM: Not necessarily. We have a

1 small amount of NORA implementation funding that we  
2 use to get the groups together, and we may be able to  
3 afford a workshop or two a year. So there's some of  
4 that, but we're really looking for people to  
5 contribute resources, as well as ideas and energy.  
6 So, there are no new mechanisms, necessarily.

7 The NIOSH grants process does certainly, and  
8 will, include NORA priorities in there as part of  
9 their call for grants. But without an influx of  
10 additional funding from elsewhere, and possibly to us,  
11 we don't have a separate process for funding these  
12 partnerships.

13 MR. GODDARD: Okay. Thank you, Sid. If  
14 there are no more questions, thank you very much for  
15 your presentation.

16 I'm going to take this opportunity, before  
17 our next presenter -- they should be here by 11:50,  
18 Amanda Edens from the Directorate of Standards &  
19 Guidance.

20 Just in all fairness to Doug, not to dump him  
21 in the Chair's seat on short notice like we did this  
22 morning for the meeting minutes approval, but to share  
23 some things with you that we're doing to reestablish  
24 the committee, the frequency of meetings. I will let  
25 the committee and Doug determine what sort of

1 subcommittees you want to form and which of the  
2 almost-infinite list of issues you want to tackle. We  
3 have sort of anticipated that need from past committee  
4 discussions.

5           So we've given you the reg agenda in your  
6 packet and we've given you the U.S.-E.U. papers that  
7 Secretary Foulke talked about; emerging issues,  
8 emergency preparedness, health and safety training,  
9 are some of those papers. You'll get U.S. and  
10 European tripartite perspective, labor, business, and  
11 government on each of those issues. So, those papers  
12 have been included.

13           I'll probably try to turn it over to Doug  
14 this afternoon to set up the subcommittees and choice  
15 of subjects. We really couldn't do a two-day meeting,  
16 even though we tried. But hopefully we could  
17 establish some subcommittees and choose some topics  
18 and come back to a two-day meeting in the March/April  
19 time frame.

20           One of the big challenges that we faced was  
21 filling the vacant membership slots that we had. We  
22 were tasked with transparency and using the *Federal*  
23 *Register* to advertise the vacant positions. We have  
24 five more coming up in June, which doesn't set up the  
25 level of continuity that we're comfortable with in

1 terms of getting substantive work from subcommittees.

2           So, those are some of the challenges that we  
3 face administratively. We're going to try to organize  
4 it this afternoon and hopefully we can get some work  
5 done so when we come back in the March/April time  
6 frame, we would have some recommendations maybe or  
7 something that we could propose to their Assistant  
8 Secretary.

9           Joining now us Amanda Edens from the Director  
10 of Standards & Guidance. Amanda is going to talk to  
11 us a little bit about what's going on in that  
12 Directorate.

13           Okay. You have the floor, Amanda.

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STANDARDS UPDATE

1  
2 By Amanda Edens, Deputy Director,  
3 Directorate of Standards & Guidance  
4

5 (Showing of slides)

6 MS. EDENS: As Keith said, what I'm going to  
7 be attempting to do today is go very quickly through  
8 some of our standards activities and touch a little  
9 bit on our guidance projects that we have either just  
10 recently completed or should be upcoming pretty soon.

11 I wasn't here earlier today so I don't know  
12 if Keith mentioned the regulatory agenda which  
13 actually came out Monday of this week. It caused a  
14 little bit of confusion this time around because  
15 generally they published the entire regulatory agenda  
16 in the *Federal Register*. When I opened it up on  
17 Monday and there were only eight things there, I was  
18 kind of going like, where's all my stuff?

19 But luckily, I found out the Federal  
20 Government is trying to be more efficient and helpful  
21 to our customers and they've made it all available at  
22 the [reginfo.gov](http://reginfo.gov). So if you go to the *Federal Register*  
23 for Monday you're only going to see a few of the items  
24 that OSHA has on its regulatory agenda schedule, not  
25 all of them. You can actually work through it a lot



1 easier electronically at reginfo.gov. That includes  
2 all 26 of our items.

3 MR. GODDARD: We put it in the packages. We  
4 copied it in the packages.

5 MS. EDENS: Okay. So, 17 of those are  
6 actually the responsibility of DSG. What I want to do  
7 today, is just touch on a few of those that go across  
8 our seven different program offices down in the  
9 Directorate of Standards & Guidance.

10 (Changing of slides)

11 MS. EDENS: The first ones I'm going to do,  
12 is just to kind of look at a few of our safety issues  
13 that are on the regulatory agenda. The first one we  
14 actually have already completed is our employer  
15 payment, or PPE payment. This was published last  
16 month on the 15th. It becomes effective in February,  
17 and then people have to have it implemented by May 15,  
18 2008, and that's to give people some time.

19 A lot of employers sort of work out their  
20 payment arrangements along with their contracts, their  
21 union contracts, so we're trying to give people some  
22 time to sort of get up to speed and use those  
23 mechanisms, if that's what they're using to pay for  
24 the PPE.

25 As I said, it does require employers to pay

1 for most PPE. There are some exceptions which the  
2 rules goes into a fair amount of detail about which I  
3 won't discuss today. It doesn't require payment for  
4 things like uniforms or personal attire that's worn  
5 basically to keep the employee clean. It does also  
6 contain some exceptions for particular kinds of safety  
7 toe wear, prescription eyewear, and everyday clothing  
8 and ordinary weather-related gear. Now, if you had  
9 some special related gear, you know, if an employee  
10 had to work in a freezer locker or something like  
11 that, that kind of PPE would have to be paid for.

12 (Changing of slides)

13 MS. EDENS: The consensus standards. When  
14 you look at the regulatory agenda, it looks like one  
15 item but really it's a number of different activities,  
16 although we only count it as one thing. It's really a  
17 multi-phased process that we have in place because, as  
18 you may know, a lot of our standards, particularly our  
19 safety standards, are based on consensus standards  
20 from quite a while back. So, these consensus  
21 organizations for which these standards are based have  
22 since updated their consensus standards, and OSHA,  
23 quite frankly, hasn't really kept up. This is an  
24 effort to try to catch up to some degree.

25 The consensus standards are incorporated in a

1 variety of different ways. Some of them, you actually  
2 take the language from, say, a consensus standard and  
3 sort of re-mold it into an OSHA standard. Some of  
4 them, we just directly incorporate by reference. So,  
5 depending on how that consensus standard is used sort  
6 of dictates the approach by which we can try to update  
7 it.

8 (Changing of slides)

9 MS. EDENS: One of the most recent ones that  
10 we've just had a hearing on last week was the  
11 consensus standards that addressed PPE and PPE for  
12 head, foot, and eye protection. As I said, it we  
13 actually had the hearing last Tuesday from a proposal  
14 that we published earlier in the year in May. So the  
15 next step there would be to probably have some sort of  
16 post-hearing comment period, and then we'll start  
17 analyzing the comments that people have given us.

18 (Changing of slides)

19 MS. EDENS: With electrical safety, we have a  
20 couple of different things. One, is our Subpart S,  
21 which is really mostly looking at installation  
22 requirements in general industry. This is actually  
23 technically not on this version of the regulatory  
24 agenda. It just dropped off because we published it  
25 back in February, so it was actually as a "completed"

1 item on the spring agenda. But it has become  
2 effective this summer, and basically these are things  
3 about how you design your safety systems or electrical  
4 systems, things like ground fault interrupting  
5 connectors and things like that.

6 (Changing of slides)

7 MS. EDENS: The other electrical standard we  
8 have that we're working on a final for is called  
9 Subpart V. It's primarily a standard that looks at  
10 the transmission, generation, and distribution of  
11 electric power. It primarily affects the construction  
12 industry, although we are looking also to update some  
13 of our general industry standards under Part 269.

14 Under that standard in the general industry,  
15 there are some maintenance activities that occur  
16 around these transmission of power lines so that they  
17 basically have the same hazard in place and they're  
18 using some of the same techniques to address those  
19 hazards, so it's really important that we have sort of  
20 the same requirements in both the construction and  
21 general industry.

22 This proposal was a few years ago, in 2005.  
23 We had a comment period in 2006, and hearings. Now  
24 we're working on the final rule, which this current  
25 fall agenda has us down for April of 2008.

1 (Changing of slides)

2 MS. EDENS: Explosives. That has kind of a  
3 literal and kind of a subtext meaning there. We  
4 published this proposal in April of this year and we  
5 got quite, I would say, an explosive response. We  
6 have some language in there which some folks in the  
7 small arms industry, I guess, manufacturing ammunition  
8 for those small arms, got a little bit concerned  
9 because they thought that it was going to really limit  
10 how they could buy and sell small arms ammunition.

11 Clearly--well, it wasn't clear to them, but  
12 it was clear to us--that wasn't the intent of this  
13 rule. We got quite an explosive response, as I said,  
14 based on that. Because there was such great  
15 confusion, after the comment period closed we decided  
16 that we would probably -- for the sake of clarity, it  
17 would behoove us to re-propose that to make clear what  
18 our intent was.

19 (Changing of slides)

20 MS. EDENS: Actually, what our intent was,  
21 was to sort of bring that explosives standard up to  
22 date, as we have been trying with a variety of other  
23 standards. There are other organizations that address  
24 explosives. We're trying to make our standards more  
25 in line with those so that people are less confused.

1 There are a lot of things that have happened in the  
2 explosive industry over the years and we sort of want  
3 to address the changes that have occurred in  
4 technology and sort of improvements that have occurred  
5 in processes and equipment. That is really what the  
6 intent of this proposal was trying to get at, not  
7 really the small arms ammunition issue.

8 (Changing of slides)

9 MS. EDENS: I also want to touch a quick base  
10 on a couple of the maritime issues we have. Subpart  
11 F, which deals with general working conditions, covers  
12 a variety of different things, like lighting,  
13 sanitation, even things like making sure when the  
14 employees are on and off the work site, because  
15 shipyards are very big and sometimes you can not  
16 realize that you have an employee way off in another  
17 part of the shipyard and something can happen to them.

18 We've had instances where people have actually been  
19 injured and killed, and it can be a day or two before  
20 somebody realizes that they're not around. So, this  
21 standard would try to remedy that type of situation.

22 That proposal is currently over at the  
23 *Federal Register* and we're just working out a few of  
24 the last-minute edits on that. So, I'm hoping today,  
25 or in the next day or so, the *Federal Register* will

1 give us a publication date, and that will just be kind  
2 of whenever we get in the queue for the *Federal*  
3 *Register*. So, that should be coming out within a  
4 week, I would suspect.

5 Our standard on vertical tandem lifts. The  
6 current regulatory agenda has that down, I believe  
7 it's this month, and I don't think we're going to  
8 quite make that one. We had to pull some people off  
9 that were on that project for our PPE rule, so that  
10 got delayed a bit.

11 What the standard tries to address is how you  
12 stack these big containers that are in shipyards in a  
13 vertical fashion, so that final standard, the maritime  
14 office will be working very quickly to try to have  
15 that out as soon as possible. That's the top priority  
16 of their office.

17 (Changing of slides)

18 MS. EDENS: With the health issues, again,  
19 I'm not going to try to go through all the different  
20 ones that we have. I was going to hit sort of a few  
21 of the highlights here. In particular, the last one  
22 on that list is one of the new items on this fall  
23 regulatory agenda.

24 Beryllium. Like many of our standards that  
25 are under the Z Tables, they were adopted back in 1971

1 under Section 6(a) of the Act, where we just adopted a  
2 lot of the consensus standards at the time. So a lot  
3 of these are outdated, and beryllium is one of those.

4 (Changing of slides)

5 MS. EDENS: This particular PEL was set to  
6 address acute beryllium disease, which, by and large,  
7 has been pretty much eradicated in modern industry.  
8 Unless there's some kind of extraordinary emergency  
9 situation or release of beryllium, I would imagine you  
10 would see that.

11 We published an RFI back in 2002, and around  
12 that same time we had some safety and health  
13 information bulletins because information was coming  
14 out that the current standard might not protect  
15 against chronic beryllium disease, which is a very, as  
16 I said, chronic disease which develops over time.

17 So, because we think that it's possible that  
18 our current standard might not protect for that, we  
19 did the RFI, and also some guidance materials to give  
20 people until the time we could have a standard in  
21 place, some help about how to work safely around  
22 beryllium. The first one dealt mostly with beryllium  
23 in all aspects in general industry. The second  
24 information bulletin was targeted specifically at  
25 beryllium and its use in dental laboratories.



1           We initiated our SBREFA review just this past  
2           September. In fact, last week we completed our  
3           teleconference calls with our small entity  
4           representatives to get their feedback on a draft  
5           regulatory text and other information we provided to  
6           them. That report will be finalized and issued in  
7           January of 2008. We pretty much have to make that  
8           date because it's a statutory date we have to meet  
9           under SBREFA.

10                   (Changing of slides)

11           MS. EDENS: Ionizing radiation. Again,  
12           another PEL that was adopted back in the early '70s.  
13           This one is complicated by a lot of things. We have  
14           some different kind of jurisdictional issues. The  
15           Nuclear Regulatory Commission is involved. They have  
16           control over some ionizing radiation, where OSHA has  
17           control or jurisdiction over others. We also had some  
18           issues with DOE where we have, in the past, been sort  
19           of assuming some of the responsibilities of worker  
20           protection. We published an RFI for this back in May  
21           of 2005, and that comment period closed in November of  
22           that year.

23                   What we've been doing most recently, is  
24           because of sort of these jurisdictional issues and  
25           some of the recent legislation, like the Energy Policy

1 Act of 2005 and the Safe Ports Act of 2006, trying to  
2 get a concept of, really, how does OSHA fit into this  
3 process in the best way. We have a lot of new uses  
4 now of ionizing radiation that weren't out there  
5 before.

6 So we did these series of stakeholder  
7 meetings. In fact, we're having one today down in  
8 Houston. The first one dealt with the healing arts.  
9 This is basically medical offices, dental offices  
10 where you've probably experienced this use of X-ray  
11 where they take X-rays of your mouth or your body.  
12 Accelerator operations. We had this in Chicago. That  
13 is mainly sort of a research use in accelerator-  
14 generated ionizing radiation.

15 Then we came back to DC for some security  
16 activities. As anybody who's been to any airport  
17 around, you can see how X-ray has kind of expanded its  
18 use in sort of security. Many of you may have gone  
19 through some of that or had some of your belongings,  
20 at least, here at the Department of Labor go through  
21 some sort of X-ray activity there.

22 Then, finally, we have industrial  
23 radiography. One of the big uses there is for what  
24 they call non-destructive testing, where they use X-  
25 rays and things to look at the integrity of welds and

1 other structures to make sure that they're safe.  
2 We'll be getting, sort of, their feedback today down  
3 in Houston.

4 (Changing of slides)

5 MS. EDENS: Emergency response and  
6 preparedness. We have sort of a patchwork of  
7 different standards that might apply in a sort of an  
8 emergency response activity. We have HAZWOPR, we have  
9 confined space rules, we have PPE. But really, the  
10 emergency response environment has changed quite a bit  
11 since 9/11. We have a lot of different kinds of  
12 things going on that we didn't have when we passed  
13 those other standards. So what we're trying to do is  
14 sort of assess the applicability of the standards we  
15 have now, and maybe that there might be different  
16 approaches we might want to take in the sort of modern  
17 emergency response environment.

18 We published a Request for Information this  
19 year, sort of fortuitously and not intended, on  
20 September 11th. That record closed this Monday, and  
21 we'll be looking at all the comments. I think the  
22 project officer on that this morning told me he had,  
23 right now, about 70 comments, but typically they sort  
24 of rolled in after the due date.

25 (Changing of slides)

1 MS. EDENS: Hazard communication. This  
2 standard has been one of the sort of key standards  
3 that OSHA has put out in its history. It impacts most  
4 workplaces. One of our employees who just  
5 unfortunately left us last year for another, she  
6 retired from OSHA and was sort of one of the experts  
7 in the world on hazard communication, Jennifer Silk,  
8 she worked on this globally harmonized system, which  
9 is an international system and an agreement about how  
10 to classify and label chemicals so that you could have  
11 a harmonized approach, so in particular, people who do  
12 sort of manufacturing of goods across country lines,  
13 they can sort of have one way in which chemicals would  
14 be classified and labeled. The United States has  
15 signed on to adopt that system, and OSHA is one of the  
16 agencies that's working on that.

17 (Changing of slides)

18 MS. EDENS: We published an ANPR last year,  
19 and that comment period closed in November of last  
20 year. Since that time, we've been looking at those  
21 comments and working towards development of a  
22 proposal. The last step that we completed that is on  
23 this regulatory agenda is to have our economic  
24 analysis peer reviewed, so we were able to meet that  
25 date.

1           One of the big things about this is, not only  
2 does it give -- you know, intuitively it just seems  
3 good sense to have everybody sort of harmonized the  
4 way they would do these classified chemicals so that  
5 comprehension could be improved, because if you could  
6 imagine an employee having to look at a lot of  
7 different labels, they could get confused and the  
8 message would get lost.

9           But it's likely to affect a lot of other OSHA  
10 standards. We do have, you know, a number of  
11 substance-specific standards which have hazard  
12 communication requirements in them themselves and have  
13 very specific requirements under those standards which  
14 we'll need to effect, but also we have other standards  
15 across the board. If you look at, like, process  
16 safety management, it has a definition of what's a  
17 reactive chemical.

18           So if you're changing the definition in a GHS  
19 standard and you don't change it in the PSM standard,  
20 you could have a problem where that might  
21 unintentionally change the scope of the PSM standard.

22           So we have to look very carefully, and quite frankly  
23 there are lots of standards that have different sorts  
24 of definitions for explosive, reactive, and flammable  
25 chemicals that we have to look at very carefully.

1 (Changing of slides)

2 MS. EDENS: The newest item we have on our  
3 regulatory agenda is for food flavorings containing  
4 diacetyl. We got a press for Emergency Temporary  
5 Standard earlier last year, but this actually came to  
6 our attention a little bit earlier in, like, 2002,  
7 2004, when this issue of a rare health effect called  
8 bronchiolitis obliterans was observed in microwave  
9 popcorn manufacturing employees. We first learned  
10 about this and we thought it was really a localized  
11 response.

12 Some of our Region 7 OSHA offices took it  
13 upon themselves to sort of get the information out to  
14 the popcorn people in their regions, because at that  
15 point most people thought it was really the microwave  
16 popcorn, and since most of the popcorn was being grown  
17 out there it seemed to be sort of focused on there.

18 (Changing of slides)

19 MS. EDENS: But really what had happened was,  
20 it was clustered in the microwave popcorn, and then  
21 thanks to our colleagues over at NIOSH who did some  
22 really excellent work in their health hazard  
23 evaluations, what they found out, it was really  
24 exposure to the vapors of the butter flavoring. One  
25 of the primary components there is diacetyl. They

1 also went out to other popcorn plants and found that  
2 they had cases of this rare lung disease as well.  
3 They did some additional animal tests and found that  
4 the butter flavoring alone could cause the effect of  
5 at least upper respiratory damage from the diacetyl  
6 alone. So, there's still a little bit of question  
7 about whether diacetyl is the sole component, but  
8 clearly alone it does appear, at least in animals, to  
9 cause very severe respiratory damage.

10 Then recently, out in California, we've seen  
11 in these flavoring manufacturing plants, which are  
12 actually the people who make the flavoring and then  
13 sell it to folks like microwave popcorn, there have  
14 also been cases there. So the concern is, how far is  
15 this going to go out, because obviously there are  
16 probably a lot of other people that are using are  
17 using artificial butter flavorings. Right now, we're  
18 trying to collect information on these other food  
19 industries that may be using them in a similar fashion  
20 to the way the microwave popcorn folks are.

21 At this stage, we have actually denied the  
22 request for the Emergency Temporary Standard. We did  
23 a very careful review of this and a lot of folks were  
24 really wanting us to do an emergency temporary  
25 standard. But after looking at the data that we have

1 in hand and discussing this issue with our solicitors,  
2 they believe that the evidence at this point does not  
3 rise to the level of an emergency temporary standard.

4 I don't know how many of you have ever done  
5 any research on OSHA's sort of ETS activities, but  
6 really it's a fairly rare activity that OSHA does.  
7 We've only done it about 9 or 11 times in our history,  
8 and 6 of those times were challenged in court and only  
9 one of them did we win. The bar is set pretty high to  
10 do an ATS, and consequently it's very difficult to do  
11 them.

12 In this case, under the guidance from our  
13 Office of the Solicitor, we believe that it doesn't  
14 meet that bar. But it does meet the bar for doing  
15 what we call a regular 6(b) rulemaking, which is  
16 probably the rulemaking that most of you are familiar  
17 with, the regular Notice and Comment. So we're  
18 working very actively on that.

19 In addition, I don't know if Rich Fairfax has  
20 been here. They initiated a National Emphasis  
21 Program, at this point geared mostly to microwave  
22 popcorn processing, but they probably were going to  
23 expand that more into other flavoring plants. We have  
24 also issued guidance to people. We have a safety and  
25 health information bulletin which is directed



1 primarily at popcorn, but useful in other settings.

2           Also, we have a hazard communication guidance  
3 because what we found out in sort of our research, and  
4 then things that have been shared with us by NIOSH and  
5 our colleagues at CAL OSHA, is that the Material Data  
6 Safety Sheets on these are very lacking and they're  
7 not including some of this important information that  
8 NIOSH has studied and revealed in their research. So,  
9 we feel it's important that people understand that  
10 information is included as a part of their hazard  
11 communication program.

12           We also had a stakeholder meeting about a  
13 month and a half ago where we invited a number of  
14 people from the industry to get a better sense and to  
15 get some of the major issues out on the table. So  
16 what the next thing we plan to do, is initiative  
17 SBREFA, which our current target date is January of  
18 this coming year. So, that is kind of my short-and-  
19 fast spin through some of our regulatory agenda items.

20  
21           Now, to touch real briefly and get you folks  
22 off to lunch. I've got some guidance products. We've  
23 been fairly active. This is really a new activity  
24 that's only been in our Directorate over the last five  
25 years, but we have been, I think, fairly prolific at

1 it.

2 (Changing of slides)

3 MS. EDENS: I won't go through all these  
4 different ones. These are some of the different  
5 products that we've done recently, just a variety of  
6 issues. It's a unique opportunity for us because we  
7 can do things in sometimes a little bit shorter  
8 fashion than we otherwise might be able to if we use  
9 sort of the rulemaking process, and we can get a lot  
10 of good information out to employees and employers.

11 One of the ones I want to highlight, though,  
12 is our guidance on pandemic flu. Our Directorate did  
13 a general one that is for all workplaces for preparing  
14 for an influenza pandemic, and then a few months later  
15 our colleagues in the Directorate of Science,  
16 Technology & Medicine did a more directed guidance  
17 that was looking more at the health care environment.

18 Both of these efforts, we've been  
19 coordinating with the Department of Health and Human  
20 Services because we and HHS and NIOSH were all working  
21 together under sort of a Federal mandate to sort of  
22 help prepare the country in the event of an influenza  
23 pandemic, and we're playing a role in that.

24 (Changing of slides)

25 MS. EDENS: One of the things that's in this

1 guidance, that if you see it and you look at the  
2 health care worker, is there is an element of  
3 respiratory protection. We do recommend to people to  
4 stockpile respiratory protection. So one of the  
5 things we're working on right now is a follow-up to  
6 this, along with our colleagues at HHS and NIOSH, is  
7 to think about what kind of more specific guidance we  
8 can give to employers about how many respirators they  
9 really need.

10 Basically, it's going to be formed off of our  
11 pyramid. I mean, there are a lot of workplaces that  
12 don't really need to use respiratory protection, but  
13 there are some that do. So what we're trying to do  
14 now, is working on a document that would give a little  
15 bit more substance to the recommendation about how  
16 many and who should be getting these respiratory  
17 protection devices.

18 (Changing of slides)

19 MS. EDENS: This is just kind of a list of a  
20 few -- not an all-inclusive project, but just to give  
21 you a little glimpse of some of the things we have  
22 coming out. One that I'll mention, just because it's  
23 a little bit more public than some of the other ones,  
24 is the ergonomics and shipyards. This is part of a  
25 larger effort. We had guidelines in the past on

1 poultry processing and nursing homes.

2 MR. GODDARD: Grocery stores.

3 MS. EDENS: Grocery stores. So this is the  
4 fourth one in, sort of, that line. We published this  
5 as a draft. It was out for comment. Right off the  
6 top of my head I can't remember if that comment period  
7 is closed, but basically this is one that is going  
8 through a more public comment process than some of the  
9 other ones we have in the past. Also, working safely  
10 with Portland cement. That's sort of an outgrowth of  
11 our hexavalent chromium standard that we published,  
12 coming up now on our two-year anniversary for that.  
13 We did not include exposures to Portland cement in the  
14 hexavalent chromium final standard.

15 Our reasoning there was primarily that it  
16 wasn't really much of an airborne hazard. Primarily,  
17 the hazards associated with working with Portland  
18 cement were largely dermal in nature. We already had  
19 PPE rules and HAZCOM rules that would address those  
20 hazards. But what we thought might be helpful, is to  
21 get some guidance out to people to figure out that  
22 these standards -- make clear to them that there are  
23 standards that apply. Even though the hexavalent  
24 chromium standard excludes those people, we do have  
25 standards on the books which would help to protect

1 them.

2           There are ways that people can work more  
3 safely with Portland cement, because there are  
4 irritation issues outside of hexavalent chromium  
5 alone, because it's a very sort of basic and caustic,  
6 I should say, wet concrete. When they put in the  
7 Portland cement, it becomes very abrasive to the skin,  
8 in addition to having some sensitization risk that  
9 might come from the hexavalent chromium that is a  
10 trace contaminant of the cement.

11           I just kind of whirlwinded through that  
12 pretty quick. I think I might have actually put you  
13 back on schedule.

14           MR. GODDARD: Just about.

15           MS. EDENS: So with that, I can --

16           MR. GODDARD: Questions?

17           MS. EDENS: I have time for a few questions.

18           I have, also, Bill Perry with me today. He's my co-  
19 Deputy Director. So if I can't answer something, I'm  
20 sure Bill will be able to fill in.

21           MR. SOMMERS: That butter flavoring for  
22 popcorn. Is that the same one that I read about that  
23 has the fat content of, like, 6 to 12 Big Macs?

24           MS. EDENS: Well, we really haven't been  
25 looking at the fat content so much.

1 MR. SOMMERS: I'm just thinking, I can't  
2 believe the product has been out.

3 MS. EDENS: Well, I can't speak to people's  
4 personal preferences about butter flavoring. I like  
5 butter flavoring.

6 (Laughter)

7 MS. EDENS: I try to work out to try to  
8 compensate for the extra fat that I get. It probably  
9 is. I mean, diacetyl is one component. There are a  
10 lot of other components. Some of them are respiratory  
11 irritants as well, so we're trying to figure out if  
12 it's really the diacetyl alone. But, you know,  
13 diacetyl is actually naturally occurring in real  
14 butter, and also other kinds of fruits have naturally  
15 occurring diacetyl. So, it's just natural that when  
16 you're trying to make an artificial flavor, you try to  
17 create the substance that actually imparts the butter  
18 flavor.

19 Diacetyl, if you ever get a whiff of it, it  
20 smells like a strong dose of cookie. So I know that a  
21 lot of the people at NIOSH, when they have completed  
22 their HHEs and they haven't really changed their  
23 clothes, they tell me that a lot of people in the  
24 airplane think they've just been to, like, a cookie  
25 factory. So, you smell very buttery. But the larger

1 issue here is, we know that there's a problem, quite  
2 clearly, in microwave popcorn. Obviously there are  
3 some issues in where they make the flavoring itself.

4           What is a little bit less known, is other  
5 food industries. Their processes, we know relatively  
6 little right now. Some of them may be really  
7 enclosed, some of them may be open pouring stations  
8 like they have in some of these microwave popcorn  
9 plants. So, sort of the challenge for us, we'd like  
10 to really attack this quickly and solve the problem,  
11 but we need to know something about the food industry.

12           Right now, we're aggressively trying to get  
13 some site visits. I think NIOSH is trying to do the  
14 same, to try to learn a little bit more. We're  
15 inviting some of the food people in to say, really,  
16 how do you use this? They use it in varying  
17 quantities, too. I mean, if you look at the total  
18 poundage of diacetyl, it's really not that much and a  
19 little bit goes a long way, and different butter  
20 formulations have different degrees of the diacetyl in  
21 it, along with other components.

22           MR. McMILLAN: Amanda, have you guys been on  
23 the support side of the ANSI ergonomics standard for  
24 construction that ASSE had been working on? I know  
25 it's not your activity, but usually you all serve in

1 some kind of coordinative role. Have you all worked  
2 with that? Because I understand that that's now being  
3 subject to a lawsuit.

4 MS. EDENS: I know that as a typical -- I  
5 mean, we don't really vote on a lot of the ANSI  
6 committees, but we do go and, sometimes for technical  
7 issues, we'll give technical support. Right off the  
8 top of my head, Mike Seymour is kind of out of the --  
9 do you know, Bill?

10 MR. PERRY: At least I haven't heard of any  
11 active participation on that committee by OSHA.

12 MS. EDENS: Yes.

13 MR. GODDARD: Any other questions for Amanda?

14 (No response)

15 MR. GODDARD: Okay. Well, thank you, Amanda,  
16 for showing up and giving us that great presentation.

17 MS. EDENS: I hope it's hunger that's  
18 pressing you on and not lack of interest.

19 MR. GODDARD: No, no. Not at all.

20 MS. EDENS: All right. Thank you.

21 MR. GODDARD: Thank you.

22 I just wanted to mention two other things on  
23 the regulatory agenda that are not in Amanda's shop,  
24 they're in my shop. It's the Reg Flex Act, what we  
25 call Section 610 look-backs. We recently completed



1 excavations. We go back to look at the small business  
2 burden of our current standards. We recently  
3 completed excavations on lead in construction. Right  
4 now, we're working with methylene chloride and we're  
5 working towards getting approval for extending the  
6 common period on methylene chloride. We have a  
7 request to extend the comment period. That is in  
8 progress in terms of the approval to extend it.

9           In the hopper, we have noise and blood-borne  
10 pathogens. Those have been kicked off, so we're going  
11 to be looking at VVP and noise, the whole noise  
12 conservation as well as exposure limits, when we do  
13 the look-backs. I could add a list of things to this  
14 committee to form some committees on. One of the  
15 challenges I face, is one of the recommendations that  
16 came out of the lead in construction look-back was to  
17 come up with a unified curriculum between HUD, OSHA,  
18 and EPA-proposed rules for how we deal with three  
19 regulatory drivers that don't necessarily overlap.  
20 That was the finding in the standard. They sort of  
21 complement each other.

22           But we have a challenge coming out of our  
23 recommendation in the lead in construction look-back  
24 to work on a unified curriculum for training. The  
25 National Homebuilders Association, SBA, and several

1 other entities have commented on that and that's  
2 something that I could use help with, one amongst many  
3 other things that I could use some help with. Okay.  
4 I just wanted to add that. Those are four things that  
5 you're going to see in the printed version of the  
6 regulatory agenda. The online version would have the  
7 other lists that Amanda mentioned.

8           Is it fair to ask you to come back at 1:00?  
9 It's 12:15. Okay. Is it fair? I want to give you  
10 time. I'm going to ask you to do 45 minutes. Is that  
11 unreasonable? Because I want to give you the time to  
12 set up some subcommittees.

13           (Whereupon, at 12:15 p.m. the meeting was  
14 recessed for lunch.)

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## AFTERNOON SESSION

[1:12 p.m.]

DISCUSSION OF WORKGROUP COMMITTEE PROJECTS

MR. KALINOWSKI: So, everybody is here. Now, Keith has said I should start acting as Acting Chair.

We did this easy stuff this morning, just introducing people and asking for questions. This afternoon is going to be more difficult, I think.

But I've got to tell you a couple of lessons before we start and give you guys something to think about. My son, who loves to downhill ski--you can apply it to life, you can apply it to NACOSH, you can apply it to work. He doesn't even know he's giving me lessons. I know Keith has probably heard these before; maybe, maybe not.

So the first thing he teaches me is, you know, you've always got to look down the hill. If you have anybody here that downhill skis, don't look in front of you, look down the hill. I think in terms of an advisory committee, we've got to make decisions and recommendations based on what's down the hill, not what's important two weeks from now or a month from now, but what matters to occupational safety and health 5 years from now, 10 years from now. This is

1 two stories.

2           The second thing he's told me about skiing,  
3 we'd be someplace out west and he'd look at a hill and  
4 he'd go, "Well, let's do that." I'm going, it's the  
5 kind of hill that, you fall, you don't stop till you  
6 get the bottom. I'm going, "No, I don't think so."  
7 He looks at me and he goes, "Well, Dad, how are you  
8 going to improve if you don't challenge yourself?"  
9 And I think NACOSH, I think OSHA, ought to challenge  
10 themselves to make improvements for the workers of  
11 this country.

12           My favorite--my favorite--lesson, my favorite  
13 lesson: he says, "Dad, if you feel like you're in  
14 total control you're not going fast enough."

15           (Laughter)

16           MR. KALINOWSKI: And I don't mean that we  
17 need to be out of control, but I think we need to feel  
18 like we're on the edge a little bit in what we do, in  
19 life, in work, and in what we can do here as well too,  
20 and not be afraid to do that. I never feel like I'm  
21 control when I'm skiing unless I'm standing still, and  
22 sometimes that's not true, either.

23           So I'm not sure if anybody has got any ideas  
24 of how we're going to come up with issues to tackle.

25           MR. SOMMERS: What about the trees?

1 (Laughter)

2 MR. KALINOWSKI: There is a systematic way we  
3 can do this--I've participated, but I've never led one  
4 of these--something called the nominal group  
5 technique, where it's actually kind of an organized  
6 brainstorming session.

7 MS. WELLS: Before we do that, maybe we could  
8 talk about how we're going to keep the committee  
9 functioning, because one of my concerns has been that  
10 the committee does a little bit of work, and then we  
11 seem to fall off track and we don't have regular  
12 meetings and there's no consistency, and then we seem  
13 to be trying to regroup again. So maybe we could look  
14 at what we're going to do over the next year to just  
15 try to keep the committee meeting and working on the  
16 projects that we select in moving forward.

17 I'm wondering if it would be possible to,  
18 like, set up a meeting schedule for 2008 and know and  
19 decide how often we're going to meet, when we're going  
20 to meet in 2008, and have that when we leave here  
21 today, at least approximate time frames. As far as I  
22 know, it's been 13 months since the last meeting of  
23 the committee. When we go 13 months, it's really hard  
24 to have any continuity.

25 MR. GODDARD: I want to go off the record.

1 (Whereupon, at 1:15 p.m. the meeting was  
2 recessed and resumed back on the record at 1:18 p.m.)

3 MR. McMILLAN: One of the things I think  
4 might be valuable, certainly would be valuable for me,  
5 I will remember this stuff. I've been around here a  
6 long time. I am really kind of fuzzy again in my own  
7 mind about the statutory description of NACOSH, what  
8 we're actually charged to do. I really think it would  
9 be good for us to go back and maybe re-ground  
10 ourselves in that because I would want us to be--  
11 careful maybe is not the right word. I just can't  
12 think of a better word right now. We don't know what  
13 -- the committee does the work that OSHA and NIOSH are  
14 capable of doing.

15 We're not staff to the Agency. We're not an  
16 entity, my thinking is, to be kind of assigning  
17 projects to go do. I think we're an advisory  
18 committee actually to the Secretary of Labor and the  
19 head of OSHA. In that regard, I think that maybe we  
20 ought to  
21 -- again, I'm so hazy on what the actual language of  
22 this statute is --

23 MR. GODDARD: It's on the lefthand side. We  
24 put it in there for you.

25 MR. McMILLAN: We need to remind ourselves of

1 that again -- doing work, but I don't know that that's  
2 really what we should be doing a lot of our effort on.

3 MR. JACOBSON: It will help clarify the  
4 deliverables. I don't really know what a deliverable  
5 is from this committee.

6 MR. GODDARD: So I put that Section 7 of the  
7 OSHA Act "Advisory Committees" and their  
8 administration on the lefthand side for you in  
9 anticipation of this coming up, and the FACAA, Federal  
10 Agency Committee Act Amendments, which govern the  
11 control of these committees and what they do. So,  
12 that's there for your perusal.

13 But Alan, my response to that is, Emory's  
14 comment about actually getting a product from the  
15 Hispanic workgroup, it's a balance between the  
16 committee doing work, us supporting it, and getting a  
17 deliverable. Because if you flip it over to us and I  
18 make a commitment in another Directorate, I think we  
19 lose control of the deliverable.

20 MR. KNOWLES: Yes. What we were doing on  
21 that task force, it was looking at all the things that  
22 were ongoing and it was making advisory  
23 recommendations on what else the Agency's State plans  
24 could do to further promote that activity. The only  
25 mistake I made was writing a written report of all

1 that, so there was work in terms of that. It wasn't  
2 necessary, but it was an advisory process.

3 MR. GODDARD: Okay.

4 MS. THOMSEN: And just to add one thing to  
5 that, I think the other important thing that we did  
6 with that workgroup, and I think the other workgroups  
7 did as well -- there was one on motor vehicles and I  
8 can't remember --

9 MS. WELLS: Emergency response.

10 MS. THOMSEN: Thank you. Emergency response,  
11 of course. We also looked at making recommendations  
12 on the way the two agencies could work together, so  
13 that was one of the areas that we focused on.

14 DR. BLESSMAN: One other comment, maybe. In  
15 the process, I think it would be helpful to be clear  
16 on how our recommendations are archived and what the  
17 response is, to make sure that we aren't revisiting  
18 things that may have been already addressed in the  
19 past in some manner, and maybe the reasons for or  
20 against why a recommendation may have been adopted or  
21 not adopted.

22 MS. WELLS: We talked about, in the last  
23 meeting, possibly having a spreadsheet of what the  
24 recommendations from the committee over the past few  
25 years had been and what the status of those



1 recommendations were so that as new committee members  
2 came on, it made it easier for them to see what the  
3 committee had done and sort of what the past history  
4 was.

5 MR. GODDARD: We were putting that together  
6 for you in preparation for this meeting. We fell a  
7 little short of being prepared. But Deb and I were  
8 talking about it and we're working on it, so we'll get  
9 that. Did we e-mail the NIOSH presentation on motor  
10 vehicle safety? Did we get that out?

11 MS. CRAWFORD: (Nods affirmatively)

12 MR. GODDARD: So we will pull in some  
13 archives. NIOSH did a very useful presentation on  
14 motor vehicle safety for us, for this committee,  
15 several meetings ago. We were trying to sort of go  
16 back into the archive and do what you're suggesting  
17 and come up with the spread sheet we talked about in  
18 the minutes and we went through and identified some  
19 tasks that we had to do. So, that's something we're  
20 working on.

21 MS. WELLS: If it were something that were  
22 kept up to date then as the committee moved forward, I  
23 think it would be useful.

24 MR. KALINOWSKI: So are we going to do that?

25 MR. GODDARD: Oh, that's one of our tasks.

1 MR. KALINOWSKI: So we'll get a summary of  
2 past work. I think we need to figure out deliverables  
3 we could have by March or April.

4 MR. GODDARD: Now, how far back do you guys  
5 want to go? We were going back -- if I put a marker  
6 to that motor vehicle -- because it keeps coming up,  
7 the NIOSH motor vehicle research, the Hispanic  
8 committee, and what was the third one? Emergency  
9 response.

10 MS. WELLS: I would go back to, there were,  
11 like, three initial committees set up. I would go  
12 back to where those three initial workgroups were set  
13 up and the recommendations that came out of those  
14 formal workgroups.

15 MR. GODDARD: So maybe instead of getting the  
16 whole presentation, if we summarize the  
17 recommendations that came out of it, we can share with  
18 the new members.

19 MS. WELLS: Yes.

20 MR. GODDARD: Okay.

21 MS. WELLS: My intent was to just look at  
22 what had been looked at by the committee and what the  
23 recommendations were, and sort of what happened with  
24 those recommendations.

25 MR. GODDARD: Now, since then, emergency

1 preparedness has gone, like, years ahead. So I don't  
2 know how we jump that chasm, but we'll have that.

3 MR. KALINOWSKI: Well, we looked at this just  
4 to ground us in the same thing: "The committee is  
5 responsible for advising, consulting with, and making  
6 recommendations to the Secretary of Labor and the  
7 Secretary of Health and Human Services on matters  
8 related to the administration of the Occupational  
9 Safety and Health Act of 1970."

10 MR. GODDARD: So that's the charter in the  
11 lefthand side of your document that Doug is referring  
12 to.

13 MR. KALINOWSKI: So then the issue is, how do  
14 we figure out what issues are most important to tackle  
15 that we can make deliverables for by the March/April  
16 time frame? At least some of them, I would assume.  
17 Does anybody have any suggestions of how to tackle  
18 that?

19 MR. KNOWLES: Maybe just some quick  
20 brainstorming, and write down the ideas, then we can  
21 very quickly prioritize those and work from that list.  
22 I thought Dr. Blessman brought up a really good issue  
23 earlier, the issue of the public workers in a State  
24 Plan state. State Plans cover that. In non-State  
25 Plan states, that certainly should be an OSHA

1 jurisdiction issue.

2 MR. GODDARD: Ten million of them.

3 MR. KNOWLES: Yes. And that's significant.

4 MS. WELLS: It's particularly significant  
5 when you think that most of your emergency responders  
6 are municipal workers.

7 MR. KNOWLES: That's just one idea.

8 MR. SWARTZ: Emory, I liked your idea about,  
9 what are the ways we can do more outreach? How do you  
10 leverage all the groups that are out there to  
11 actually, again, try to relate it to the Act itself?  
12 How do we do that? Another idea.

13 MR. GODDARD: Is this in the public sector?  
14 Are you saying in general?

15 MR. SWARTZ: No. I was following up on  
16 Emory's earlier comment about outreach to small- and  
17 medium-sized businesses.

18 MR. GODDARD: Could we stay on this one for a  
19 minute? I'll tell you my interest of why I think it's  
20 a valuable choice, because there's legislation on the  
21 Hill addressing it. The three pieces of legislation  
22 are addressing public sector employees. It was  
23 municipal employees. It was public sector employees  
24 in non-State Plan states.

25 One is a Kennedy, one is a Woolsey bill, a

1 Kennedy bill. They're imbedded in multiple provisions  
2 in those drafts. Then there's another bill--I forget  
3 which one it is--that's specific to that alone, public  
4 sector workers in non-State Plan states. So there's  
5 tremendous interest on the Hill about the 8 to 10  
6 million workers that have no coverage, and the  
7 emergency responders, that's who gets there first. So  
8 I have a sort of ongoing interest in that issue where  
9 I do congressional tracking in one of the offices in  
10 my Directorate. We could work with that in a  
11 subcommittee. It's not a bad item.

12 MS. THOMSEN: Keith?

13 MR. GODDARD: Yes?

14 MS. THOMSEN: I think somebody had  
15 recommended putting those up on the board. Do you  
16 have a marker? I'd be happy to write those out as we  
17 go along.

18 MR. GODDARD: Okay.

19 MS. THOMSEN: Just so we can keep track.

20 MR. GODDARD: We will get one.

21 MS. THOMSEN: Okay.

22 MR. KALINOWSKI: If you want, the controlled  
23 kind of brainstorming, is everybody sits down and  
24 spends about five minutes and you write down your own  
25 personal 10--we could limit it to 5--issues you want

1 to cover. Then when that's done, you go around the  
2 room and you just list them without discussion. Okay.

3 I shouldn't say -- there should be a specific  
4 question, like what are the top five issues that  
5 NACOSH should address, and then you answer those, your  
6 own five issues. You go around the room and you list  
7 them without discussion. Then you have a discussion.

8 Then everybody ranks their top five and you score it  
9 out, and actually you're actually putting scores and  
10 trying to figure out a consensus, what are the top  
11 five issues.

12 MS. McCABE: I have a question for Keith.

13 MR. GODDARD: Yes?

14 MS. McCABE: You said there were three things  
15 in the legislation on the Hill.

16 MR. GODDARD: Proposed legislation. Yes.

17 MS. McCABE: And you said the municipal  
18 workers --

19 MR. GODDARD: Is imbedded in two of them.

20 MS. McCABE: Okay.

21 MR. GODDARD: And multiple other provisions  
22 on OSHA penalties and different things. So the  
23 Kennedy and the Woolsey bill have that item imbedded  
24 in them. There's a third, which I can't bring to mind  
25 right now that is solely focused on public sector

1 employees.

2 MS. McCABE: Oh. Okay. Thank you.

3 MR. GODDARD: Which I could find. I'll get a  
4 reference for you.

5 MS. THOMSEN: I believe that NIOSH was also  
6 doing something with public workers. Sid, was that a  
7 cross-cutting issue or is that a sector that was being  
8 addressed in NORA?

9 MR. SODERHOLM: Certainly the services  
10 sector, including the public safety subsector that  
11 Kevin is always dealing with a lot of those issues,  
12 those topics are coming up.

13 MR. SOMMERS: That's one of the things I was  
14 going to address, is the issue that you just brought  
15 up is something that we haven't discussed on the  
16 public safety subsector. That covers law enforcement,  
17 fire fighting, emergency services, and ambulance.

18 MR. SODERHOLM: Corrections, too.

19 MR. SOMMERS: Corrections. I'm sorry. And  
20 what we're looking at is just from a worker safety  
21 standpoint. As far as, like, emergency response, that  
22 seems to be the number-one priority in every area.  
23 More law enforcement officers are dying because of  
24 vehicle-related deaths. The same with corrections,  
25 transporting prisoners, EMS getting to and from

1 scenes, fire fighting getting to and from scenes.

2           So I guess the one thing I don't want to do,  
3 is I don't want to have any more redundancy, because  
4 we've already got people in NORA working on these  
5 areas. From what Sid said earlier, it sounds like  
6 motor vehicle accidents is probably right across the  
7 board as far as, like, how do we tackle that sort of  
8 thing. Alan, you could probably address that even  
9 more. But, you know, as far as like some of the  
10 things at the local and municipal level, some of the  
11 things that we can do, I just don't want to see us  
12 spinning our wheels, doing things that other people  
13 are already well along the line on.

14           MR. McMILLAN: Also, it strikes me that we  
15 come to the meetings and we get a lot of  
16 presentations, we get a lot of data presented to us.  
17 Oftentimes, going back to what we said earlier,  
18 because we haven't met in so long, it's kind of to  
19 help catch us up. But what does actually take up the  
20 biggest part of our meetings, is sitting and  
21 listening.

22           I wonder whether or not maybe one of the  
23 things we might want to do is list three or four  
24 things and then ask the staff to bring us an update on  
25 those things in a certain way of looking at them.



1 Take public employees just as an example. I  
2 personally agree, that's a great one from the point of  
3 view of advising the secretaries of Health and Labor  
4 regarding the Act from NACOSH's perspective. But I'd  
5 have a lot of questions before we just throw any  
6 advice out there.

7           What within the public sector are the highest  
8 hazard industries out there? Are they sanitation  
9 workers? Is it municipal DOT workers? Is it EMT  
10 workers? Get some data on how that actually looks.  
11 Understand, what are the restraints in the law.

12 Because they are restraints, the law doesn't cover  
13 them. But is OSHA and NIOSH restrained from doing  
14 other outreach programs? They can't enforce, but can  
15 they be offering VPPs to state and municipal workers?

16        Could they be doing more with the bully pulpit, more  
17 specific, tailored outreach?

18           Could they be working to offer better  
19 incentives to States that don't have an 18(b) plan or  
20 don't have a public-only employee plan, because we did  
21 that in the early years of OSHA. I don't know how  
22 long it's been since that's even been revisited, to go  
23 out and encourage states who don't want to have an  
24 18(b) plan. They don't want to enforce in the private  
25 sector. But because nobody else is currently covering

1 public employee workers, they might want to  
2 reconsider, do they want to have a public employee  
3 only program?

4           So, I guess in my mind, before I even jumped  
5 into what I think is a great issue of pretty good  
6 substance, understanding it a little bit better in  
7 light of today's information. I think we could ask  
8 OSHA and NIOSH, maybe at the next meeting, to bring us  
9 a specific briefing on that that then we could chew on  
10 and try to understand a little bit better kind of in  
11 going forward.

12           MS. THOMSEN: I agree, Alan. I think that  
13 would also address Kevin's issue of, you know, NORA is  
14 already doing some work in here, so we wouldn't want  
15 to duplicate that. So we would then understand and  
16 maybe see how that could work with some of the OSHA  
17 side.

18           MR. McMILLAN: Some of the stuff that's in  
19 these current bills.

20           MS. THOMSEN: Right.

21           MR. McMILLAN: Get a briefing on that so we  
22 understand what's out there. What can we have a  
23 potential to impact in a positive way?

24           MS. RANDOLPH: Then to build on that, I would  
25 say if that information could be e-mailed ahead of

1 time or sent ahead of time so we would have that  
2 information to review it, and then come with questions  
3 to pose so that we can kind of move work forward.

4 DR. BLESSMAN: I guess when there's time, if  
5 this is an issue we're going to do, we might want to  
6 come up with a list of questions -- municipal workers,  
7 figure it out.

8 MS. THOMSEN: Well, I think -- you mean, at  
9 the next meeting then, that would be the idea? Or do  
10 you mean to come up with specific questions to ask  
11 NIOSH and OSHA to present on?

12 DR. BLESSMAN: Yes. I mean, if we want them  
13 to come back with some information in the general  
14 area, the more direction you can give about  
15 information you're interested in --

16 MR. GODDARD: I have access to the data in  
17 terms of industry profile, whether it's correctional,  
18 law enforcement, et cetera. But I'd come back to you  
19 with challenges, that I couldn't break it out by a  
20 State Plan state, and Federal/State. I might have  
21 regional, I might have -- I'm sitting here thinking,  
22 how do I break that out, or any Federal/State. So  
23 there would be challenges, but it's not inconceivable  
24 that I could give you what I would call an industry  
25 profile of top hazards by occupation, by nature, by

1 event.

2 MR. KALINOWSKI: BLS doesn't do that? BLS?

3 MR. GODDARD: We would have to go mine it.

4 It's not --

5 DR. BLESSMAN: And I find that -- say, in  
6 Detroit, when I go with these firefighters to try to  
7 find comparable information, it's just very difficult  
8 if I'm trying to really find best practices. And  
9 sometimes other operations of companies that are  
10 typically in the VPP don't really apply to the  
11 municipal settings. It's a different beast.

12 So I can't really find comparables. Even if  
13 you look, I think, across the country, I think there's  
14 probably only two municipalities that might even be  
15 VPP programs.

16 MS. THOMSEN: Can I ask a question of  
17 process? Doug had originally suggested we start with  
18 brainstorming. So I guess one of my concerns is, I  
19 personally am quite interested in the public sector  
20 workers, but I also am worried that we won't have time  
21 to discuss all of the other ideas, either. So I'm  
22 asking you, Doug, how we should proceed, or asking the  
23 group.

24 MR. KALINOWSKI: Well, I guess I'm asking the  
25 group, too. I guess we could brainstorm some ideas

1 and decide how we want to proceed. Maybe we're really  
2 not in a position, between now and the next meeting,  
3 to actually give advice to the Secretaries. We may be  
4 in a position to ask more specific, detailed questions  
5 so that the follow-up is, hey, now this is the advice  
6 we give.

7 I mean, Alan raised a good issue in terms of  
8 the public sector. I mean, they may say, well, OSHA  
9 doesn't cover it, it's a legislative issue, we can't  
10 do much about it, but what OSHA could do is encourage  
11 State Plans like Illinois, who's trying to become a  
12 public sector-only state, to find ways to encourage  
13 states to do that. But there's also a delicate  
14 balance there, too, in terms of funding issues.  
15 That's difficult right now.

16 MR. SOMMERS: You know, I'm looking at the  
17 agenda. After the afternoon break, it says "Next  
18 Steps". I think we're already into that portion, next  
19 steps. I would rather keep everybody together and  
20 just brainstorm instead of going off into little,  
21 small subgroups. Let's just get as much done as we  
22 can before we have to adjourn. I'd rather keep us all  
23 together.

24 MR. McMILLAN: Well, why don't we just throw  
25 some ideas out, at least maybe get a list of things so

1 we don't just focus on one or two, and then we can at  
2 least kind of see. We don't have to do it  
3 individually and take the five minutes. But I've got  
4 a couple of other ideas I'd throw out right away, you  
5 know.

6 One of the things that I think that we can  
7 look at, and it comes out of the discussion of the  
8 standards, the legal history of 35 years of OSHA has  
9 been very bad about doing anything emergency temporary  
10 because of the courts and such. But I think what I'd  
11 like to hear is, what are the things that OSHA has  
12 done over the years on the emerging hazards that have  
13 worked, from guidelines to other things? You know,  
14 what's out there?

15 Should OSHA and NIOSH both be pushing the  
16 limits harder on that? Because I do think there's  
17 been a tendency sometimes to say, well, we'll get sued  
18 and we'll never get it in place, so we might back away  
19 from doing much of anything. Maybe there are more  
20 things that can be done.

21 MR. GODDARD: That's interesting, because the  
22 look-backs that I mentioned specifically talk about  
23 the success of the excavation standard, for instance,  
24 reducing fatalities from 90 a year to 70. It's still  
25 too many, but it was a significant reduction.

1 MR. McMILLAN: We talked about the PELs.  
2 We've talked about other things that are so out of  
3 date. So if all of your eggs are just in the one  
4 basket, issuing a standard, we know that's a 5-, to 8-  
5 , to 9-year court battle in process, what other tools  
6 might be there? It may not get you all the way there,  
7 but if you lose, you fall. Maybe NACOSH could look at  
8 that landscape a little bit and give some thoughts and  
9 ideas back. So, that's one that would also be on my  
10 list.

11 MS. WELLS: Something that that brings to  
12 mind. You mentioned the PELs and the fact that many  
13 of them are quite out of date now. Dr. Howard  
14 mentioned looking at international OELs, what other  
15 countries have, what other organizations have.  
16 Perhaps NACOSH could get some presentations from OSHA  
17 and NIOSH about what those other standards are and how  
18 they're being set internationally, how the data from  
19 this new REACH program that the E.U. is undertaking is  
20 going to generate a whole lot of data that will be  
21 there to support OEL development, and maybe looking at  
22 some different ways that OSHA can consider in updating  
23 their PELs, because currently what we have isn't  
24 getting us where we need to be.

25 MR. KNOWLES: Let me throw something out on

1 the REACH. There's also something called WEEES, the  
2 Waste Electrical and Electronic Equipment Standard,  
3 ROHS, Restriction on Hazardous Substances, and there's  
4 a China ROHS. I mean, there's a ROHS being developed  
5 in California. Add all those E.U. things, we now have  
6 a new agency sort of putting out standards that kind  
7 of overlap into the realm not only of the EPA, but  
8 OSHA, the new Department of Homeland Security chemical  
9 regulations.

10 So I think we need an understanding of what  
11 the agency is doing to address not just REACH, but the  
12 overall massive accumulation of E.U.-driven  
13 regulations, long-term, on how the Agency is set up,  
14 how the regulations are set up, and how the Agency is  
15 going to move forward in that kind of global economic  
16 environment. It's going to be significant.

17 MR. McMILLAN: You just used the word I would  
18 have used, Emory. I think it's even bigger than just  
19 the E.U.: how is globalization affecting  
20 harmonization?

21 MR. KNOWLES: Yes. And I know they're  
22 looking at globalization. I know there's a subteam  
23 that's been set up on that, because we had some  
24 reports on that in the past, and it is significant.

25 MS. THOMSEN: I would add one more to that



1 list. California, being kind of a different country,  
2 has the green chemistry initiative that will probably  
3 be starting next year.

4 MR. SWARTZ: Also, thinking in terms of a  
5 matrix, how does this look on a matrix of all the  
6 issues, these major issues that are coming up, that  
7 will give us some semblance of an order to put to that  
8 globalization of all the things you started to  
9 mention. How do these start to line up? I think they  
10 mentioned just about the TOSCA Act, the loan, looking  
11 at one piece of it, and said how it's going to impact  
12 the various sections of different OSHA regulations.  
13 So, we have a number of different matrices being put  
14 together to look at.

15 MR. GODDARD: Sid, are you taking good notes?

16 MR. McMILLAN: One of the things that  
17 concerns me a little bit, and I don't know what the  
18 future is going to look like, we're seeming to follow  
19 some of the E.U.'s stuff, like maybe REACH and others.  
20 But it strikes me that there's a rather substantial  
21 amount of energy within the E.U., and probably  
22 broader--Scandinavian countries in particular--around  
23 what they call psychosocial issues.

24 It gets into stress, it gets into ergonomics,  
25 and it gets into other things. I don't know where

1 it's going to go in the future. I think these are  
2 difficult, big issues that ultimately will come  
3 knocking on the doors of an OSHA or of companies,  
4 employers, any entity that's got employees.

5 MR. KNOWLES: And along the same lines, Dr.  
6 Howard mentioned that his organization is beginning to  
7 use the social media concept. I don't know whether  
8 the Agency is looking at that. Maybe it's too soon to  
9 even consider that, but it might be nice at a future  
10 meeting to have Dr. Howard come back, or one of his  
11 staff, and talk about how successful that's been, you  
12 know, presenting some real data to see if that is a  
13 useful tool for this agency.

14 MR. JACOBSON: One of the other issues that  
15 was mentioned earlier was the outreach to small  
16 business. That's really an Achilles heel for safety.

17 Small and medium businesses. To hear, one more time,  
18 comprehensive safety and health management systems  
19 used in the same sentence with small business.

20 MR. KNOWLES: Well, that's been out there for  
21 years. Somehow we can't get a handle on it.

22 MS. THOMSEN: I would also suggest one other  
23 issue that came up earlier, and that was contractors.

24 MS. BAILEY: You know what I'm interested  
25 about in contractors, is how we can work with, or how

1 the average employer who hires a contractor, can work  
2 with unions to make sure that when they go to pull  
3 people out of the union hall, that they're getting  
4 people who have the basic safety training.

5           Because one of the complaints that my -- I've  
6 started using contractors a lot where I work, and they  
7 say, you know, if you want somebody who's been to the  
8 40-hour class or something, we can't do it because we  
9 just pull them out of the unions. So by the time we  
10 got them through the class, they'd quit and go  
11 somewhere else. So can we work together to make that  
12 an easier process for all of us, protecting the  
13 employee, protecting the employer, and helping the  
14 contractor be successful as well? It's kind of, I  
15 guess, a fluid workplace sometimes.

16           DR. BLESSMAN: One area, and this almost fits  
17 a little bit with the first responder, too, it could  
18 probably be wrapped with the public sector  
19 employees/first responder, is really understanding the  
20 barriers to worker performance, some of which may be  
21 non-occupational. I think about, like, the medical  
22 literature and there's a big difference.

23           You take something as common as allergies.  
24 There's a big difference between treating someone with  
25 antihistamine and treating someone with a nasal

1 steroid for the same condition. But I don't know that  
2 typical medicine thinks about the impact of medical  
3 treatment on the ability of that worker to function in  
4 the workplace. I don't think we have a good sense of  
5 that at all. That's one.

6 The other, which is another area that is near  
7 and dear to my heart, particularly in the first  
8 responders, is this concept of at-home preparedness.  
9 We invest a lot in training, and if workers are not  
10 prepared at home, if there's a major event, they may  
11 very well not show up. So all the effort that you put  
12 into training them is of very little effect because  
13 they're more concerned with their family members.

14 But again, I would couch all of that in this  
15 issue of barriers to peak performance: chronic  
16 fatigue, stress, at-home preparedness, medical  
17 conditions, so on, and so forth.

18 MS. McCABE: And I would add health care  
19 workers to part of that population for that at-home  
20 preparedness and being able to respond, just not the  
21 emergency folks.

22 DR. BLESSMAN: The study I did, which you all  
23 can read in --

24 (Laughter)

25 DR. BLESSMAN: The American College of

1 Occupational and Environmental Medicine. It was in  
2 March of this year. I'll pass it around. I'm signing  
3 it later.

4 (Laughter)

5 DR. BLESSMAN: But this was public health  
6 employees, and pretty much found that we're considered  
7 to be a part of the emergency response, and only about  
8 8 percent would you consider very well prepared.

9 MS. McCABE: If you look at Homeland Security  
10 Presidential Directive 8, at the time of an emergency  
11 your skilled support personnel are also considered  
12 first responders. So, I think just more generic, the  
13 preparedness at home, not limiting it necessarily to  
14 the first responders or the health care workers, those  
15 type of people that we typically think about first.

16 The other thing that was mentioned earlier  
17 that I have a lot of interest in, because a lot of the  
18 unions are facing the same issue, that's the aging  
19 workforce. But on the flip side of the aging  
20 workforce is the young workforce coming in and how  
21 they learn differently, how do you teach them, how do  
22 you do all that kind of stuff to have a safe workforce  
23 in the younger generation, just as, how do you replace  
24 all of the knowledge you're losing and the skills  
25 you're losing with an older generation who's going to

1 retire?

2 MS. BAILEY: I think that goes along with the  
3 social learning that Dr. Howard mentioned earlier in  
4 things like blogs and computer systems that the  
5 younger workforce is so much more adept at using than  
6 the older workforce, and giving people the guidance to  
7 best take advantage of that to be successful in  
8 training their employees.

9 MR. JACOBSON: Given the massive accumulation  
10 of risk over the decades, we will probably never be  
11 able to keep up with proscriptive standards on all the  
12 various risks. We have a debate between proscriptive  
13 standards and performance standards.

14 MR. GODDARD: What is the time frame for that  
15 delivery?

16 MR. JACOBSON: Whatever.

17 (Laughter)

18 MR. McMILLAN: One of the presentations we  
19 heard this morning was in an area we talked about a  
20 lot recently, and that is this whole issue of  
21 immigrant workers and the issues around good workers  
22 and all the complexities that they add, combined with  
23 the fact that many of them are doing the more  
24 hazardous work, et cetera, thus leading them--  
25 particularly Hispanic workers--into a much higher rate

1 of fatalities and serious injury.

2 I heard this morning that that's dropped.  
3 Why? Do we know? Do we know why it's come down? Did  
4 the immigrant workforce get reduced or have some of  
5 these interventions worked? If they have worked, do  
6 we know which ones have worked? In other words, we've  
7 been throwing a lot of resources--collectively the  
8 "we"--at the issue of trying to make improvements in  
9 immigrant workers, and we're hearing, very briefly  
10 this morning, that the effect is that maybe things are  
11 better. I'm curious to know why.

12 MR. KNOWLES: Yes. We would need to see the  
13 data to see if it's really normalized, to see if it  
14 really did that. Keith has all that.

15 MR. GODDARD: Yes. One of the problems with  
16 the interventions, before we threw them all out there,  
17 is the design. I was just having this conversation  
18 yesterday about designing an evaluation framework  
19 where we would take one cohort and throw some placebos  
20 at them. They weren't designed in terms of evaluating  
21 the impact. We dropped flyers on the states that  
22 Katrina hit on chain saws, ladders, everything, on the  
23 hazards. But evaluating the reduction of --  
24 amputations or fatalities from that blitz -- you know,  
25 we didn't take groups and scientifically gear

1 ourselves to say, well, here was the impact, here's  
2 what worked better.

3           So that's a big difficulty we have in terms  
4 of, we see the declines, but if we were now in  
5 retrospect to go back to evaluate them, it was not a  
6 scientific approach that we took in terms of how we  
7 carried out those interventions. So, it becomes  
8 difficult. The other option would be to develop  
9 survey instruments and go back to each employer that  
10 might have implemented something and saying, well,  
11 that's expensive. So we're struggling with that in  
12 terms of evaluation frameworks, but we want to look  
13 ahead to see, okay, the next set of interventions that  
14 we choose, should we take groups and do a blind study,  
15 do it properly, to get the impact from it?  
16 Historically, that hasn't been how we've operated.

17           MS. THOMSEN: That sounds like a methods  
18 research issue. Perhaps it's something that is  
19 covered in one of the NORA -- because immigrant work  
20 is one of the cross-cutting issues, immigrant workers.

21  
22           MR. SWARTZ: And even before we get off  
23 immigrants, at the last E.U. meeting it was really  
24 interesting. We sit here and talk in terms of maybe  
25 the Hispanic population here, but in Germany, they



1 speak to the process of training their primarily  
2 Turkish workforce. So benchmarking globally what is  
3 working for the immigrant workforce, looking at, how  
4 can we apply that. It's a big issue outside of the  
5 U.S. as well.

6 MR. GODDARD: We had an interesting visit  
7 from the United Arab Emirates. You talk about  
8 fascinating. They want no promise of citizenship.  
9 The whole workforce is foreign in every category. Ten  
10 percent are the people who have lived there, 90  
11 percent is a foreign workforce. They're trying to set  
12 up a system to where there's no promise of citizenry.

13 It's so opposite to what we have in mind, you know.  
14 It was fascinating for us to see what they're  
15 developing. So you talk about globalization. That's  
16 just the other extreme, to where they want three years  
17 in and you're out of the country.

18 MR. McMILLAN: And maybe as a committee what  
19 we might want to do at this stage is just make our  
20 focus for the next meeting, which we're talking about  
21 being only a couple of months away, really, after the  
22 holiday period. Maybe we ought to just try to refine  
23 this down to pick the two or three things. Maybe we  
24 shouldn't try to pick one today and start dealing with  
25 it. Maybe what we're dealing with is just trying to

1 establish an agenda for the committee.

2 MR. GODDARD: I could get some data to  
3 support your choice later.

4 MR. KALINOWSKI: Once we get all of the ideas  
5 down that we've got today, then we probably ought to  
6 take a look at all of them and decide how things could  
7 be blended to make it more concrete. Do you agree?  
8 Vickie, you look like you have something on your mind.

9 MS. WELLS: Well, I think all of those are  
10 good ideas, but we really have to recognize the fact  
11 that, as of June, we're going to have more vacancies  
12 on the committee, and hopefully we'll be able to get  
13 those people reappointed and move forward for the rest  
14 of the year.

15 But it might be nice if we could pick  
16 something, even if it was a very small project to work  
17 on now while we're looking at maybe a larger agenda  
18 for the committee later, and actually get some  
19 accomplishment for the committee before we lose our  
20 committee members in June.

21 DR. BLESSMAN: Along those lines, might it be  
22 wise--and I don't know how feasible this is--but two  
23 things. Number one, to try to make a statement that  
24 maybe committee members don't leave until they are  
25 replaced, so you don't have --

1 MR. KALINOWSKI: Does it statutorily say they  
2 serve until replaced?

3 DR. BLESSMAN: No.

4 MR. GODDARD: We've done that before on other  
5 committees, so I could research that.

6 DR. BLESSMAN: Yes. Because then it makes it  
7 a little bit easier until you get some commitment for  
8 continuation.

9 The other thing is, if we are meeting  
10 continuously, let's say we have only two or three  
11 meetings in a year, maybe the directives need to be at  
12 the first meeting and maybe their presence is not as  
13 crucial in the middle. I mean, if what's holding us  
14 up is their schedule and that prevents us from having  
15 some discussion or dialogue with other staff of both  
16 OSHA and NIOSH, maybe -- I don't want to say they're  
17 not useful, but --

18 MR. GODDARD: No. I don't think that's a big  
19 impediment.

20 DR. BLESSMAN: Their schedule is not that --

21 MR. GODDARD: No, no. I think it was driven  
22 more that we have a spring and fall regulatory agenda,  
23 so we have some chronological things that happen with  
24 the OSHA standards. This was the fall agenda that  
25 Amanda presented to us. So, historically, I think

1 that sort of triggered when the committee would get  
2 involved.

3 MR. McMILLAN: Okay. So realistically, I  
4 think next year is difficult for this committee.

5 MR. GODDARD: Oh. I didn't want to bring it  
6 up.

7 MR. McMILLAN: It's an election year, right?  
8 We will have a different administration, no matter  
9 whether it's Republican or Democrat. It will be  
10 different. So all of this stuff we're talking about  
11 in terms of continuity, we don't call our own  
12 meetings. The Assistant Secretary, acting through  
13 Keith and others, call us into session. So, I would  
14 not make our plans around the fact that we're going to  
15 have a couple of meetings next year. We may have a  
16 meeting in the spring, but then as we get into -- I'm  
17 just being realistic. I've been on both sides of  
18 this, here at OSHA and now. You get into the election  
19 cycle, we may not have meetings next fall.

20 MR. GODDARD: It's interesting. Ed has  
21 brought that up. He sort of tasked us not to get into  
22 that doldrum. So we have the effort. I'm making the  
23 commitment to do it. So I think we can talk about two  
24 meetings next year.

25 MS. WELLS: Well, there's no reason that you

1 couldn't have two meetings, you know, one in the  
2 spring and maybe one in the summer, and then there's a  
3 fall issue.

4 MR. GODDARD: Right. I'm not sure if we  
5 could come up with recommendations that will be  
6 implemented next year, but certainly we could get some  
7 organization and get some work done.

8 MR. SOMMERS: I think if you look at the way  
9 everybody's expiration on the committee comes about  
10 every six months, there's going to be a transition if  
11 there is a new administration. I think if you allowed  
12 people to stay on until they're replaced, I think  
13 you're going to run into bureaucratic foot-dragging so  
14 people do stay on.

15 MR. GODDARD: Well, the key is, if we fill  
16 the '09, if we fill June, the next set of vacancies  
17 would be December '09. So we get a pretty solid year  
18 out of the group, if I could get past the June  
19 vacancies, you know.

20 MS. WELLS: So perhaps in looking at the  
21 reality of the situation, you try and do two meetings,  
22 you know, maybe even between now and June, and get  
23 some real work done from the committee, realizing that  
24 you're going to have the election issue and committee  
25 expirations, and all of those types of things.

1 MR. GODDARD: Yes. There's another group in  
2 December of '09. That's when you come up again, Bob  
3 and Jennifer. So this new group goes through December  
4 '09.

5 MS. BAILEY: You're already talking about us  
6 leaving.

7 MR. GODDARD: Yes.

8 (Laughter)

9 MR. KALINOWSKI: Well, Vickie is right,  
10 though. You've really got to jump on it and do  
11 something, because I think everybody in this room is  
12 the kind of person that does things, gets things done,  
13 feels good about it. If you spend two years, and at  
14 the end of two years we didn't do anything except have  
15 meetings and get updates, it's like, why did we come,  
16 right?

17 MR. GODDARD: Well, we don't want to waste  
18 your time, either. That's just as important for us.

19 MR. KALINOWSKI: And Dr. Blessman is  
20 absolutely right in terms of, it would be nice if  
21 people -- but the problem is, that takes the pressure  
22 off of anybody to get reappointments done if they can  
23 just let them sit there.

24 MR. GODDARD: Yes. But his term expires in  
25 June.

1 DR. BLESSMAN: That's right.

2 (Laughter)

3 MR. KALINOWSKI: So, any other suggestions or  
4 do we have enough to try to digest and summarize and  
5 combine?

6 MS. WELLS: Well, do we want to try and make  
7 some choices out of these or do we want to wait until  
8 we have another meeting to get more information on  
9 some of these groups before we make those decisions?

10 MR. GODDARD: Can I influence that question a  
11 little?

12 MS. THOMSEN: Can I offer another option?

13 MR. GODDARD: You want to add an option?

14 MS. THOMSEN: Sorry.

15 MR. GODDARD: Go ahead.

16 MS. THOMSEN: Another thought would be, at  
17 least for me, it's difficult with things all in a big  
18 list like that. We could also have a small group try  
19 to work on it and organize things.

20 MR. GODDARD: Yes. That sort of helps what I  
21 was going to say, because from a pragmatic approach,  
22 if we're going to assume some data crunching/drilling,  
23 then I'll have to get with Sid, probably, to look at  
24 what NORA -- it's going to be quite a bit of work if  
25 we're going to come back to you with some answers to

1 questions you might have. So the broader it is, the  
2 more difficult that's going to be. If you could  
3 narrow it for us as best as possible, we improve our  
4 likelihood of success.

5 MS. WELLS: And I think that's fair to the  
6 agencies.

7 MS. RANDOLPH: Or even a lot of those topics  
8 could be further grouped, because there are some  
9 similarities among some of those topics that could  
10 help narrow it down.

11 MR. SOMMERS: A guess a question, through the  
12 Chair to Sid. How many of those topics up there are  
13 currently being looked at by some of the subcouncils?

14 MR. SODERHOLM: What do you mean when you say  
15 "subcouncils"?

16 MR. GODDARD: NORA.

17 MR. SOMMERS: The NORA sector councils.

18 MR. SODERHOLM: Yes. Well, you're on the  
19 one we call the subcouncil, or two -- there's one we  
20 call subcouncils, so it's confusing.

21 I'm not all-knowing about what's going on in  
22 the rooms in NORA. I think many of those issues. But  
23 the specificity here is different. I think, for  
24 example, the interesting OELs, I don't believe that's  
25 been coming up. Some of the more general things



1 about, how do you reach small businesses, how do we  
2 use new social media, psychosocial stress, a lot of  
3 those things, older and younger workers, those are  
4 coming up again and again. Those have been around a  
5 long time. But you've got some very specific things  
6 that are sort of agency -- would drive agencies, and  
7 even the government legislators, in one direction or  
8 another. Those are certainly unique, not in NORA.

9 MR. SOMMERS: Perhaps if we could get, like,  
10 the strategic goals that the different sectors are  
11 looking at right now, because I believe they're all  
12 about at that stage right now, aren't they? If we  
13 could maybe get those, just to keep us abreast of  
14 what's already being done -- like I said earlier, I  
15 don't want to see us spinning on our wheels on things  
16 that are already well on the way to being completed,  
17 and maybe get something like that.

18 MR. SODERHOLM: Yes. In some ways it's a  
19 much different activity, but it all comes down to,  
20 there are only a few things we can think of to do, so  
21 no matter what forum, you'll come up with the same  
22 ideas. There is some information on the Web site.  
23 It's very broad, saying things like, MSDs are being  
24 considered in this sector, this sector, and that  
25 sector.

1           The plans that will be out by February/March,  
2 construction will be out next week, are much more  
3 specific, you know: for MSDs in construction, we think  
4 these kinds of products are ready to be developed by  
5 these partners and would have a big effect. This  
6 research needs to be done. You know, that's much more  
7 specific.

8           So, I mean, those are multi-page documents  
9 that will give you ways to search these different  
10 terms. So that in itself is going to be a bit of a  
11 process. If you want to task me or task those groups  
12 with, say, sending something to NACOSH they think they  
13 could use NACOSH's help on, we could do something like  
14 that, but just trying to think quickly about how to be  
15 specific and bring things back to you that you could  
16 actually act on.

17           MR. KNOWLES: I know NIOSH is looking at  
18 control banding. Is OSHA looking at control banding  
19 as a potential alternative for the PELs, OELs, all  
20 that? I mean, if this global harmonization is being  
21 adopted, then we're going to have our phrases and all  
22 those things. So are we going to take it one step  
23 further and look at control banding?

24           MR. JACOBSON: To Vickie's point about trying  
25 to get something done fairly quickly, is there one

1 issue that's a little more compelling, and yet maybe  
2 more digestible, on the list? Then you could work  
3 concurrently with building a longer-term agenda.

4 MR. KALINOWSKI: Well, Karl, I think there  
5 probably is.

6 MR. JACOBSON: They're all pretty big  
7 mountains.

8 MR. KALINOWSKI: I'd suggest we could do a  
9 couple of things. I don't know. What do you think  
10 about trying to pick out one issue that we could  
11 tackle now and then still try to digest down? Instead  
12 of just having this wild list, we ought to take off  
13 things that we look at and say, well, maybe we really  
14 can't do much with, or the expectations are too high,  
15 or it's too far away to really think that way, and try  
16 to pick out some things that Dr. Goddard can do some  
17 research for us for, or we could ask specific people  
18 to come and speak to us at our next meeting.

19 I'd suggest, in lieu of getting a whole half-  
20 day worth of updates, decide what we want in terms of  
21 updates, and what we need is a high-level update, you  
22 know, 15 minutes from each on specific topics, and  
23 that would probably be enough so we could have more  
24 discussions at the meetings and less listening of OSHA  
25 people. So you think we could pick out one subject

1 that's worth tackling?

2 MR. SWARTZ: Well, in taking just a look at  
3 the other side of that, Keith, from your perspective,  
4 from the OSHA perspective, so to speak, what do you  
5 think people would want advice on? I mean, there may  
6 be some things on there that you feel very comfortable  
7 with.

8 MR. GODDARD: If we take a process of  
9 elimination, Emory mentioned a committee that we are  
10 part of, that ORC's talking about contractors, in  
11 terms of our ability to track the contingent  
12 workforce, in terms of your recordkeeping --  
13 reporting. So ORC has hosted that. Did you sit in on  
14 that? Did you go to that?

15 MR. KNOWLES: I go to the meetings.

16 MR. GODDARD: Right. But they set up -- John  
17 was talking about it. John Howard mentioned it this  
18 morning. Sorry. I thought it was you. But we are  
19 participating in that, and they have set up some  
20 subgroups to address the issues of the contingent  
21 workforce in the 21st century. So they are, right  
22 now, establishing a framework for looking at that  
23 issue. I'm not sure specifically that they're going  
24 to talk in terms of the labor, the union aspect of it,  
25 but certainly that could come up as the thing arises.

1           So I don't see us spending much time on that  
2 right now. As a committee, there's a group of  
3 stakeholders looking at that issue, of which I am a  
4 part of it. So not to remove it from there. There's  
5 heavy interest in the issue. But in terms of setting  
6 a reasonable expectation, we could see how that  
7 develops before we spend time on it.

8           MR. KNOWLES: This could be two-pronged. I  
9 mean, we could communicate all these things to the  
10 Agency heads, saying these are issues that at least  
11 have initially brought up concern, and then like you  
12 said, maybe focus on something. But one question I  
13 was going to ask. You've got a lot of bright people  
14 in the Agency. I know you have a standards  
15 development group, for example. What do your folks  
16 think are emerging issues that are going to impact the  
17 future of OSHA? Has anybody ever conducted any  
18 internal brainstorming with staff, you know, the key  
19 management folks?

20           MR. GODDARD: We have discussions. But I  
21 think, like what Mandy talked about, the congressional  
22 emergency temporary standard drives it. Things like  
23 that sort of turn us on our heads and we have to  
24 respond to it pretty aggressively. OMB comes up with  
25 things that we are receive to. I don't know that we

1 have that proactive approach that you are mentioning.

2 MR. KNOWLES: Maybe OSHA should consider --

3 MR. GODDARD: Maybe that's the role of these  
4 advisory committees.

5 MR. KNOWLES: Maybe OSHA should consider  
6 establishing a stakeholder input process. That will  
7 mean more teaming, more ownership within the Agency,  
8 more enthusiasm. Just a thought.

9 MR. GODDARD: It's not that we're not busy.

10 MR. KNOWLES: No, I know you're busy.

11 MR. GODDARD: In this reactive mode --

12 MS. CRAWFORD: I know earlier Sid mentioned,  
13 you needed help with outreach to small and medium  
14 businesses. I know that Paula White also mentioned  
15 that. So I don't know what the committee thinks about  
16 that particular issue, but it did come up twice today,  
17 and it came up a third time here this afternoon. So  
18 I'm just putting my two cents in.

19 MR. KALINOWSKI: That's been a strategic  
20 challenge for the Agency for a long time.

21 MR. KNOWLES: Yes. And one thing Alan  
22 commented on, we probably don't want to spin our  
23 wheels. Maybe that is something that could be worked  
24 on, provided that the Agency heads give us maybe a  
25 short written briefing on what's currently being done,

1 then we can go back with all of our contacts and say,  
2 what else could be done that's feasible, economical,  
3 that will drive change?

4 MR. GODDARD: To me, the highlight in Paula's  
5 presentation was what she's doing in her Office of  
6 Small Business. They updated the \$afety Pay\$ page.  
7 What they have done, is they've built it now not just  
8 to incorporate the guy's profit margins and his loss  
9 from having an injury and how many widgets he'd have  
10 to make to offset that injury loss, but they've  
11 changed the face of it and they've made it more  
12 universal so the expectation is that more people would  
13 access it and get a bottom line.

14 So, seeking a sort of economic analysis  
15 approach to it in terms of the benefit cost of having  
16 a good safety and health program in place. That  
17 particular initiative is something that the Agency has  
18 high hopes for, to get to the bottom line of the small  
19 businessman and not preach to him in terms of the  
20 provisions of our standards.

21 MR. KNOWLES: Has anybody ever done any  
22 studies to find out if small businesses are even aware  
23 of these resources? I know they are once they get a  
24 citation.

25 MR. GODDARD: Oh, yes.

1 MR. JACOBSON: That's the problem with  
2 reaching them, is you can't get their attention.

3 MR. McMILLAN: I mean, there are problems out  
4 there that have been problems all along, and continue  
5 to be problems for people that are going to come way  
6 after us. Reaching these small employers is kind of  
7 one of them. I'm not saying that I would not think  
8 that's a good one for us to take on, but I would try  
9 to think it through. Let's don't just go after  
10 windmills.

11 A lot of people have been struggling with  
12 that one, unless we think there's something we've got  
13 to offer to break through. I'm not sure. But all of  
14 these things are good issues. It's really going to be  
15 kind of picking a couple that we think are relevant to  
16 this committee, and then trying to do something  
17 meaningful with that.

18 MR. GODDARD: From my perspective, I've been  
19 challenged with the effectiveness of what we choose to  
20 do. So if we don't design it properly, counting Web  
21 hits doesn't work anymore. I have to have some sort  
22 of pre- and post-test to see, here's how this impacted  
23 occupational illness and injuries. So that's my  
24 perspective, that whatever we choose, we have to have  
25 some mechanism for evaluating it with some reasonable



1 design.

2 DR. BLESSMAN: Yes. Along that line, this  
3 did come up earlier, but I think it could be as a sub-  
4 bullet. But the whole thing about methodology in the  
5 workplace for occupational safety and health issues I  
6 think would be real important, because I don't think  
7 many employers are used to that and know how to  
8 collect and assess information. It becomes very  
9 important for them. And if there's some unity in the  
10 collection of that information, then globally you  
11 benefit from that as well. So I don't know if that's  
12 something different to add on the list, but this issue  
13 of methodology, I think.

14 MR. GODDARD: Now, unbeknownst to this  
15 committee, as far as I know, how many of you are  
16 familiar with OSHA's part recommendations, program  
17 rating assessment technique? We've been parted twice  
18 as an Agency, looking at metrics, looking at  
19 efficiencies, looking at different budget performance  
20 integration. Under the President's management agenda,  
21 OMB now has a new initiative, a performance  
22 improvement initiative. But I spent an inordinate  
23 amount of time responding to these measurement-type  
24 initiatives. In fact --

25 MR. KALINOWSKI: As in your own performance?

1 MR. GODDARD: Yes. Yes. Yes.

2 MR. KALINOWSKI: In other words, if you say  
3 you're going to reduce injuries in this industry, you  
4 spend so much money on that issue that you really --  
5 is that what you --

6 MR. GODDARD: No, not necessarily. Setting  
7 targets. Setting targets on meeting them. Having  
8 results. So the Secretary has an '06 to '11 strategic  
9 plan to reduce occupational injuries and fatalities.  
10 BLS data comes in a year late. Right now, I'm dealing  
11 with the '06 data. How did we manage '07, with  
12 getting the '06 data last fall in October? So we have  
13 a system set-up for doing estimates of what we  
14 anticipate the illness and injury reductions would be,  
15 and then we compare the actual result to measure our  
16 performance.

17 It's an intricate, quite complex methodology  
18 that we've developed that the OIG and OMB has  
19 approved. But that's what I spend quite a bit of my  
20 time reporting to and responding to, that many outside  
21 stakeholders really don't get a snapshot into. But  
22 it's about measurement. It's about, whatever we  
23 decide to do, being able to be held accountable for  
24 meeting some result and being able to evaluate it, not  
25 just because it was a good idea. I don't know where

1 that came out.

2 MR. KALINOWSKI: How does that tie in?

3 MR. GODDARD: How is it going?

4 MR. KALINOWSKI: How does it tie in?

5 MR. GODDARD: I don't know. I just thought  
6 I'd mention it.

7 (Laughter)

8 MR. GODDARD: No. It's about evaluating the  
9 impact of whatever we decide to do, you know.

10 MR. KALINOWSKI: What you're suggesting then  
11 is, whatever recommendation we will make ought to  
12 include an evaluation component.

13 MR. GODDARD: Right. You should have an  
14 evaluation component. One of our big struggles with  
15 NAFTA and the Mexican agreements, my office has an  
16 international component and we deal with the  
17 Secretary's letters of agreement with China.

18 On NAFTA, one of the largest obstacles we  
19 faced with the Mexican government is implementing  
20 evaluation strategies for whatever they decided to do.

21 They don't want that. It's not in their culture. We  
22 couldn't get past that obstacle in some of our  
23 interactions with them. So it's a trend behind -- I  
24 guess it's a governmental issue. It's not you guys'  
25 stakeholder issue, but it's just one of the things

1 that we have to be able to respond to, performance  
2 metrics. So if you talk about setting up a  
3 methodology or common, that's where it came in, when  
4 James mentioned a metric.

5 MR. JACOBSON: Any recommendations by this  
6 committee would have to go through that process to see  
7 that it --

8 MR. GODDARD: I would think so.

9 MR. JACOBSON: -- that you integrated it.

10 MR. GODDARD: I would think so. I would  
11 think it would add a lot of legitimacy to the  
12 committee's work.

13 MR. KALINOWSKI: So it seems to me that  
14 there's two significant issues out there that people  
15 keep coming back to. Maybe either one or both of  
16 those, we could select and then actually add more  
17 specifics to dealing with them. That's the outreach  
18 to small and medium businesses. Even though there's  
19 lots of work going on, as the Secretary said, they  
20 still need help on that. And public and municipal  
21 workers. That's separate from actually changing the  
22 OSHA Act, I think. The advisory committee is not  
23 charged with making recommendations about --

24 MR. GODDARD: Yes. But it can be step one,  
25 gather the data, show -- you know, it doesn't have to

1 be, repeal the Act or change -- you know, make some  
2 amendment to the Act. It could be, here's what's  
3 going on in the public sector, you know, and drawing  
4 some conclusions from what the data says. I don't  
5 know exactly what it will say at this point or how  
6 much of it that we have.

7 MR. SWARTZ: And look at what Karl brought  
8 up. I think it's proscriptive versus performance. In  
9 light of your comment, does that help you design  
10 certain standards where you see, either compliance, is  
11 your compliance better with proscriptive, are there  
12 fewer "deaths or injuries" related to the proscriptive  
13 standard and therefore does that give directions to  
14 the Agency to substantiate what their strategy should  
15 be in passing future standards? I mean, that kind of  
16 lends itself to that comment.

17 MR. GODDARD: That's one way we've done it.  
18 We've gone back historically in time to look at  
19 environment, to look at penalties as opposed to  
20 "serious" versus "non-serious" and tried to compare  
21 the data sets to look at the impact. That's one of  
22 the mechanisms we use in almost everything.

23 But then we get into issues of OSHA  
24 jurisdiction, CFOI, the BLS fatality rates are  
25 different. We've got a lot of different things to

1 look at.

2 MS. WELLS: You know, one thing that's not on  
3 our list that the Assistant Secretary did mention this  
4 morning, is that he's looking for input from this  
5 committee on what we thought new and emergent issues  
6 in health and safety were that OSHA should be looking  
7 at in the future, that "looking down toward the bottom  
8 of the hill" issue.

9 You know, maybe that's something that we  
10 could do fairly reasonably, you know, have a session  
11 where we do some brainstorming about what the people  
12 on this committee see as new and emerging issues in  
13 health and safety that OSHA would be looking at in the  
14 future, and that would be something that we could look  
15 at in the short term and then decide which of these  
16 other projects -- and, you know, some of these issues  
17 are going to be things that we see as emerging issues  
18 for OSHA in the future.

19 Some are issues that have been issues for  
20 OSHA for a long time, and probably will still be in  
21 the future. But perhaps that would get us something  
22 that would be more of a short-term project as we  
23 select how we want to approach some of these more  
24 research- or data-intensive projects for a longer term  
25 product.

1           The other thing is, I would suggest as a  
2 committee we decide, if we're going to tackle these  
3 issues are we going to tackle each issue as an entire  
4 committee, do we want to break into subcommittees as  
5 we've done in the past, how would we want the process  
6 to move forward?

7           MR. KNOWLES: Again, along those lines there  
8 are a couple of articles in our little blue book on  
9 the emerging issues. There are a number of  
10 publications in various journals that have talked  
11 about emerging issues, and all those things up there  
12 that we just threw out, those are emerging issues,  
13 too. So, a lot to think about.

14           MR. GODDARD: From an Agency perspective, you  
15 could internalize it. Assistant Secretary Foulke  
16 spoke about attrition. Talk about an emerging issue!  
17 There could be an exodus.

18           MS. RANDOLPH: But looking down that hill, I  
19 think the area of that younger workforce who's going  
20 to be replacing us and who already have significant  
21 health issues, whose health longevity is in question,  
22 so an employer who's going to hire them, whatever that  
23 work setting may be, is inheriting an already  
24 preexisting set of conditions.

25           Combined with various exposures, what does

1 that mean for those workers who are going to be  
2 working with who knows what with some of the other  
3 technology or other sorts of things that may have some  
4 significant effects on their health, as well as their  
5 safety? So for me, I think that that younger  
6 workforce, or what Vickie was saying on the aging  
7 piece who have to work, who are working past 65,  
8 working past 70, and being able to function in a way,  
9 just with the effects of aging and fatigue, in a  
10 sense, looking at vision, dexterity, those sorts of  
11 things that are going to be compromised.

12 MR. KNOWLES: Yes. Along those lines, I know  
13 some of us are aware of this particular issue. But in  
14 terms of aging, the number of Ph.Ds in pure safety  
15 sciences is slowly diminishing. There currently -- I  
16 think there is only one true safety Ph.D. program in  
17 the country. I know ASSE, the American Society of  
18 Safety Engineers, did do some outreach with the heads  
19 of the NIOSH ERC groups to try to get funding to  
20 promote new Ph.D. programs.

21 The industrial hygiene profession is pretty  
22 well-established in terms of the number of qualified  
23 Ph.Ds to ensure continuity there, but on the safety  
24 side, there is an issue and that's going to impact  
25 those who are overseeing worker safety in the work



1 environment, be it public, private, whatever. It's  
2 also going to affect the available talent pool of  
3 people who might be coming into the Agency. So, it's  
4 something else that, strategically, the Agency should  
5 be planning for and supporting.

6 MS. WELLS: And to add to that, while there  
7 are certainly a number of Ph.D. programs out there for  
8 industrial hygienists, the number of master's trained  
9 industrial hygienists is dropping dramatically. The  
10 programs are going from, you know, when I got my  
11 master's degree I would say there were 20 to 30  
12 students in the program. Now most of the programs  
13 have 3, 4, 5, 6, or 7 is a big class. So, I think  
14 you're seeing fewer master's trained industrial  
15 hygienists coming into the field.

16 MR. KNOWLES: Come to think of that, I get 7  
17 to 10 students at Hopkins in the grad program each  
18 year.

19 MR. SWARTZ: I just heard a presentation for  
20 the University of Wisconsin. Currently, out of their  
21 Safety Program, they are being offered jobs in their  
22 junior year because there's not enough to go around.  
23 They're paying for the rest of their year's tuition,  
24 and they're starting at \$60,000. They can't produce  
25 enough safety people, as we know. So it is a shortage

1 in their industry, which is an emerging problem and  
2 issue.

3 MS. RANDOLPH: That also applies to nursing,  
4 for those even going into nursing, let alone looking  
5 at occupational health nursing and providing health  
6 care at work sites. I think the training of all of  
7 the safety and health professionals, this is an issue.

8 It has been looked at by NIOSH, and I think in other  
9 organizations. Professional organizations have looked  
10 at that and whether -- as membership. But that's  
11 providing those services in work sites.

12 MR. KALINOWSKI: Sid, is that a NORA issue,  
13 dealing with training? I know they fund resource  
14 centers.

15 MR. SODERHOLM: It's certainly a NIOSH issue.  
16 It's not necessarily a NORA issue, I guess I would  
17 say. I believe it's accurate to say that the Board of  
18 Scientific Counselors, which is another advisory  
19 committee that deals only with NIOSH, not NIOSH and  
20 OSHA, has recently written a report about this  
21 professional training. I think I'm right, Keith, that  
22 the professional training is in the NIOSH sphere,  
23 whereas the worker training is more OSHA.

24 MR. GODDARD: Right.

25 MR. SODERHOLM: So that report is available

1 and you certainly can request that. Through Keith, we  
2 can make that available. I believe it's been  
3 finalized and is available.

4 MS. RANDOLPH: I know it was presented to  
5 that group.

6 MR. SODERHOLM: Right. So if that would be  
7 of help --

8 MR. KALINOWSKI: Jim says there's a shortage,  
9 we don't have enough. My experience has been, when I  
10 got a degree in industrial hygiene, there were 80-some  
11 people in a two-year program, and now it's down to 20.

12 MS. WELLS: Now it's down to about seven,  
13 seven or eight in most of them.

14 MR. KALINOWSKI: And occupational health  
15 nurses, I mean, they're struggling as well. The  
16 University of Michigan dropped their occupational  
17 physician program, which may have impacted the NIOSH  
18 funding. Also, what we see across this country--and  
19 we do need more professionals--is the small- and  
20 medium-sized businesses, they take their personnel  
21 director or HR person and say, here you go, here's  
22 your safety hat, and then they have to figure out how  
23 to become a safety director as well. I think you see  
24 a lot of small businesses are not hiring. They're not  
25 the Northrop Grummans. They can't afford it, so they

1 use consultants or they say, here's your safety hat,  
2 figure out what you've got to do.

3 MR. KNOWLES: Or they go through the National  
4 Safety Council and take courses once they're made  
5 aware of it. That's the biggest problem, is  
6 awareness.

7 MR. KALINOWSKI: So I guess maybe that's an  
8 issue we ought to put on the board, anyway, is train  
9 safety and health professionals. Or do we already  
10 have it up there? Some of these can be combined. So  
11 if we were, for example, looking at the small business  
12 issue, that would be some element of that.

13 MS. CRAWFORD: So do you want me to put it  
14 under here?

15 MS. THOMSEN: I think it could be a part of  
16 that, but I also think that it's a larger issue in  
17 terms of just the availability of anybody with this  
18 kind of professional level of training, and those are  
19 the ones who are being hired normally by the larger  
20 companies or in public service. So, it isn't just  
21 small- and medium-sized businesses.

22 MS. RANDOLPH: Also, oftentimes they may be  
23 contracted personnel. They're not really company  
24 employees necessarily, but contract, but having the  
25 necessary skills, knowledge, and expertise to do the

1 job, and to do a job correctly or having the knowledge  
2 set to be able to do a job and provide the  
3 comprehensive occupational programs and services.

4 MS. THOMSEN: And future teachers.

5 MS. RANDOLPH: And future teachers, which is  
6 a whole other issue in and of itself.

7 DR. BLESSMAN: You know, as a companion to  
8 that, just another issue that's near and dear to my  
9 heart, in the physician population, you know, there's  
10 no requirement that workers receive their occupational  
11 health care from those who have occupational  
12 knowledge. Oftentimes I run into circumstances where  
13 things have been made quite confusing by those who  
14 have very little knowledge.

15 In many places, during Worker's Compensation,  
16 they have a system whereby the employer can determine  
17 where they go for the first 10 days, and then the  
18 employee can go to anyone after that. But in essence,  
19 it almost probably should be the other way. The first  
20 10 days probably matter very little, but after that  
21 it's probably more important in the way in which  
22 they're handled. So, this whole issue of making sure  
23 that workers have access to people who have the  
24 appropriate knowledge is just -- it extends to  
25 physicians as well.

1 MR. GODDARD: Why are you looking at me?

2 (Laughter)

3 MR. KALINOWSKI: I mean, I've got some ideas.

4 I think we've probably got enough ideas up there.

5 Now we have to figure out, what are we going to do

6 with all this stuff between the short term and the

7 long term?

8 MS. THOMSEN: Well, I have a specific

9 question about one of the issues on here that I would

10 be really interested in hearing from the Agency on at

11 the next meeting, or even if you could even point us

12 to resources, Web links, whatever in the interim.

13 That is, looking at how the agencies--and that means

14 both NIOSH and OSHA--respond to those emerging

15 hazards. There was the case of diacetyl.

16 I think it was an HHE from NIOSH that went

17 out to the original site, but a number of different

18 things that have been done. I don't feel like I know

19 -- I know that Assistant Secretary Foulke said earlier

20 that the Agency has a lot of flexibility, but I don't

21 feel like I understand how the Agency can respond to

22 those emerging hazards and respond to either specific

23 work sites or larger issues. So, I would be

24 interested in hearing the different mechanisms that

25 both of the agencies have to respond.

1 MR. GODDARD: You know, I think what you  
2 would get if I put that in the hopper for the next  
3 meeting, is a detailed NEP. The NEP comes out in a  
4 directive. Like the diacetyl issue, we're doing  
5 inspections, like the refineries. That's what you'd  
6 get: here's how many inspections, here's when we got  
7 them done by. So the immediate response wouldn't be  
8 standard setting.

9 MS. THOMSEN: Right.

10 MR. GODDARD: Because it will take a long  
11 time to go through that process. So the immediate  
12 response, particularly in diacetyl, where we were  
13 unfamiliar with the establishments beyond butter  
14 flavoring in popcorn, we had to find out where those  
15 establishments existed geographically in the country,  
16 and then we followed up on the NIOSH findings. We  
17 were going to do the inspections on our time frame.

18 Now we're looking beyond that. In food  
19 processing, where is the use of food -- not just  
20 butter flavorings, but where are flavorings being used  
21 throughout? I'm not sure how much beyond the physical  
22 site visit approach through NEPs -- like, that's what  
23 we did for diacetyl and for the refineries. I guess  
24 it was triggered by the big BP accident where 15  
25 people died. You are familiar with that. We have a

1 directive that he's going to accomplish in a certain  
2 time frame. He said it this morning. They're going  
3 to inspect all the refineries, looking for PSM.

4           So then we have regional approaches to it,  
5 where if there's something going on in a specific  
6 region, like in Region 7 was the first diacetyl  
7 discovery. Region 7 did an initiative and it's going  
8 out and doing inspections, not so much the regulatory  
9 framework or setting a standard, which is a separate  
10 process. I don't know how you -- I'm just concerned  
11 that I wouldn't be able to give you a useful,  
12 detailed, substantive approach that we could  
13 replicate, because an explosion in a refinery was so  
14 different than --

15           MS. THOMSEN: Bronchiolitis obliterans.

16           MR. GODDARD: Right. Right. We look at our  
17 PSM trained staff. So we had to internalize it and  
18 accelerate PSM training to get more people who knew  
19 something who could do inspections in refineries. So  
20 it would be a whole different presentation for the  
21 refinery, and -- in diacetyl.

22           MS. THOMSEN: Right. And I guess even that  
23 is really helpful to me to understand, you know, in an  
24 emergency type of event, then there are these kinds of  
25 methods in response to something that NIOSH finds



1 there. So just knowing what some of those tools are  
2 that you can use --

3 MR. GODDARD: Well, 9/11, and Katrina, the  
4 Minneapolis bridge, and California fires would be four  
5 different presentations on how we have responded to  
6 different types of hazards. The annex that you he  
7 mentioned, that John testified on, the worker safety  
8 annex issue, that's evolving, but that's a whole  
9 presentation by itself on emergency preparedness and  
10 response and how the Agency has sort of transformed  
11 itself to deal with those issues as they come up.

12 MS. RANDOLPH: But that is also, I think,  
13 different --

14 MR. GODDARD: Is that useful?

15 MS. RANDOLPH: -- even going back to the  
16 blood-borne pathogens standard, because there was an  
17 emergency standard for that.

18 MR. GODDARD: Right.

19 MS. THOMSEN: But that was completely  
20 different than, say, sort of a disaster-related event  
21 such as a bridge collapse, or even the popcorn  
22 flavorings. I mean, it's so different. So how does  
23 that fit as to how an Agency would respond if there  
24 are so many needle sticks?

25 MR. GODDARD: I guess that's my point, that

1 they're so different. Engineered devices came up and  
2 now I'm doing a look-back on it to see how effective  
3 we were and whether we need to carry on that in dental  
4 offices, in different sites, classes of employers, and  
5 things like that that I'd look at. Sorry. I'm not  
6 answering your question, just having a conversation.

7 MS. THOMSEN: Uh-huh.

8 MR. GODDARD: Because it's different.  
9 They've all been different.

10 MS. THOMSEN: Right. My question isn't  
11 really what was done in this instance or that  
12 instance, et cetera. It's just, what are the  
13 different tools that can be used?

14 MR. GODDARD: So, NEPs have been the  
15 predominant thing. In my shop, we get involved in  
16 understanding the industrial profiles to set up the  
17 establishment level of information that enforcement  
18 would need to get there. I'm not limiting your  
19 conversation.

20 MS. THOMSEN: Uh-huh.

21 MS. WELLS: Keith, you mentioned the  
22 emergency response and the annex to the plan, the  
23 testimony that Dr. Howard gave.

24 MR. GODDARD: Yes.

25 MS. WELLS: You know, I know that it's

1 somewhat problematic that in an emergency situation  
2 like that, it's my understanding that OSHA can't come  
3 in unless FEMA asks them to come in.

4 MR. GODDARD: Right. Right.

5 MS. WELLS: Is there anything in that kind of  
6 an issue where this committee might be able to make  
7 recommendations that would be helpful to the efforts  
8 that OSHA is making in that regard?

9 MR. GODDARD: Well, it seems to have gained a  
10 lot of momentum recently since that testimony. That's  
11 why Ed was thanking John for his support.

12 MS. WELLS: Yes.

13 MR. GODDARD: Because he's been to these  
14 White House meetings that he's talking about, and that  
15 seems to have some inertia, some momentum that I  
16 wouldn't want to interfere with right now.

17 MS. WELLS: Okay.

18 MR. GODDARD: Maybe. I don't know.

19 MS. WELLS: Well, maybe we could give it an  
20 extra little push --

21 MR. GODDARD: Maybe we could do it quick  
22 enough.

23 MS. WELLS: -- and give it a little help.

24 MR. GODDARD: Maybe. Maybe. Yes. I  
25 wouldn't prohibit the committee from doing that.

1 MS. WELLS: I was just wondering.

2 MR. GODDARD: But we have to understand the  
3 issue.

4 MS. WELLS: Right.

5 MR. GODDARD: So I'll have to familiarize you  
6 all with the briefing that he just gave to the White  
7 House. I wouldn't want to meddle with it until we got  
8 educated about where it is.

9 MS. WELLS: Oh, I agree. But it's certainly  
10 an issue that's out there.

11 MR. GODDARD: Yes. Yes. No, that's a big  
12 one for us.

13 MS. WELLS: And I know that there was a delay  
14 in getting OSHA assistance into California because of  
15 the FEMA issue.

16 MR. GODDARD: Yes. It would be one I'd be  
17 happy to present to him, to say the committee has an  
18 interest in helping you move this, accelerate this  
19 action, and let him decide, based on his knowledge  
20 with the Secretary and the Cabinet-level ministers,  
21 people in FEMA, et cetera.

22 MR. KALINOWSKI: Part of the difficulty is,  
23 it is complex in OSHA's ability to react. And the  
24 FEMA issue is whether FEMA funds it or not, right?

25 MR. GODDARD: Right.

1 MR. KALINOWSKI: In fact, the California  
2 State Plan makes it even more complicated to deal  
3 with, right?

4 MR. GODDARD: Yes.

5 MR. KALINOWSKI: So it's complicated. I've  
6 been around doing this for almost 30 years, and I get  
7 confused.

8 MR. GODDARD: Each one is a little different.

9 MR. KALINOWSKI: I tried to change the  
10 definition of what's acceptable to be considered part  
11 of the annex.

12 MR. GODDARD: I hope I'm not frustrating you  
13 guys. I get the sense that I am.

14 DR. BLESSMAN: Question. In terms of taking  
15 this list, is there some value in circulating that  
16 amongst the group? Instead of deleting anything at  
17 this point, to ask for issues and further  
18 clarification and recommendations on how to group, and  
19 maybe give it a couple of weeks of comment from the  
20 group. Then maybe at the end of that period, 30 days,  
21 trying to come up with some type of recommended  
22 ranking. It may take a little while to actually --

23 MR. GODDARD: Digest this.

24 DR. BLESSMAN: Yes. And get into writing  
25 what we're trying to communicate. I'm not sure that

1 it's there yet.

2 MR. KALINOWSKI: That was one of the things  
3 on my list, and Catherine suggested forming a subgroup  
4 or workgroup to take this list and put it in kind of a  
5 usable form, or something that we could all consider.

6 That was one of the things that was kind of on my  
7 list that we could do, if you guys all agree. I mean,  
8 there are three things on my list -- impossible.

9 Number one, is to take all these things and  
10 try to combine the ones we can, make sense out of the  
11 ones that are there for the rest of the group to  
12 consider and have the subgroup do that. The other  
13 thing that's on my list and that I keep picking up is,  
14 do we pick out one, like emerging issues, and have a  
15 subgroup just work on those? Before the next meeting  
16 or in between the next meeting, we can always  
17 communicate by e-mail, et cetera. That is, pick out  
18 one of the issues, say emerging issues, and try to  
19 list those, or we have to come up with this list first  
20 before we can do that. We have to digest this list,  
21 first.

22 MS. THOMSEN: Well, I think it's difficult,  
23 if we are going to be combining things, to, you know,  
24 pick one thing, because then other things might be  
25 combined in it.

1 MR. KALINOWSKI: Okay. So that's a  
2 deliverable before the next meeting, or by the next  
3 meeting, is to take this list of brainstorming issues  
4 and have a subgroup come up with a digested,  
5 summarized list working list that we can work from.

6 DR. BLESSMAN: I guess I would suggest,  
7 before you have the subcommittee, I think everyone  
8 should probably weigh in on the list as it exists,  
9 because otherwise -- in some of the things, I'm not  
10 sure that I -- let's say if I were -- I might not have  
11 the total sense of what they were trying to get, so it  
12 may be of value to get everyone to weigh in first, to  
13 be sure about what the list actually is, you know.  
14 Like, for example, municipal workers. But in my mind,  
15 I'm mostly interested in kind of a voluntary  
16 protection program, which is different than just  
17 saying "municipal workers", but if I wasn't on this  
18 summarizing committee, you would never know that.

19 MR. KALINOWSKI: So what are you suggesting?  
20 I've got to try to figure out.

21 MR. KNOWLES: I think what he's suggesting is  
22 that each of us be given the list and then we comment  
23 on each, or all, or just some of the items on the  
24 list. We get that back, and then the subcommittee  
25 take that and kind of consolidate it.

1 DR. BLESSMAN: Exactly.

2 (Laughter)

3 DR. BLESSMAN: Thank you so much. What he  
4 said.

5 (Laughter)

6 MS. WELLS: As part of that process, people  
7 could say which ones are their top three or their top  
8 five out of this list.

9 DR. BLESSMAN: Yes. Put an asterisk.

10 MR. GODDARD: But how about a framework for  
11 seeing which ones have a better expectation for  
12 completing in our time frame, or some person comes?  
13 Because if I were a member of the committee and you  
14 gave me that list, I'd have to come back to the  
15 committee from the Agency's perspective and saying,  
16 okay, low, medium, high? The likelihood of success,  
17 low, medium, high, and rank them that way in terms of  
18 the difficulty, do some research to see how likely we  
19 were to get far along or not.

20 MR. KNOWLES: I would like to see you comment  
21 on the list.

22 MR. GODDARD: -- some pros and cons.

23 MR. KNOWLES: I'd like to see you guys  
24 comment.

25 MR. GODDARD: That's what I do. But to me,



1 there's so much there.

2 MR. JACOBSON: So can you create that  
3 framework for us?

4 MR. GODDARD: Yes, I can try. Do a pro and  
5 con. But I would ask you to knock off psychosocial,  
6 knock off social media, knock off  
7 performance/proscriptive, and give me a more practical  
8 list. If you give me five, I could do a pro and con  
9 and give you, here's what the obstacles are, some --  
10 it wouldn't be something I'd want to publish, but it  
11 will give you some food for thought as a committee if  
12 you give me 3 to 5, not 10.

13 MS. THOMSEN: Well, I think the idea was,  
14 with the smaller group, then they would try to group  
15 things and we would get the fleshing out of all the  
16 different ideas of what is included in each topic, and  
17 then I think it would be a lot easier for us to apply  
18 those criteria after we had all the information in,  
19 because I would have a completely different idea about  
20 municipal workers right now based on what I was  
21 thinking versus what James is going to add to that  
22 piece.

23 MR. GODDARD: Yes. But I use the national  
24 agenda for municipal workers, which deals with 10  
25 million workers out there without coverage.

1 DR. BLESSMAN: Right. Exactly. Right.

2 MR. GODDARD: And there's no issue more  
3 important in that category for me, you know.

4 MS. THOMSEN: Right. That's why we need to  
5 get all of them together.

6 DR. BLESSMAN: Right. We can weigh in. None  
7 of that would be lost. Then you can kind of shorten  
8 that list, if you will. But I think you need the  
9 whole universe first.

10 MS. THOMSEN: Right. I would hate to cut  
11 anything out now before we've had a chance to hear  
12 what the ideas are, what the issues are for any given  
13 topic.

14 MR. GODDARD: Wow. And you want this by  
15 March/April if you give me international OELs?

16 MS. THOMSEN: No, no, no.

17 (Laughter)

18 MR. KNOWLES: We're not asking you to do  
19 that. What we're saying is, for each of us who want  
20 to respond, we will respond with our comments and  
21 questions on those items. That would then go to  
22 whatever small subgroup is set up and they would  
23 further refine that.

24 But at the same time, I would personally like  
25 to see you guys at the Agency take the same list and

1 just mark them each "high", "medium", or "low"  
2 priority, just so we have an idea what you think the  
3 issues are.

4 MR. GODDARD: Before you get too far along.

5 MR. KNOWLES: So the subcommittee can take  
6 that into consideration.

7 MR. KALINOWSKI: Well, I agree, because we're  
8 advisory. If OSHA goes, we don't want to hear about  
9 social media and we spent a lot of time working on it  
10 and giving you advice and you don't care, we need to  
11 have -- I'm being kind of extreme. I'm just saying,  
12 we need some input on what you think we'll take advice  
13 on.

14 MS. THOMSEN: And I think we need NIOSH's  
15 input also because we're also advising NIOSH. So,  
16 maybe there would be some value for NIOSH in the  
17 social media part, whereas OSHA, at this point, it  
18 wouldn't.

19 MS. WELLS: Keith, is it possible to set up a  
20 list serve that the committee can use to exchange  
21 information on these types of things?

22 MR. GODDARD: Yes. Yes. I have some file  
23 issues that I'll try to get over. I might have to run  
24 it out of my basement, but there are some restrictions  
25 that are being placed on us now in terms of security

1 and encryption that are just getting more and more  
2 complex daily. So, I'll have to do some homework on  
3 that.

4 MS. WELLS: It would just be interesting,  
5 when people were commenting on this list, everybody on  
6 the  
7 committee could see the comments that were coming in.

8 MR. GODDARD: Yes. Yes.

9 MS. WELLS: Or even set up a Web page and  
10 just post them on a Web page.

11 MR. GODDARD: I was just thinking of a less  
12 sophisticated mechanisms I could use for it.

13 MR. KNOWLES: This is a public forum, so I  
14 think all that should be in the public domain.

15 MR. GODDARD: Yes. Well, then I could do it  
16 through my docket. So all my regulatory analysis goes  
17 into the docket. But that's being changed to an  
18 electronic system now. All of government is changing  
19 their whole docket system. But that would be my  
20 traditional system, is to put the comments in a docket  
21 and then everybody could see them.

22 MS. WELLS: And if you could send out an e-  
23 mail when you put new stuff in there to remind us to  
24 go look at it.

25 MR. GODDARD: Yes. But, Deb, we could work

1 on that.

2 MS. CRAWFORD: We can do that.

3 DR. BLESSMAN: Why not just a group e-mail?

4 MR. GODDARD: Yes. I'm thinking that's less  
5 sophisticated. It's easier for me to do. It's not a  
6 group of 400 people, it's 12. Right?

7 MR. KNOWLES: Yes. And if we wanted to set  
8 up a telephone conference call, we can go and do that.

9 MR. KALINOWSKI: Barb, were you going to say  
10 something?

11 MS. McCABE: One of the organizations,  
12 Federal organizations that we also work with, they  
13 have a set-up called Project Center and it's very  
14 simple. They send you an e-mail. There's new  
15 information in the project center. You go there, log  
16 your pass code in and you can get all the information  
17 on everything that anybody uploads to it.

18 MR. GODDARD: Okay.

19 MS. McCABE: That's a real simple way of  
20 doing that thing.

21 MR. GODDARD: Give us a link.

22 MS. McCABE: I'll have to send it to you  
23 because I don't know it off the top of my head.

24 MR. GODDARD: Okay. Just send us a link and  
25 we'll look into it.

1 MS. McCABE: Okay.

2 MR. GODDARD: We could do some internal  
3 things, too. But let's explore the alternatives and  
4 get the best one, the least expensive and practical  
5 one. So you want us to type this list up? So, I need  
6 some clarification. Don't come up with my criteria  
7 for evaluating each one yet?

8 DR. BLESSMAN: No.

9 MR. GODDARD: Okay. Just type the list up.

10 MR. JACOBSON: Just some simple structure.

11 MR. GODDARD: Yes. That's what I'm thinking.  
12 Some sort of structure or -- right?

13 MR. JACOBSON: Rank it.

14 MR. GODDARD: Rank it. Right. Right.  
15 Right.

16 MR. JACOBSON: And then the degree of  
17 difficulty, scope.

18 MR. GODDARD: What time frame.

19 MR. JACOBSON: Time frame.

20 MR. GODDARD: Right. Okay. And then  
21 barriers, you know, implicating factors, or whatever.  
22 You know, I'll come up with a time frame,  
23 evaluation/comment framework.

24 MR. JACOBSON: Interdependencies.

25 MR. GODDARD: Yes.

1 MR. JACOBSON: Because somewhere along the  
2 line you've got to collect who else would be  
3 interested in this, because --

4 MR. GODDARD: Yes. Stakeholders.

5 MR. JACOBSON: The stakeholders. Right.

6 MS. RANDOLPH: But right now we're just going  
7 to take the list and put down our interpretation of  
8 what these things mean to us, and that will come back  
9 and we'll rank order or do something else with that.

10 MR. GODDARD: So, some definitions. Here's  
11 what public sector needs?

12 DR. BLESSMAN: That is only a definition.  
13 You don't have to do this.

14 MR. GODDARD: Oh, good.

15 MS. RANDOLPH: This is for the committee to  
16 do.

17 MR. GODDARD: The committee. I just send you  
18 the list.

19 DR. BLESSMAN: The committee is getting the  
20 list of bullets and we're just commenting on our  
21 understanding of what it represents.

22 MR. GODDARD: Okay.

23 DR. BLESSMAN: And after we get that initial,  
24 kind of throw all that out, then we can have someone,  
25 a smaller group, try to synthesize that and collapse

1 it somehow.

2 MS. WELLS: Perhaps you could send the list  
3 out in table form where you list the things in one  
4 column and you ask people to say, this is what you  
5 think this means in the second column, and this is how  
6 you would rank it in the third column, and you get  
7 that table back filled out from each one of us, and  
8 then a smaller group may have to look at what  
9 municipal workers meant to each person and say, we've  
10 got 12 different definitions here, we need to come to  
11 grips with what we mean by that.

12 MS. RANDOLPH: Actually, that should go back  
13 to the whole group to further clarify so I know what  
14 you're thinking of one topic and whether that might  
15 change my own ideas and ranking, too.

16 MR. GODDARD: Okay.

17 MS. WELLS: When you get that back, it could  
18 be consolidated so you could see what each member's  
19 theory was or what their thoughts were. Then maybe as  
20 a committee you could talk about the whole list.

21 MS. RANDOLPH: Right.

22 DR. BLESSMAN: And you may have to circulate  
23 it more than once, because as individuals comment it  
24 may spring other ideas or whatever as you review that.  
25 Maybe give us 30 days to get that done.



1 MR. GODDARD: So, I'm just thinking times.  
2 So we can get the list to you in a week or two. We'll  
3 just replicate this, right?

4 DR. BLESSMAN: Right.

5 MR. GODDARD: And it will have a column, what  
6 it means to you, and a rank, really simple. If you  
7 get that back to us before the -- I'm putting dates on  
8 things now because we want to make this happen.  
9 Before -- we've got the holidays coming up here, but  
10 this shouldn't be too difficult. So then if we get  
11 the list out within a week or so --

12 MS. CRAWFORD: Friday.

13 MR. GODDARD: Friday.

14 MS. CRAWFORD: Because I'm gone for three  
15 weeks.

16 MR. GODDARD: See what I mean?

17 (Laughter)

18 MR. GODDARD: See how difficult this gets?

19 MS. WELLS: Perhaps you could do it about  
20 mid-January.

21 MR. GODDARD: Yes. So, January 15th, give it  
22 back to us.

23 DR. BLESSMAN: Again, if we're circulating it  
24 amongst everyone, if it comes out as a group e-mail --  
25 here's the group e-mail, and as we write in our

1 comments we're circulating that, then everybody has  
2 the opportunity to weigh in. I'm not even sure. I  
3 mean, it could happen with you being there.

4 MS. THOMSEN: So, Jim, what you're saying is,  
5 we can look at the other person's response and add  
6 ours in to that one?

7 DR. BLESSMAN: Yes. Yes.

8 MR. GODDARD: We could do "track changes". I  
9 could do "track changes" for 12.

10 MS. THOMSEN: No, no, no.

11 MR. GODDARD: January 15th is my next time,  
12 my next milestone to synthesize the first set of  
13 comments.

14 MS. THOMSEN: No. I don't think it all has  
15 to be done on the same document. But then if I see  
16 something on James' that came out, then I could  
17 respond directly on that too. Even though I had  
18 already sent mine in, maybe I could send an extra note  
19 off.

20 MR. GODDARD: Let me explore "track changes",  
21 because that way I could see who says what.

22 MS. WELLS: Keith?

23 MR. GODDARD: Yes?

24 MS. WELLS: The 18th is a Friday, and it's  
25 the third Friday of January.

1 MR. GODDARD: Sounds good.

2 MS. WELLS: Because that first week is still  
3 kind of the holiday, and it gives people two weeks  
4 when they get back from the holidays to look at it.  
5 So, maybe we should look at the 18th.

6 MR. GODDARD: Okay. So, compile comments by  
7 the 18th, right? We'll compile whatever you guys give  
8 us back.

9 MS. RANDOLPH: Those that are compiled that  
10 need to go back out to the group.

11 MR. GODDARD: Yes. Yes. The first draft  
12 back up, which we'll compile from the first set of  
13 comments. That doesn't mean it couldn't change in a  
14 couple of iterations after.

15 MS. WELLS: Because hopefully people are  
16 going to spark thoughts in other people as they go  
17 through this process and say, oh, yes, I agree with  
18 that.

19 MR. GODDARD: So my second milestone was  
20 about a framework for evaluating. Should I go ahead  
21 and start setting some dates or just one step at a  
22 time?

23 MS. WELLS: I would wait until the committee  
24 pared this list down --

25 MR. GODDARD: Let's see what it looks like.

1 MS. WELLS: -- before you said that it's  
2 reasonable and we're closer to deciding what we wanted  
3 to work on before it creates a huge amount of work for  
4 the Agency.

5 MR. GODDARD: Sounds good.

6 DR. BLESSMAN: In that sense, if there was  
7 some type of bulletin board that you could go to where  
8 the mass of your document is, if we could go to that  
9 and update it and everyone could see as it was being  
10 updated, that might be -- and then you're not really  
11 tracking your vision changes or anything like that.

12 MR. GODDARD: My problem is, if you go in and  
13 change it and Karl goes in and changes it, I'm not  
14 sure. I think you guys are going to --

15 DR. BLESSMAN: I'm not saying change it.

16 MR. GODDARD: Just adding to it.

17 DR. BLESSMAN: Add it with your conditions.

18 MR. GODDARD: Okay.

19 DR. BLESSMAN: So we know who you --

20 MR. GODDARD: I can do that.

21 MR. KALINOWSKI: So by the end of the week,  
22 Deborah will have out the list.

23 MS. CRAWFORD: I'll have the list.

24 MR. KALINOWSKI: By January 18th, we'll have  
25 comments in. Then what's next?

1 MR. GODDARD: We're going to go through  
2 another iteration to pare it down, and then once  
3 that's done we're going to develop an evaluation, a  
4 framework for ranking or looking at barriers,  
5 stakeholders, degree of difficulty and continue to  
6 pare it down until, say, February.

7 Then by March, when we have our next meeting,  
8 we will all have our arms around the few that we think  
9 are deliverable that we could suggest with not just,  
10 say, international OELs, but here's five issues that  
11 you could look at under that subject. So we would add  
12 issues, sub-issues to each. Am I on the right track  
13 here? Is that what we're thinking? So under "public  
14 sector" we could have five bullets of what's  
15 interesting in that area, legislative, voluntary  
16 protection.

17 MR. KNOWLES: Well, not only what's of  
18 interest, but we can go in with questions, for  
19 example. One question I would have, before you make  
20 any decision on the public worker issue, is there  
21 available data which indicates where the problems are  
22 in the public sector workforce? Has OSHA done that?  
23 Is that available?

24 MR. GODDARD: Right.

25 MR. KNOWLES: So I think we should have the

1 opportunity not only to put in what we think needs to  
2 be done in those areas, but what are the questions  
3 that need to be asked, answered, or presented?

4 MR. KALINOWSKI: That data is available.

5 MR. KNOWLES: Yes. Yes. I know it is.

6 MR. GODDARD: So in March you want the Agency  
7 to come back to you with those answers to the  
8 questions. Is that what you're thinking of?

9 MR. KNOWLES: No. I thought what we said  
10 was, we would individually comment on all those items.

11 Then a small subgroup would take all of that  
12 information and then pare it down into whether it's 1,  
13 3, 5, 10 issues that they think should be worked, and  
14 then that can be presented and the heads of the  
15 agencies can provide feedback and input, and it may be  
16 pared down, it could be expanded. But I think you're  
17 going to need to do it in phases.

18 MS. WELLS: So the goal is, by the next  
19 meeting, to have selected however many topics that  
20 we're planning to work on and present those to the  
21 Agency heads for their feedback?

22 MR. KNOWLES: I would think by that time, if  
23 we have a January 18th date to send our comments in on  
24 this, then that would give whatever subgroup was set  
25 up some time to sit back, think about that, discuss

1 it, pull it together, and then come up with whatever  
2 however the format, but come up with something, a  
3 proposed plan for input from the Agency heads at the  
4 next meeting.

5 MS. McCABE: How will we determine the bottom  
6 line number of topics?

7 MR. KNOWLES: I think that's what the  
8 subgroup would look at. We would have inputs from  
9 them, hopefully saying it's a high, medium, low  
10 priority, then we would have every individual's inputs  
11 and we would have the subgroup, taking all that  
12 together, coming up with what they think is the list,  
13 getting that out to all of us as a whole to make sure  
14 we agree with that. I think it's got to be a  
15 democratic thing.

16 MS. WELLS: Perhaps, in the structure of the  
17 next meeting, the committee could meet first and  
18 finalize what their recommendations were going to be  
19 before they present them to the Agency heads at the  
20 end of the meeting or the middle of the meeting.

21 MR. GODDARD: I'm thinking ahead. If you  
22 guys want a two-day meeting, the question came up  
23 about, we have a couple of suggestions of doing it  
24 elsewhere, like at CDC. John was talking about doing  
25 it in Atlanta. So, I'm already thinking, what's the

1 agenda going to look like in terms of this material  
2 and getting executives, and how their executive  
3 schedules might impact that. You wouldn't get them  
4 here for 20 minutes, to see if they could all fly out  
5 there. I'm just thinking logistics. Sorry.

6 MR. KNOWLES: Even if they can't make it, we  
7 know that they can send a delegate.

8 MR. JACOBSON: You really want the agencies  
9 to have some advanced notice of what we want to talk  
10 about for preparation also. Not that they're going to  
11 present everything. They probably want to bring some  
12 of their staff that are intimate with the issues that  
13 we want to talk about.

14 MR. KALINOWSKI: So having it someplace other  
15 than here does not work that well, especially if it's  
16 short. If we all come together for a day or two,  
17 that's one thing. If they just have to show up at the  
18 meeting for a 20-minute discussion, it's pretty hard  
19 to fly wherever.

20 MR. GODDARD: Yes. It just becomes a little  
21 tougher.

22 MS. WELLS: Well, what would be the advantage  
23 of having it either at -- or somewhere else?

24 MR. GODDARD: It's a nicer room.

25 (Laughter)



1 MS. THOMSEN: Could we have coffee?

2 MR. GODDARD: You could get cherry blossoms  
3 if we do it here in March, April.

4 MR. KALINOWSKI: So are we solid on what we  
5 need to do?

6 MR. GODDARD: It sounds like we have an idea.  
7 I think I'm in good shape. We'll get the list out.  
8 We'll go over it and start putting the comments  
9 together, circulate it three or four times.

10 MR. KALINOWSKI: Well, maybe a subgroup of  
11 this group that puts together, say, the top five, ask  
12 the rest of NACOSH to comment on what their priorities  
13 are, and that's what it comes out and then they can  
14 rank them, or try to.

15 MR. GODDARD: Then what I'll do is just give  
16 you sort of continuous feedback, because if I wait  
17 until the end of the process to present it to the  
18 whole Agency, the door could slam on our feet as  
19 opposed  
20 to --

21 MS. CRAWFORD: We could talk about it --

22 MR. GODDARD: Yes. Okay. Deb just brought  
23 up a periodic meeting, the Issues and Exchanges  
24 Groups. So we'll work with NIOSH and try to make sure  
25 that we don't go too far off the reservation to where

1 we get frustrated in March. Along the way, we have  
2 things that are feasible and we'll try to drop those  
3 that are not. I'll still be democratic.

4 MS. McCABE: After the break--that was a  
5 hint--I would appreciate hearing a summary of what  
6 we're going to do, because I keep hearing slightly  
7 different iterations.

8 MR. GODDARD: Are you volunteering to do the  
9 summary?

10 MS. McCABE: No. That's what the Chairman  
11 does.

12 MR. KALINOWSKI: I keep trying and keep  
13 changing it as I go. So should we take a break? We  
14 should take a 10-minute break. Yes, for sure.

15 MR. GODDARD: Okay. Back in 10. So it's  
16 3:00. Ten after.

17 (Whereupon, at 3:03 p.m. the meeting was  
18 recessed.)

19  
20  
21  
22  
23  
24  
25

NEXT STEPS & CLOSING REMARKS

[3:23 p.m.]

1  
2  
3  
4 MR. KALINOWSKI: All right. We're ready to  
5 start again.

6 I guess there's a couple things we need to  
7 do. Vickie suggested adding something to the list,  
8 and that's MRSA, methicillin-resistant --

9 MS. WELLS: Methicillin-resistant  
10 staphylococcus aureus. It's an infection that used to  
11 be contained primarily to hospitals. It's being seen  
12 a lot in community settings. There have been issues  
13 with exposure, particularly to certain municipal  
14 employees, police, sheriff.

15 MR. GODDARD: Corrections.

16 MS. WELLS: It's also becoming an issue in  
17 the schools.

18 MR. KALINOWSKI: I know what it is now. I  
19 just didn't recognize the acronym.

20 MS. WELLS: And the question I asked Keith  
21 was whether Federal OSHA had come out with any  
22 guidance or not. CDC has some guidance, but it's more  
23 non-occupational.

24 MR. KALINOWSKI: So I think what we need to  
25 do, is we need to come back and figure out exactly

1 what we're doing between now and the next March/April  
2 meeting, what the expectations are, right? Because  
3 somebody suggested, let's put together a list. We  
4 heard a list of what's going to be done. What dates?  
5 Who is taking notes for this meeting?

6 MR. GODDARD: The transcript.

7 MS. RANDOLPH: Doug, you didn't know you got  
8 to do the minutes as Acting Chair?

9 MR. KALINOWSKI: So let's just back up. Can  
10 I back up? Do you guys mind? I'm sorry. I just,  
11 list by the end of the week. Comments to that list by  
12 January 18.

13 MR. GODDARD: So we're going to compile the  
14 comments and give it back to the group.

15 MS. WELLS: Yes.

16 MR. GODDARD: By the 18th?

17 MS. WELLS: We have our information back to  
18 you by the 18th.

19 MR. GODDARD: Okay. And when do you want it  
20 back? When are you coming back, Deb? March?

21 MS. CRAWFORD: January 7th.

22 MS. WELLS: You could just post each person's  
23 list they send you back. It's easier than you trying  
24 to compile them.

25 MR. GODDARD: No, we'll compile it and get it

1 recirculated.

2 MS. THOMSEN: Is two weeks enough to do that?

3 MR. GODDARD: Yes. From the 18th through the  
4 30th.

5 MS. THOMSEN: 30th, 31st.

6 MR. GODDARD: February, end of January. What  
7 do you think, Deb? End of the month?

8 MS. CRAWFORD: End of what, January?

9 MR. GODDARD: January.

10 MS. WELLS: That would be February 1st. Two  
11 weeks to the Friday would be February 1st.

12 MR. GODDARD: Okay. So we'll get it back it  
13 back out February 1st.

14 MR. KALINOWSKI: And then what's the  
15 expectation that we have? A workgroup from this group  
16 that would come up with the top five? No? Is that  
17 the expectation?

18 MS. THOMSEN: I thought that the idea was,  
19 they would help to narrow it down and see if things  
20 could be combined, and that everybody was going to  
21 give -- oh, wait. There are already going to be  
22 people's -- see, I have a problem. As I said before,  
23 my issue is that I'll give it one score now, but then  
24 when I see somebody else's information about what  
25 they've added in in terms of comments about what to do

1 on that topic, I may --

2 MR. JACOBSON: I think we should all "copy  
3 all" on our response back, so at least you're seeing  
4 most everybody's comments.

5 MS. THOMSEN: So then I can change more  
6 scores based on what I've -- okay.

7 MR. GODDARD: Are we allowed to filter it in  
8 some sort of reasonable fashion if we see  
9 contradicting comments or one that annihilates  
10 another? Are you going to give us, as a committee,  
11 that ability?

12 MS. RANDOLPH: I think it's important to see  
13 that, though.

14 MR. KALINOWSKI: Let the subgroup do that.

15 MS. RANDOLPH: Yes.

16 MR. GODDARD: Okay. When we compile.

17 MS. McCABE: Wouldn't it be easier for you if  
18 the subgroup cuts it down first and then you don't  
19 have to comment on everything?

20 MR. GODDARD: Uh-huh.

21 MS. McCABE: But that's not the order you  
22 just had it in.

23 MS. THOMSEN: No, that as just compiling it.  
24 We're not commenting yet on it.

25 MR. GODDARD: Yes. I'm just compiling it.

1 But if I see one issue which sort of gets rid of  
2 another, I want the freedom to --

3 MS. RANDOLPH: I think it's still important  
4 to see that information.

5 MS. WELLS: We need to see that.

6 MR. KNOWLES: That's not a role I think we  
7 want you to play at this point.

8 MR. GODDARD: Okay. So we'll let you have it  
9 all.

10 MS. WELLS: Make the committee do it.

11 MR. KNOWLES: Let it all go to the subgroup  
12 and then the subgroup can eliminate. Those that they  
13 eliminate, they can just put one sentence why it was  
14 eliminated. One sentence might be, no one responded  
15 with any --

16 MS. RANDOLPH: Or based upon the entire  
17 response, you might have several that are high  
18 priority, have a higher ranking. So to look at those,  
19 I think it's important to see all the information  
20 because someone may say, I agree with this, I think  
21 this is also still important. When you look at  
22 everything do you agree with the same rankings, and  
23 out of that, what are your top five, or top three, or  
24 something like that?

25 MR. GODDARD: Okay. We'll compile it and

1 we'll send it back to you February 1st.

2 MR. SOMMERS: There are a lot of acronyms up  
3 there, some I'm not familiar with. Could you spell  
4 out some of the acronyms, too, as to what they are?  
5 Like for me, "WEEE" is something I do going down a  
6 roller coaster.

7 (Laughter)

8 DR. BLESSMAN: Not the way to go with that  
9 one.

10 MR. KNOWLES: One of the dilemmas, I mean,  
11 even if you know what the acronym stands for, like  
12 WEEE it is the WEEE, the ROHS document in the European  
13 Union, they are big documents, and complicated. So  
14 I'll volunteer. If anyone wants information on a  
15 WEEE, ROHS, and REACH, I have summaries of those.

16 DR. BLESSMAN: All you need to do right now  
17 is to expand on what the issue is.

18 MR. KNOWLES: Yes. It is really a  
19 globalization issue. It's not that WEEE and ROHS and  
20 REACH directly impact OSHA, but indirectly in terms of  
21 global harmonization and the future direction, it will  
22 have an impact.

23 MS. RANDOLPH: And how that relates to the  
24 international OELs.

25 MR. KNOWLES: Yes. It's all kind of



1 together.

2 MS. RANDOLPH: It's all sort of together.

3 MR. GODDARD: When you give us your comments,  
4 expand instead of just acronyms. Is that asking too  
5 much?

6 MR. KALINOWSKI: I'll attach all those.

7 MR. GODDARD: UPS that, will you?

8 MR. KALINOWSKI: So I have a question of our  
9 view. When the comments come in, is that where you  
10 add also what's important to all of you, or just --

11 MR. JACOBSON: We're ranking them.

12 MR. KALINOWSKI: Yes. Ranking them.

13 MS. THOMSEN: We are adding what questions we  
14 have. Wasn't that another thing? I wanted to make  
15 sure that got in there, issues, questions.

16 MR. SOMMERS: Do you want to put our comments  
17 on, and then at the end put a rank, rank them where we  
18 want them? That's not going to take up a lot of  
19 space.

20 MR. JACOBSON: Why doesn't everybody force  
21 rank them 1 through whatever?

22 MR. GODDARD: Okay. On the first iteration.

23 MS. RANDOLPH: Out of the whole list?

24 MR. GODDARD: On the first iteration?

25 MR. JACOBSON: On the first submission there,

1 your number one as number one --

2 MR. GODDARD: So I thought on the first  
3 iteration we were going to ask you what it means to  
4 you on a forced rank. Define it and rank it.

5 MS. WELLS: And if people want to put in a  
6 comment about why that's there, they can put in a  
7 comment column, and if they want to they can leave it  
8 blank. But I think that Catherine makes a good point.  
9 Once everybody has got those in, I think that they  
10 should go back out to people again to rank them a  
11 second time to see if people change their minds.

12 MS. RANDOLPH: Similar to a Delphi approach  
13 type of thing.

14 MR. GODDARD: Now, wait a minute. So do the  
15 dates still hold? Because the first iteration, what  
16 it means, define it, comment, rank it, by January  
17 18th. Dates still hold, right?

18 MS. WELLS: Uh-huh.

19 MR. GODDARD: Then we compile it, get it back  
20 out to you February 1st.

21 MS. WELLS: Right.

22 MR. GODDARD: What are you talking about,  
23 ranking it again?

24 MS. THOMSEN: I think while the subcommittee  
25 works, then people can also offer any new rankings

1 that they have at that time.

2 MR. GODDARD: Okay.

3 MS. McCABE: Okay. From what we've been  
4 talking about, this is what I've captured here.

5 MR. GODDARD: Okay.

6 MS. McCABE: The list goes out by December  
7 14, with the format for the columns for ranking, the  
8 comments, and all that stuff. The comments from the  
9 group, from the whole group, go back to you by January  
10 15. I'm sorry, 18th. Then you're going to compile  
11 them and send them back out to the entire committee by  
12 February 1st. Then the entire committee can  
13 recommend, re-rank, and it goes to the subgroup from  
14 there. Is that correct?

15 MR. GODDARD: So I'm keeping comments ranked.  
16 I'm keeping that comment to each of the ones that you  
17 described, so each time we go through an iteration you  
18 could re-rank it, add comments, or redefine it. So  
19 we'll come up with one matrix. Does that make sense?

20 I think I'm capturing what you're trying to do here.

21 MS. McCABE: Yes. You have the opportunity,  
22 after the first commenting, to nix things.

23 MR. GODDARD: Okay.

24 MS. McCABE: Then it goes back. Then  
25 everything that's left goes back out to the committee

1 so everybody can see the entire compilation again.

2 MS. WELLS: He doesn't have any nixing  
3 authority.

4 MS. McCABE: Okay. Well, he can put in a  
5 comment that says "I recommend you nix".

6 MS. WELLS: That's at a later time. That's  
7 at a later time.

8 MR. GODDARD: This one isn't going anywhere.

9 (Laughter)

10 MS. McCABE: Then that way everybody gets to  
11 see and has a second chance to rank after they see  
12 what else has been said.

13 MS. THOMSEN: And who from NIOSH will be  
14 doing that same thing then?

15 MR. GODDARD: Sid. Sid's our trouper.

16 MS. THOMSEN: Bridgette?

17 MS. THOMSEN: No, this is all committee work.

18 MR. GODDARD: I'm going to be looking for  
19 comments from you as well.

20 MS. THOMSEN: Right. So he's going to be  
21 commenting on what is reasonable/feasible/might have  
22 some outcome from the OSHA perspective.

23 MS. RANDOLPH: Won't that be after we've  
24 looked at it the two times, though?

25 MR. GODDARD: Here's what we're going to do.

1 Here's what we're going to do. Deb and I have a  
2 meeting scheduled with NIOSH on January 28, an issues  
3 group. Bridgette is going to be there. The NIOSH  
4 group attends that, too. So, Deb, if we get this  
5 stuff together by January 18, we will present it to  
6 NIOSH on the 28th, so when I get back to you February  
7 1 we should have NIOSH's comments incorporated.

8 MS. THOMSEN: Wow. Perfect.

9 DR. BLESSMAN: I don't know what our time  
10 frame is for when we have to get done with issues.  
11 Should we take 15 minutes to re-do the list now to  
12 collapse the items in some way?

13 MR. JACOBSON: Some of these items are sub-  
14 bullets to a major item that shouldn't be on a final  
15 list.

16 MS. THOMSEN: The WEEE, ROHs, globalization,  
17 harmonization, green chemistry, TOSCA, are all one  
18 item.

19 MR. JACOBSON: So this one is an issue,  
20 right? This is a sub. That's a sub, that's a sub.  
21 The bottom five, they're all the same thing.

22 MS. THOMSEN: Yes. That's all one.

23 MS. WELLS: I'm not sure that green chemistry  
24 falls into there.

25 MR. JACOBSON: No.

1 MS. WELLS: Well, it was just an idea of  
2 another initiative that was out there.

3 MR. JACOBSON: I don't even know what these  
4 two are.

5 MR. KNOWLES: Well, you take all those  
6 together, it's global.

7 MR. GODDARD: How did the top six substances  
8 on the Controlled Act get on there? I don't remember.  
9 Who put that there?

10 MR. KNOWLES: Somebody threw that in.

11 MR. GODDARD: Why is that on there? That's  
12 an EPA reg.

13 MS. McCABE: I think somebody just mentioned  
14 it. The Assistant Secretary mentioned it this  
15 morning.

16 MR. KNOWLES: REACH is the E.U. alternative  
17 to TOSCA.

18 DR. BLESSMAN: And then another thing was, in  
19 those barriers to worker performance, there are  
20 several things that will come under there, at-home  
21 preparedness, fatigue, stress, chronic fatigue. It's  
22 all a part.

23 MR. KNOWLES: I think we've got our ranking.  
24 Then just put the others, 1A, 1B. Green chemistry  
25 would be an E.

1 MS. WELLS: I see green chemistry as a really  
2 different issue than international OELs.

3 MS. THOMSEN: No. I'm sorry. It's a  
4 specific --

5 MR. KNOWLES: Is it an environmental issue?  
6 Because if it's environmental, it doesn't fall under  
7 NACOSH.

8 MS. THOMSEN: It may be following the REACH  
9 protocol, so there's a question of whether or not  
10 they're going to be harmonizing. So, it was part of  
11 that same issue.

12 MR. JACOBSON: Motor vehicle stands alone,  
13 right?

14 MS. THOMSEN: And so does public municipal  
15 workers. Emerging hazards.

16 MR. JACOBSON: So that takes care of this  
17 whole page, except does this belong there?

18 MS. THOMSEN: Yes, it does. It's fine.  
19 Leave it.

20 MR. GODDARD: So that's 5. That's 5A at the  
21 top of that page.

22 MS. THOMSEN: Well, there's also a little "a"  
23 down there, but I guess if there already is a subpoint  
24 there --

25 MR. KNOWLES: Let's mark it 5B, impact

1 medications on --

2 MS. THOMSEN: We'll make that B.

3 MR. KNOWLES: So this is 6.

4 MS. THOMSEN: That can be 6. Uh-huh.

5 MR. SOMMERS: And then what about that  
6 psychosocial area at the top -- whole -- stress over  
7 there. You have psychosocial there.

8 MS. THOMSEN: Well, no, not necessarily  
9 because it's not just at-home preparedness. Oh. You  
10 were thinking those barriers to work performance,  
11 psychosocial. That could be 5C.

12 MR. KNOWLES: Is social media something that  
13 we need to address? It sounds like OSHA and NIOSH  
14 have pretty much got their hands around it.

15 MS. THOMSEN: NIOSH does.

16 MR. KNOWLES: Maybe the bigger issue is  
17 communications, and social media is just one aspect of  
18 future communication.

19 MS. THOMSEN: Communications, and social  
20 media as part of it?

21 MR. SOMMERS: Under "contractors versus union  
22 workers", because this is something we discussed last  
23 week, like in the "Firefighting" area you have  
24 "professionals versus volunteers". Would that be a  
25 subsection of that?



1 MS. THOMSEN: That's a good idea. I think  
2 they're also in that broad area.

3 MR. SOMMERS: Or you've got "professional law  
4 enforcement and reserves or auxiliaries", something  
5 along those lines. We're talking "contractors versus  
6 union workers".

7 MS. THOMSEN: Number 9?

8 MR. SOMMERS: Number 9. Number 9. I'm  
9 sorry.

10 DR. BLESSMAN: So you want to add something  
11 under there?

12 MS. THOMSEN: Volunteers?

13 MR. KNOWLES: Volunteers wouldn't be workers.

14 MR. SOMMERS: But they're still subject to  
15 Workman's Comp, though.

16 MR. KNOWLES: Worker's Comp is separate from  
17 what OSHA covers.

18 MS. WELLS: And that's a state-by-state  
19 issue, too.

20 MR. KALINOWSKI: Yes. Because they are  
21 covered in Michigan.

22 MS. THOMSEN: I mean, in terms of trying to  
23 make sure those people are protected, even if they're  
24 not covered by a regulation, they may be under --

25 MR. GODDARD: Well, the State Plan states, if

1 you're working alongside of a paid firefighter, then  
2 you're subject to -- in State Plan states, you're  
3 subject to the OSHA rules in that state, even though  
4 you're a volunteer. So the whole thing came up when  
5 we were analyzing side-by-side, because a volunteer  
6 could impact the safety of a paid firefighter, so they  
7 have to comply. Does that sound familiar? That's  
8 what we did.

9 DR. BLESSMAN: I think what we're talking  
10 about in the process, though, you would have the  
11 opportunity when the list comes around to write that  
12 in there.

13 MR. GODDARD: Right.

14 MS. RANDOLPH: Is there a difference between  
15 14 and 14? Because new and emerging, I guess, issues,  
16 hazards, are those --

17 MR. GODDARD: Well, 16 is a subset of 14.

18 MS. THOMSEN: Not necessarily.

19 DR. BLESSMAN: Four and 14.

20 MS. WELLS: Well, I think 4 was historical,  
21 to talk about how hazards have been addressed in the  
22 past and what was effective, and 14 was a list of what  
23 we think new and emerging hazards going forward are  
24 going to be.

25 MS. GARRETT: Not just hazards, but I thought

1 there were issues like nanotechnology that was  
2 something that --

3 MS. WELLS: Right. So I think they could  
4 probably be grouped together, or you could do them  
5 separately. You know, one was to ask for a report  
6 from OSHA on what had worked in the past, and this is  
7 to say what are the new emerging hazards and issues.

8 MS. RANDOLPH: So on number 4, that's really  
9 data we're asking for OSHA to provide us.

10 MR. KALINOWSKI: Well, number 4 is not really  
11 hazards. I think we're talking about strategies that  
12 have worked in that situation, right? Emerging  
13 strategies that have worked, would be the issue.

14 MS. WELLS: And is that really something that  
15 we would want on our list to look at or was that just  
16 a piece of data we were looking to get from OSHA?

17 MR. KNOWLES: Let me throw this out. I read  
18 a report yesterday. It was in the ASSE Engineering  
19 Specialty newsletter. Apparently it was an analysis  
20 of injuries due to inadequate or improper machine  
21 guards from, like, 20 years ago and today. The same  
22 things that were hurting people 20 years ago are still  
23 being seen today. So, that's an issue that is  
24 historical, but the emerging question is, why haven't  
25 things changed with all the technology, all the great

1 engineering controls we put in? What is happening  
2 here? So, it is an emerging issue.

3 MR. SOMMERS: I guess I'd look at that  
4 strategies one as, if we know it's already out there,  
5 have an idea of what's out there, we don't have to  
6 reinvent the wheel.

7 MR. KNOWLES: So you're saying just keep them  
8 separate.

9 MR. SOMMERS: Yes. That might be something,  
10 a guideline that all of us might want to have in our  
11 handbook, like if we're trying to figure out how to do  
12 something, is there something out there that's already  
13 working.

14 MS. McCABE: The number 9, "contractors  
15 versus union workers", I think what Jennifer was using  
16 as an example was basically contractors and unions  
17 working together so that there is a properly trained  
18 workforce available to go to work when they need them,  
19 because "contractors versus union workers" just makes  
20 it sound too --

21 MR. KNOWLES: But there is a second issue. I  
22 think someone down at the end here brought it up  
23 earlier. Just contractors themselves, contractor  
24 safety itself, is a significant issue. I know Ft.  
25 Detrick, I'm working with them on their VPP program.

1 Their major problems are with contractors.

2 MS. McCABE: So you want -- as a separate  
3 issue.

4 MR. KNOWLES: You could say contractors.  
5 Somebody already did it. Contractors and union  
6 workers. That's fine. Then we can insert comments.

7 MS. CRAWFORD: Tell me what MRSA stands for.

8 MS. WELLS: I'll spell it out for you after  
9 the meeting.

10 MS. CRAWFORD: Okay. All right.

11 MR. KALINOWSKI: So do we need to appoint a  
12 workgroup or a subcommittee or whatever at this point?

13 MS. WELLS: You can't. You don't have a  
14 quorum.

15 MR. GODDARD: I don't think we have to have  
16 that now.

17 MR. KALINOWSKI: Can that be done later?

18 MR. GODDARD: I think we can work with the  
19 whole group until our next meeting, just about, right?

20 MS. WELLS: I think at this point that's what  
21 you need to do because you don't have a quorum to take  
22 a committee vote at this point.

23 MR. GODDARD: We don't need a subcommittee  
24 yet.

25 MR. KALINOWSKI: Okay.

1 MS. McCABE: Are we going to set the date  
2 now for the next meeting or is that something that  
3 will come out later?

4 MR. GODDARD: Let me do a little  
5 coordination, first. But I'm thinking the March/April  
6 time frame.

7 MS. WELLS: But it would be really nice if we  
8 could fix that date.

9 MR. GODDARD: End of March, first week in  
10 April is what I'm thinking.

11 MS. WELLS: Okay.

12 MR. GODDARD: Is that close enough?

13 MS. WELLS: But how soon do you think we can  
14 fix the date? Because it's really hard.

15 MR. GODDARD: I've got to get a room, I've  
16 got to get some --

17 MS. WELLS: I understand that.

18 MR. GODDARD: I've got to check everybody's  
19 calendars, you know.

20 MS. WELLS: But hopefully we could get the  
21 date fixed by, like, early January.

22 MR. GODDARD: Oh, yes. Yes. Yes. We'll get  
23 right on it.

24 MS. CRAWFORD: We'll send some alternate  
25 dates like we have done in the past, and you all can

1 let us know what your availability is and then we'll  
2 go from there.

3 MS. WELLS: Are we thinking of a one-day  
4 meeting or a two-day meeting?

5 MS. CRAWFORD: Two-day meeting, definitely.  
6 I mean, day and a half, two days. But not one day.

7 MS. McCABE: Also, the sooner ahead of time  
8 we know, the easier it is to get a hotel room at a  
9 government rate in DC.

10 MS. CRAWFORD: Right.

11 MS. WELLS: I'm not the only one who had  
12 difficulty, I take it.

13 MR. GODDARD: I can't imagine -- engineers  
14 having problems getting a room in DC.

15 MS. WELLS: You'd be surprised.

16 MR. KALINOWSKI: Shall I call for a motion  
17 for adjournment?

18 MR. SOMMERS: So moved.

19 MS. McCABE: Second.

20 MR. KALINOWSKI: All in favor?

21 (Chorus of Ayes)

22 (Whereupon, at 3:48 p.m. the meeting was  
23 adjourned.)

24

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## C E R T I F I C A T E

1  
2 This is to certify that the foregoing  
3 proceedings of a meeting of the National Advisory  
4 Committee on Occupational Safety and Health,  
5 Occupational Safety and Health Administration, U.S.  
6 Department of Labor Commerce, held on Wednesday,  
7 December 12, 2007, were transcribed as herein appears,  
8 and this is the original transcript thereof.  
9

10 \_\_\_\_\_  
11 LISA L. DENNIS

12 Certified Verbatim Reporter  
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