PROTECT WORKERS FROM CRIPPLING WORKPLACE INJURIES

PRESERVE THE OSHA ERGONOMICS STANDARD

Background
On November 14, 2000, the Occupational Safety and Health Administration (OSHA) issued its final ergonomics standard to prevent work-related musculoskeletal disorders (MSDs), the nation’s biggest job safety problem. Ten years in the making, this new protection will prevent hundreds of thousands of injuries each year by requiring employers to implement ergonomics programs and fix jobs where MSDs occur.

This standard, initiated by the Bush Administration in 1990, has been opposed by some employer groups and conservative members of Congress, who for years repeatedly tried to block or delay this needed protection. In 1995 and 1997 opponents succeeded in blocking the ergonomics standard through riders to the OSHA funding bill. In 1998 Congress authorized funds for a study by the National Academy of Sciences (NAS) on the scientific evidence on ergonomics, but allowed OSHA to move forward with the development and issuance of a standard. In 1999 and again in 2000, opponents again tried unsuccessfully to block the standard on grounds the scientific evidence did not support an ergonomics regulation.

In November, 2000, OSHA issued the final ergonomics standard following an extensive and lengthy rulemaking, which included nine weeks of public hearings, with over 1,000 witnesses testifying and more than 7,000 written comments on its proposed rule.

On January 18, 2001, the National Academy of Sciences and Institute of Medicine released their joint study on Musculoskeletal Disorders and the Workplace that strongly reaffirmed that the scientific evidence shows that workplace exposures cause MSDs and that interventions consistent with the OSHA standard are the most effective means to prevent these injuries.

Despite these findings, with the election of a Republican controlled Congress and President Bush, opponents of the ergonomics standard have announced they will seek repeal of this new protection. Opponents are likely to seek to overturn the ergonomics rule through a Resolution of Disapproval under the Congressional Review Act as well as seeking an administrative stay and revocation of the rule by the Bush Administration.

Ergonomic injuries and illnesses are the nation’s biggest workplace safety and health problem

- Musculoskeletal disorders (MSDs) caused by ergonomic hazards are the biggest safety and health problem in the workplace today, accounting for nearly a third of all serious job related injuries. In 1999, according to the Bureau of Labor Statistics, more than 600,000 workers suffered serious workplace injuries caused by repetitive motion and overexertion. In their recent joint report on Musculoskeletal Disorders and the Workplace (January 2001), the National Academy of Sciences (NAS) and Institute of Medicine (IOM) put the number of serious work-related MSDs at 1 million annually.
- These injuries are serious, disabling and costly. One type of MSD -- carpal tunnel syndrome -- results in workers losing more time from their jobs than any other type of injury, even amputations. According to the NAS report, the workers’ compensation costs of these
injuries is estimated at $13 - 20 billion annually; the overall costs to the economy at $45 - 50 billion.

- Ergonomic injuries are a major problem across every sector of the economy. Meat packing workers, poultry workers, nurses, cashiers, assembly line workers, computer users, truck drivers, stock handlers, sewing machine operators, and construction workers.

- Women workers are particularly affected by these injuries. Women make up 46 percent of the overall workforce, but in 1998 accounted for 64 percent of repetitive motion injuries (42,347 out of 65,866 reported cases) and 71 percent of reported carpal tunnel syndrome cases (18,719 out of 26,266 reported cases).

The 2001 National Academy of Sciences/Institute of Medicine report confirms that there is strong scientific evidence showing that workplace factors cause musculoskeletal disorders.

- On January 18, 2001, the National Academy of Sciences (NAS) and Institute of Medicine (IOM) released their long awaited report on Musculoskeletal Disorders and the Workplace. The report, requested by industry groups and conservative Republicans who opposed an OSHA ergonomics standard, finds that there is strong scientific evidence showing that exposure to ergonomic hazards in the workplace causes musculoskeletal disorders and that these injuries can be prevented. The study confirms that the exposure addressed by the OSHA standard – heavy lifting, awkward postures, repetition, force and vibration – cause back injuries and/or upper extremity injuries like carpal tunnel syndrome. It also found that a programmatic approach tailored to individual workplaces, such as that set forth in the OSHA standard, is the most effective means to reduce MSDs. Specific major findings of the study included the following:

  “There is no doubt that musculoskeletal disorders of the low back and upper extremities are an important and costly national health problem...In 1999, nearly 1 million people took time away from work to treat and recover from work-related musculoskeletal pain or impairment of function in the low back or upper extremities. Conservative estimates of the economic burden imposed, as measured by compensation costs, lost wages, and lost productivity, are between $45 and $54 billion annually.” (Page ES-1)

  “The panel’s review of the research literature in epidemiology, biomechanics, tissue mechanobiology, and workplace intervention strategies has identified a rich and consistent pattern of evidence that support a relationship between the workplace and the occurrence of MSDs of the low back and upper extremities.” (Page ES-3)

  “The panel concludes that there is a clear relationship between back disorders and physical load; that is, manual material handling, load movement, frequent bending and twisting, heavy physical work, and whole-body vibration. For disorders of the upper extremities, repetition, force and vibration are particularly important work-related factors.” (Conclusion 3, Page 11-10)

  “The weight of the evidence justifies the introduction of appropriate and selected interventions to reduce the risk of musculoskeletal disorders of the low back and upper extremities.” (Page 11-2)
“To be effective, intervention programs should include employee involvement, employer commitment and the development of integrated programs that address equipment design work procedures and organizational characteristics.” (Conclusion 8, Page ES-6 and 11-2)

This is the third comprehensive review of the scientific literature over the past four years that has come to the same conclusions. The National Institute for Occupational Safety and Health (NIOSH) published a comprehensive review of the epidemiologic literature on the relationship between MSDs and the workplace in 1997. In 1998, the first National Academy of Sciences study and report, Work-Related Musculoskeletal Disorders, found that workers exposed to ergonomic hazards have a higher level of pain, injury and disability; that there is a strong biological basis for these injuries; and that there are interventions to prevent these injuries.

- In addition, a large community of medical and health experts is on record that the scientific evidence on musculoskeletal disorders is sound and that an OSHA ergonomics standard is needed to protect workers. This includes the American Industrial Hygiene Association, the American Public Health Association, the Human Factors and Ergonomics Society, and the American Association of Occupational Health Nurses, and hundreds of individual medical and health experts.

**OSHA’s ergonomics standard is a flexible measure that is based on sound science and good employer practices.**

- OSHA’s ergonomics standard requires employers to establish ergonomic programs to address ergonomic hazards in jobs where workers have suffered a work-related musculoskeletal disorder (MSD). This programmatic approach includes five basic elements – Management Leadership and Employee Participation, Job Hazard Analysis and Control, Training, Medical Management and Program Evaluation - that are to be tailored to the employer’s workplace. OSHA’s ergonomics standard provides a flexible framework for employers; it does not dictate how employers are to address the problems.

- The programmatic approach outlined in the OSHA standard is similar to the ergonomics programs implemented by many employers and in many industries, including programs in auto assembly, garment and textile, health care and communications. The standard is also similar to OSHA’s 1990 Ergonomics Program Guidelines for Meatpacking Plants and to the workplace ergonomics programs established under corporate-wide settlement agreements that have been very effective in reducing injuries. In addition, the new draft ANSI standard on the Management of Work-Related Musculoskeletal Disorders (Accredited Standards Committee Z 365) follows the same approach and contains the same elements as OSHA’s final ergonomics rule.

- The programmatic approach embodied in the standard was strongly supported by the NAS report as an effective means to reduce MSDs. In addition, a 1997 study by the General Accounting Office, Private Sector Ergonomics Programs Yield Positive Results, found that employers’ ergonomic programs that followed a similar approach were effective at reducing injuries and associated costs for employers.

**The new ergonomics standard will prevent hundreds of thousands of crippling workplace injuries each year and result in significant cost**
When implemented, OSHA’s ergonomics standard will reduce employee exposure to hazards and protect workers against unnecessary injuries. OSHA estimates that over the next ten years, the standard will prevent more than 4.6 million injuries, an average of 460,000 injuries each year. Where injuries do occur, they will be less severe due to the early intervention required by the rule. The most significant benefits will come in high-risk industries like meatpacking, poultry, auto assembly and nursing homes where large numbers of injuries now occur.

The cost savings realized by the reduction in injuries and the severity of injuries will be substantial. According to OSHA, the standard will result in $9.1 billion in annual benefits. This is a conservative estimate that does not include most productivity improvements, the benefits of early detection or cost savings to workers. Currently, injured workers bear a heavy cost including lost wages, loss of benefits and decreased earnings potential. While there will be costs associated with the implementation of the standard, an estimated $4.5 billion a year, the benefits far outweigh these costs.

Industry estimates that the standard will cost more than $100 billion a year, with few or no benefits, have no basis in fact or reality. These costs are based on extreme assumptions including the allegation that many employers will have to totally replace existing equipment or facilities or double their workforce, measures that are not required by the standard. Real world experience of employers shows that many ergonomic hazards can be fixed with simple low cost solutions, such as raising a workstation, providing adjustable keyboards, and padding tool handles.

Exaggerated industry cost estimates of OSHA rules are nothing new. Industry groups have grossly inflated projected compliance costs for almost every standard OSHA has ever issued, often predicting bankruptcy, massive layoffs and plant closings. A 1995 study by the Office of Technology Assessment (OTA) on the accuracy of cost and benefit estimates of OSHA standards found that not only does industry grossly overestimate expected costs, but even OSHA routinely overestimated the costs and underestimated the benefits of its standards. In almost every case, businesses developed new technologies and approaches that were much more cost effective and efficient than OSHA or the industry predicted.

Extensive evidence, testimony and experience demonstrates that employer ergonomic programs that follow the same approach as the OSHA standard have been effective in small and large companies from a variety of industries, significantly reducing injuries, reducing costs and increasing productivity. For example:

3M reported that following the implementation of an ergonomics program, lost-time injuries from MSDs declined by 58 percent from 1990 to 1996.

After implementing an ergonomics program in 1992, Xerox saw a 24 percent reduction in the number of MSD cases and a 56 percent reduction in direct costs associated with these injuries. As a result, Xerox’s ergonomic injury/illness rate in manufacturing is currently 52 percent lower than OSHA’s estimated annual incidence rate for its industry group.
Sequins International and Bottom’s Up, both small garment manufacturers in New York City, significantly reduced injuries, cut workers compensation costs and increased productivity after implementing ergonomics programs with the UNITE national and local unions.

The implementation of a comprehensive ergonomics program at the Johns Hopkins Hospital and University, initiated in 1992, resulted in an 80 percent reduction in MSDs by 1998. The number of surgeries performed on employees also fell, essentially being eliminated.

Intel Corporation reported a 72 percent reduction in the rate of MSDs from 1994 to 1998 after implementing an ergonomics program with 20,000 days away from work avoided, accounting for more than $10 million in direct and indirect savings.

**The ergonomics standard was 10 years in the making and was long overdue**

- OSHA’s final ergonomics standard was issued on November 14, 2000, and went into effect on January 16, 2001. The standard was the result of a 10-year public process, initiated in 1990 by Secretary of Labor Elizabeth Dole who committed the Labor Department to “taking the most effective steps necessary to address the problem of ergonomic hazards on an industry wide-basis” and to begin rulemaking on an ergonomics standard. According to Secretary Dole, action was needed to address “one of the nation’s most debilitating across-the-board worker safety and health illnesses of the 1990’s.”

- The final standard was the result of an extensive and lengthy rulemaking process. An advanced notice of proposed rulemaking was issued by the Bush Administration in August 1992, a draft proposal circulated for comment in 1994, and after years of delay due to industry attacks, a proposed standard was issued in November 1999. Nine weeks of public hearings were held around the country, over a thousand witnesses testified and over 7,000 written comments were submitted.

- During the 10 years the standard was under development, more than 6.1 million workers suffered serious work-related musculoskeletal disorders.
Congressional efforts to repeal the ergonomics standard are an extremist act. If successful, OSHA would be barred from issuing safeguards to protect workers from the nation’s biggest job safety problem. Hundreds of thousands of workers would be needlessly injured and crippled each year.

- Industry and congressional opponents who fought for years to block OSHA’s ergonomics standard are now gearing up to repeal this new worker protection measure. Opponents have announced that they will try to pass legislation to overturn the rule under the Congressional Review Act (CRA). At the same time opponents are likely to push the Bush Administration to stay the rule through administrative action.

- There is no basis to overturn or weaken this important worker safeguard. The standard was developed through an extensive public process, is based upon voluminous and strong evidence and is an appropriate and necessary measure to protect workers against serious injury. Challenges to the standard have been filed in court, and that is the proper forum for a review based on evidence, fact and law. If opponents think that the evidence supports their position and that standard should be revoked or modified, they can petition the new Secretary of Labor to do so. Any modification or new action would have to go through an open public process and be based on evidence.

- Use of the Congressional Review Act to overturn this rule is a draconian step. The CRA allows rules to be nullified if a majority in the House and Senate adopts a resolution of disapproval. A resolution cannot be amended or subject to a filibuster. It can be acted on without hearings or full debate meaning that workers affected may have no chance to be heard. If a rule is overturned, the agency is prohibited from issuing a similar rule unless legislation is enacted giving permission to do so.

- Repeal of OSHA’s ergonomics standard under the CRA would be the death penalty for OSHA safeguards to protect workers from crippling injuries. OSHA would be effectively barred from ever issuing safeguards to protect workers from the nation’s biggest job safety problem, including protections for workers in meatpacking, poultry, nursing homes and other high-risk industries. Repeal of OSHA’s ergonomics standard will result in unnecessary injury, pain and suffering for hundreds of thousands of working men and women each year. Taking away this important worker protection would be an extreme and cruel act.

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