Good Afternoon. I first want to just acknowledge Rosalyn Wade and Pat Todd from Minnesota OSHA. They are to blame for me being here. A number of years back, they asked if I would sit on an Ergonomics Task Force, and – I won’t say against my better judgment – but against what I knew my work schedule permitted, I said yes. And I’m very glad I sat on the task force.

As Pat said in the introduction, I’d been working for – I’ve been Director of Council 6 now for over 20 years, and for the non-Minnesotans here, the folks who don’t follow state government or the U too closely, AFSCME Council 6 represents State of Minnesota employees, University of Minnesota employees, we also represent health care folks at the old U of M hospital, now the Fairview-University Medical Center.

In particular, I’ve got people that do highway maintenance work – the folks, men and women, who do the orange trucks. We represent service workers – laborers, food service workers, laundry workers. We represent health care folks – LPNs, aide/orderlies, people who work in group homes; clerical – so lots of the carpal tunnel-based ergonomic issues; some tech folks, and we also represent corrections officers – people that do deep knee bends multiple times a day as they do pat searches.

My knowledge on health and safety is admittedly limited. I get drug into this in various parts of my career. When I was much younger, I was representing an agricultural local, and we had an explosion at one of the terminals down on the river. We didn’t lose anybody, but some of the private sector folks in that terminal died that night, and I got to involve myself in the grain industry standards discussions way back in the late 70s, early 80s – long time ago!

I got to work with some folks over at the health department a number of years back, as we were trying to explore cancer clusters for some of our highway maintenance workers. Was it something inherent in the work they were doing that was causing those cancer clusters?

And then, back injuries all the time. Anyone that is dealing in health care deals with back problems on a continuing and ongoing basis. The industry generates back injuries.

Then much more recently, the Ergonomics Task Force – where we dealt, I think, with both carpal tunnel sort of issues, as well as an amazing amount of discussion on backs, which is something we have not talked about yet today.

The experience on the task force was not what I thought it was going to be. We had a surprising amount of consensus in some places from some groups. The building trades came in with their industry partners, agreed there’s a set of issues out there that are real, that need to be addressed, had no fear of regulation as a way of addressing them. In fact
they found regulation is a positive way to let both the union and the industry focus on how they work through issues.

I think we had a similar response from the UFCW folks and the meat packing industry. Regulation was necessary – helped them frame the debate of how they cleaned up the meat plants down on I-90.

The beginnings of a consensus, though not there yet, in nursing – between the Nurses Association, service employees, us, UFCW, and the industry on how we start to address what is going on in nursing homes – but not nearly as advanced, I think, a consensus as elsewhere.

Then a small number of private employers coming in saying, “This ain’t rocket science, this is obvious.” And the one I remember most of all was a representative from American Express/IDS. He said, “Our company does the following things.” And boy, they did stuff I hadn’t even thought of putting on the bargaining table yet. (I did, the next round; the state said “no” by the way!)

But for some people, this stuff is relatively self-obvious, and they can’t understand why you don’t just get to it. And God knows, there are a lot of specific issues to work through but that there is no debate at all that this is an issue and needs to be addressed.

On the other hand, we have the National Federation of Independent Business come in, various and sundry industry reps or individual employers come in, and saying, “The science is totally ambiguous, and I’ll do it if I want to.” Bill described this as “enlightened self-interest” but it really was “I’ll do it if I want to, and please, please don’t do anything beyond The General Duty Clause – and by the way, we don’t like that, either.”

The task force was not able to come up with a consensus report, and it’s still on the website – bless you for leaving it there. It’s still on the website, and if you have some time, I think it’s interesting to pull it up and read both the overall report and then read the commentary, both from – I’ll say “The Left” and from “The Right” – because it tells me, if we are looking at a consensus method of getting there, at least as of the end of 2002, we were a long way away from a consensus method of getting there.

If the Governor’s election outcome had been different, I think – whether Tim Penny made it or Roger Moe made it – I think the issue would have continued to go forward. Now the reality is, given the politics of the Pawlenty administration – I don’t ask Pat or Rosalyn to comment on this – ain’t nothin’ gonna happen in Minnesota OSHA on this, anymore than anything is going to happen on National OSHA on these issues near-term.

So as a person who still wants change to happen – because, as Bill said, people still get hurt every day in ways that fundamentally hurt both their health and their earnings capacity for the rest of their life – what do we do? And part of me says – I think we try to do two things.
One, there’s a set of issues about trying to frame the debate in a way that gets down – that gets rid of the clutter. Anyone here who deals with Workers Comp on an ongoing basis knows that there are folks that go into the Comp system, and the nature of the injury is such that they’re never going to go back to work at anywhere near their old earning capacity. This is actually more the case, I think, the lower you get in the pay grid, at least in a unionized situation.

Now a unionized direct care worker – whether it’s for us for the State of Minnesota, or for a service employee, a UFCW member – is getting $12, $13, $14, $15 an hour, is getting health insurance, and is getting a pension. They probably do not have much more than a high school education. Frequently they’re in their 30s and 40s or even early 50s when the injuries happen. And where is that person going to go to get $15 bucks an hour and health insurance and a pension at the other side of the Comp experience? Because what the current Comp law says is, you wait until they hit maximum medical improvement, you press the right buttons, and you dump them on the private sector work force. Maybe as an employer, you’re stuck paying their medical for a while, but you’ve essentially shed all your costs, and you’ve shed them pretty quickly.

So those folks are out there. And part of me says we’ve got to keep drawing this back to very concrete examples of people that get hurt, and keep that in the forefront of the discussion. Ben’s research is not about an academic subject. It’s about people getting hurt in the workplace and what that does to them, what that does to their employer, and how we try to find ways of helping both them and their employer.

But first you start with the injured worker, and having that person very up front. I think we have to think far more specifically about how we build support for change at this more cosmic level – how you make the message simple, and how you make the message repetitive, how you engage people that are actually in a position to make decisions to benefit the folks – that this is a problem.

The second part – and we never got this far on the Ergonomics Task Force – is what if we HAD agreed that there ought to have been a regulatory intervention? I, in my job, did not have the foggiest as to what that regulation should be. That would depend on the researchers from the national union and would depend upon researchers from someplace else, to help start to frame the discussion. And from what little I know of that discussion – and I’m now exhausting my knowledge – the science does, in fact, get ambiguous when you start to come down to very specific prescriptions for given situations.

Bill’s example – if 120 minutes means yes, why doesn’t 119 minutes mean yes? And what intrigues me a lot about Ben’s presentation – actually, both of them – is, it starts to break this thing down to a level where you can take it step-by-step-by-step and start to actually figure out, in a way, that yes, we DO want to do training in the chair.

And by the way, this may seem a no-brainer to folks in the room – there are a bunch of employers out there who don’t think either training OR the chair should even be on the
table as something we talk about. So that is not a settled matter of debate in the employer community – that you should do one or the other or even both of those. And the fact that bench research shows – one, training in a chair does a world of good – I think that’s important information as you try to take the debate forward on what the specifics of interventions might be.

And my guess, as we go forward on this, because we’re looking at – *paid political announcement* – hopefully, we’re looking at no more than six months of impass at National OSHA, but we’ll see. We could also be looking at at least four more years. We’re looking at two to six years of impass in Minnesota OSHA. If we’re going to move the ball forward, we have to figure out ways of showing folks real simple stuff of how we can actually intervene. And the type of research Ben’s talking about, I find incredibly important both for the specifics of what it does for research, but also (as someone trying to frame the debate) I can now go back out there and say, “Folks, there is less ambiguity than you think there is.” And this gives us a way to address that.

So thank you very much for inviting me here, and I’m happy to take part in Q&A.