

U.S. DEPARTMENT OF LABOR

NATIONAL ADVISORY COMMITTEE ON
OCCUPATIONAL SAFETY AND HEALTH

U.S. Department of Labor
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1 P R O C E E D I N G S

2 Opening Remarks

3 MS. EDENS: Committee members, if we can
4 gather around?

5 All right. We're just a couple minutes late
6 here, so let's get started. We got a full agenda for
7 today.

8 I am Amanda Edens. I'm the Designated Federal
9 Official for NACOSH, and so to start off for everybody,
10 we are OSHA. Safety is first. So I'll talk about some
11 safety procedures here.

12 In the event -- we have an intercom system
13 here to announce any emergencies. If we have to
14 evacuate the building, there's a stairwell to your
15 right outside the room. Just kind of follow us all.
16 We'll go outside and probably meet across the street
17 where you came in and sort of convene, make sure you
18 know you're there, let you know, you know, tell me
19 you're all right, and then we'll wait for the all clear
20 signal to come back in.

21 If we get a shelter in place announcement,
22 they'll announce that, if that's the type of event, you

1 just stay right where you are and in fact we'll
2 probably just continue with the meeting. We don't even
3 need to stop.

4 There might be some other people that join us
5 because this might be their shelter in place room but
6 they can listen along, as well. I've had that happen
7 before. It's kind of odd but it happens. So those
8 are kind of the safety things.

9 I would say these little metal things, they're
10 not particularly taped off well. I'd say be very
11 careful about if you're going backwards to get some
12 handouts or things and people in the crowd, if you're
13 coming up, mindful of the little metal strips. It's a
14 little bit of a tripping hazard, I think maybe. So be
15 mindful of that.

16 If you need the restroom, I think I've always
17 told the committee they're on either side of this
18 conference room. At the lunch break, there's a
19 cafeteria upstairs. There's also a snack bar one floor
20 below us. Typically for the committee, we don't have
21 that long of a lunch. So I'd recommend the cafeteria.
22 It's not that bad but there are a couple of restaurants

1 on the opposite side of the building to where you came
2 in. There's a deli that does quite quickly. So if you
3 want to do something different, that's sort of that
4 situation.

5 The other thing I want to remind the committee
6 members about is the microphone. Please make sure -- I
7 think not all of you have one right in front of you.
8 Make sure you're speaking into the microphone because
9 this proceeding is being recorded and they're
10 transcribing it, as well.

11 So when you speak into the phone because we'll
12 be having some -- you'll be asking maybe some of the
13 presenters questions or you'll be deliberating back and
14 forth this afternoon, sometimes I forget, too, but
15 please remind yourself to say what your name is so
16 that, you know, sometimes we can't remember who said
17 what and they're going to have a transcript and they're
18 going to attribute what you say to you. So make sure
19 that you're saying your name whenever you're trying to
20 ask a question or give a comment or entering the
21 discussion.

22 And so I think with that, maybe I'll turn it

1 over to Anne to do some Welcome and Introductions.

2 Welcome and Introductions

3 MS. SOIZA: Good morning. Good morning,
4 Committee, and good morning to the audience out there.

5 Welcome to the NACOSH Meeting for December of
6 2019.

7 All of us are new and we're excited to get
8 started and we're anxious to hear from our presenters
9 today, and I think the first order of business is we
10 will do Introductions around the table.

11 First of all, I would like to say that we have
12 a member of the committee who is online. So I will let
13 her go first and introduce herself. So if you could
14 introduce your name, your organization, and the seat
15 you take on the committee, if you can remember that, if
16 you do remember, and we'll go around to the next person
17 after that.

18 So Cynthia Lewis is on the phone. Would you
19 like to start in?

20 MS. LEWIS: Sure. Cindy Lewis. (Inaudible
21 comment.)

22 MS. SOIZA: Thank you, Cynthia.

1 If we could get that turned up just a tad next
2 time she speaks, and, Cynthia, as a member of the
3 committee, I want to make sure that you have full
4 access to making comment and if you need to speak up,
5 please feel free to interject. It is easy to forget
6 the people who are not in the room. So please be
7 assertive in that nature. We want to have full
8 participation by all committee members. Thank you,
9 Cynthia. Okay, okay, great. Thank you so much.

10 And who would like to start? Which side?

11 MS. SMITH: I'm Kelli Smith. My employer is
12 Cummins, Inc. I've been there for 22 years, the last
13 eight of which as the Occupational Health Director,
14 representing our company globally. I have recently
15 taken a new position as the Director of the HSE Culture
16 and Talent Development Organization for the company
17 which is a new organization I'm excited to represent,
18 and I am here today as an occupational safety
19 representative.

20 MR. SALLMAN: Good morning. Thank you for the
21 honor and privilege to be part of the committee. I'm
22 Steve Sallman. I'm with the Steelworkers Union. I'm

1 the Assistant Director, serving as the labor
2 representative. I've been with the Steelworkers for 15
3 years. We represent workers in many different
4 industries, from people underground to people working
5 in health care, manufacturing, oil refineries,
6 forestry, all kinds of different industries.

7 Prior to coming to the Steelworkers, I worked
8 for the State of Iowa Program, the state program, for
9 almost four years and then prior to that, I was at the
10 Bridgestone-Firestone Plant in Des Moines, Iowa, where
11 I really got my start on safety and health, where two
12 of my coworkers were burned and had a 10 and 20 percent
13 chance to live and that's what I bring to the table.
14 So thank you for the honor and privilege to be here.

15 DR. LAMBETH: I'm Dr. John Lambeth. I'm a
16 CIH/CSP. I'm retired Navy industrial hygiene officer
17 and most recently retired from the University of
18 Georgia where I was the Manager of the Campus OSHA
19 Program, and I can't remember what I'm supposed to be
20 doing. I think I'm a safety rep.

21 MS. HARPER: I'm Amy Harper. I am the Senior
22 Director of Workplace Training and Consulting

1 Operations for the National Safety Council. I'm here
2 as a management representative, and prior to the
3 Council, which I've been at for seven years, I worked
4 in the insurance industry in risk control and loss
5 prevention.

6 DR. FRIEND: Good morning. I'm Mark Friend,
7 and I'm a Professor in charge of the Master of Science
8 and Occupational Safety Management at Embry-Riddle
9 Aeronautical University. I've got my Doctorate in
10 Safety Management and I'm a certified safety
11 professional. I've also run the Safety Programs at
12 East Carolina University and Murray State and I taught
13 at West Virginia University. Thank you.

14 MS. LEVIN: Jennifer Levin. I am the
15 committee counsel. I'm from the Solicitor's Office,
16 Department of Labor.

17 MS. EDENS: Again, I'm Amanda Edens. I'm the
18 Designated Federal Official and also the Director of
19 the Directorate of Technical Support and Emergency
20 Management here in the National Office for OSHA.

21 MS. SOIZA: Good morning. My name is Anne
22 Soiza. I'm the Chair of NACOSH. I also in my other

1 days am the Assistant Director for the Department of
2 Labor and Industries, State of Washington, and I have
3 the pleasure of overseeing the Occupational Safety and
4 Health State Plan for the State of Washington.

5 MR. PIACENTINO: Good morning. I'm John
6 Piacentino. I'm the Associate Director for Science for
7 the National Institute for Occupational Safety and
8 Health and so I'm the representative from NIOSH to this
9 committee. Thank you.

10 MR. PERKINS: Good morning. Andrew Perkins.
11 I'm a Senior Industrial Hygienist with Alabama Power.
12 I'm representing the public interests on the committee
13 and I have an extensive experience in industrial
14 hygiene through where I focus CIH/CSP, have background
15 in general industry, construction, and mining.

16 MR. WALKOWIAK: Hi. I'm Bill Walkowiak. I'm
17 representing management on the committee. I work for
18 the Secretary of the Air Force. I'm the Director of
19 Occupational Safety Policy and Programs. I have 35
20 years background with the Department of Defense, both
21 the Air Force and Navy, with experience in aviation,
22 occupational safety, and construction, as well as World

1 War II munitions clearance prior to construction not in
2 the Pacific.

3 DR. BERTSCHE: Hi. My name is Pat Bertsche.
4 I am currently a consultant in occupational health and
5 wellness for PKB Consulting, my own company. I am an
6 occupational health representative on the committee. I
7 have many years of experience in private industry,
8 Federal Government, as well as academia.

9 MS. ROBBINS: Good morning. My name is Robyn
10 Robbins. I'm the Director of Occupational Safety and
11 Health for the United Food and Commercial Workers
12 Union. I'm a labor representative. We represent
13 workers in the meat-packing-poultry-food manufacturing
14 industries, as well as the retail grocery store
15 industry, and I started as an industrial hygienist in
16 my career. I've spent most of my life in the labor
17 movement. I did work for five years with Maryland OSHA
18 as an industrial hygiene compliance officer and five
19 years with the Railroad Workers where I learned all
20 about railroad hazardous materials. So thank you for
21 the opportunity to be here today.

22 MR. BELCHER: Good morning. It's a pleasure

1 to be here. My name's Michael Belcher. I'm a
2 principal with SafetyPro, Incorporated, a consulting
3 firm, based in Atlanta, Georgia, have 25+ years of
4 experience in occupational safety and health for a wide
5 variety of industries, including pulp and paper
6 recycling, food, manufacturing, transportation, and
7 construction. I'm also the past President of American
8 Society of Safety Professionals. Thank you.

9 MS. SOIZA: Great. So we will move on to
10 Jennifer Levin and she has some Instructions for us.

11 SOL Instructions

12 MS. LEVIN: Yeah. Just a few points of
13 background and procedure.

14 This meeting is open to the public. OSHA
15 advisory committees follow a transparent process in
16 accordance with OSHA regulations and the Federal
17 Advisory Committee Act, FACA, and the FACA regs.

18 And as Mandy Edens mentioned, these
19 proceedings are being transcribed and materials that
20 are presented during the meeting will be formally
21 entered into the meeting record and added to the public
22 docket.

1 The Docket ID is OSHA-2018-0007 and that will
2 be accessible at regulations.gov, and the verbatim
3 transcript of the meeting minutes will also be placed
4 in the docket.

5 I believe there are copies of materials that
6 are available in the back of the room and as was
7 mentioned, members, you should clearly state your name
8 each time you're speaking for transcribing purposes,
9 and do we have a sign-up sheet? In the back, there is
10 a sign-up sheet for members of the public who would
11 like to address the committee, time permitting.

12 Thank you.

13 MS. EDENS: So I think next on the agenda is
14 Loren Sweatt, our Principal Deputy Assistant Secretary.
15 I don't see her in the room. We're running a little
16 bit early, which is odd, since we started late, but
17 that's promising, yes.

18 So I guess to sort of fill a little bit of
19 time, I'll go a little bit over what we have or maybe,
20 Anne, if you wanted to do that.

21 We had e-mailed the committee members a
22 charge. It's revolving around sort of our Safe+Sound

1 Campaign and how we can improve that and so what's on
2 our agenda today after Dr. Howard and Ms. Sweatt give
3 their presentations and you have an opportunity to ask
4 some questions, we're going to have Andy Levinson,
5 who's from the Directorate of Standards and Guidance.
6 That directorate in OSHA is the directorate that's sort
7 of spearheading the Safe+Sound Campaign and Andy, I
8 think, has actually worked with several of the people
9 on the committee in that capacity in the Safe+Sound
10 Campaign and it has been, I think, a very successful
11 campaign.

12 It is a very laudable goal to try to, you
13 know, improve the ability of folks to have robust
14 safety and health management system programs in their
15 workplaces and I think a lot of the people on this
16 committee have fostered that kind of work in their
17 professional capacities where they came from.

18 So Andy's going to give a little bit, sort of
19 a background of where OSHA is on that campaign and to
20 give you some context for what the charge that we are
21 asking your advice on.

22 And we also have Dr. Thomas Cunningham from

1 NIOSH because I think the unique thing about this
2 particular charge, it is more the theme we've had maybe
3 is cross-cutting between NIOSH and OSHA. Dr.
4 Cunningham is going to kind of give some context of
5 what they've been doing over at NIOSH.

6 I don't know if maybe John might want to speak
7 a little bit more about that, but he's going to talk
8 about it, but they dovetail quite well together to give
9 you some context for how you can provide advice not
10 only to OSHA but perhaps to NIOSH, as well, under the
11 same charge.

12 I think NIOSH is looking at some work around
13 like safety culture and things, which also kind of
14 blends into, you know, how you motivate people to
15 participate and build these safety and health
16 management programs.

17 So he will be giving a presentation right
18 after the lunch break and then hopefully you'll have an
19 opportunity to ask them questions. I know that Andy is
20 going to stay for the deliberations in the afternoon.
21 I will not be able to be here but he knows more about
22 that than I do anyway. So he can help offer you some

1 advice about what -- you know, maybe steer you in the
2 direction not to try to change your opinion necessarily
3 but he can give you some perspective on sort of what
4 kind of things that are most helpful to the agency as
5 we move forward.

6 Obviously there's things we just can't do, but
7 we're still open to all kinds of ideas on this charge
8 because that's why we have you here in the room.

9 So, Anne or John, do you have anything you
10 wanted to say because we need some more time? Anne?

11 MS. SOIZA: So looking at the time, so in
12 regards to the charge, several of us are new on the
13 committee and so maybe I could describe a little bit
14 about how we might go about carrying the charge.

15 There are different styles of the way that the
16 committee can work. One example is we can just have a
17 discussion and make decisions during a NACOSH meeting.
18 We can have a workgroup which sometimes ends up being
19 the whole committee and we can have somebody chairing
20 that workgroup. One business and one labor person, for
21 example, might chair a workgroup with a specific task
22 to develop maybe a document, a recommendations

1 document.

2 Basically, the way that the committee wants to
3 work is the committee's decision. One of the things
4 that I'm interested in is making sure that we actually
5 do things. We don't meet that often. We want to make
6 sure that we are providing good advice under our charge
7 to HHS and Department of Labor in order for them to
8 make sure that worker fatalities, injury and illnesses
9 are prevented, and look at all the brainpower that we
10 have at this table and the people that we represent and
11 whom we know we can give really good advice to these
12 agencies about practical application of things that
13 might actually really achieve something in worker
14 safety and health for our nation.

15 So just wanted to describe when we're
16 contemplating after these presentations someone might
17 want to move, for example, that we launch a workgroup
18 or committee of some nature, how we might go about
19 that.

20 We typically will -- I want to take ideas from
21 the committee so that we can get started. We don't
22 want to end today without having some sort of plan of

1 action. So that's kind of my thing. So with that, I'm
2 not sure if we have Loren yet.

3 MS. EDENS: Well, Loren is on her way. I know
4 that. So that might be her right there and there she
5 is right on cue. It's your turn.

6 MS. SOIZA: Catch your breath. We were
7 running ahead of schedule. I'm so sorry to put you
8 right upfront without giving you breath, but we'll give
9 you, of course, whatever time you need to catch your
10 breath.

11 MS. SWEATT: I think I need to deal with the
12 floor plate is the bigger issue.

13 MS. SOIZA: Hi.

14 MS. SWEATT: Hi.

15 MS. SOIZA: So welcome.

16 MS. SWEATT: Thank you. So Loren, we're very
17 happy to be here. Everybody, this is Loren Sweatt.
18 She's the Principal Deputy Assistant Secretary for
19 OSHA. We're very happy to have you be presenting to us
20 today and I have perceived that the members are really
21 anxious to get going on helping OSHA achieve its
22 mission.

1 So we're happy to hear from you and thank you
2 for coming today. We really appreciate it.

3 OSHA Update

4 MS. SWEATT: Well, thank you very much, Anne,
5 and I appreciate the effort that everybody has taken to
6 get here. It's not easy to travel, especially around
7 getting close to the end of the year and the holidays
8 and things that need to be done. So I will not speak
9 the entire 30 minutes.

10 I wanted to take a moment to highlight some of
11 the really amazing and fantastic work that's been done
12 at the agency in Fiscal Year 2019. I hope folks saw
13 that OSHA conducted 33,401 inspections, more than the
14 three previous years, and a little more than half of
15 those inspections were in the construction industry.

16 I think one of the things that we should note
17 was last year, we had full year funding, so the
18 shutdown didn't affect us, and we were very fortunate
19 that the hurricanes were not as devastating across the
20 country as they had been the previous two years. So
21 that really impacted the way we were able to operate.

22 And I wanted to also talk about how it's not

1 just enforcement around here. There's a lot of other
2 important activities that we do and so to help people,
3 you know, keep their workers safe and uphold their
4 obligation to provide good training, in 2019 OSHA's
5 Onsite Consultation Program identified 137,885
6 workplace hazards and protected 3.2 million workers
7 from potential harm.

8 We also provided a record 1,392,611 workers
9 with training on safety and health requirements and,
10 you know, this important safety training was provided
11 through the agency's various education programs,
12 including the OSHA Training Institute Education
13 Centers, the Outreach Training Program, and the Susan
14 Harwood Grant Training Program.

15 We've also done some what I'm hoping is viewed
16 as innovative outreach activities. Some of it is
17 through inspection videos. So we did one most recently
18 where we just explain in five minutes or less what an
19 employer would expect during an inspection and it's
20 available on our website. It is hopefully going to
21 demystify the process of the inspection. It outlines
22 what an employer should have onhand when we show up.

1 There are obviously records that they need to
2 maintain at all times and so this gives them an idea of
3 what will happen and it's available in English and
4 Spanish.

5 We did something similar to that earlier in
6 the year. It's a little bit longer. It was addressing
7 our Anhydrous Ammonia National Emphasis Program and
8 that one was fairly successful just in the number of
9 views which was about 10,000 in the month of February.
10 We were pretty excited since February's a short month,
11 but we really do think that some of these activities
12 are a good way to approach folks in, you know, a less
13 confrontational way, if you will, and a more positive
14 way.

15 So we're looking for other items in this area
16 that we could produce these very short videos or if
17 there's another way to reach this audience, we're open
18 to any suggestions that you all may have.

19 As you know, we continue to work on our
20 campaigns and initiatives. Falls continue to be the
21 leading cause of worker fatalities in the construction
22 industry and unfortunately it counts for the five of

1 the top 10 most cited standards by OSHA inspectors,
2 and, you know, we've done a lot of enforcement in this
3 area but falls continue to be a large problem. So
4 we're continuing with the falls stand-down and we'll
5 have that next year, May 4th through 8th. So I hope
6 that folks will be able to participate on that.

7 One of the other things that we did this year
8 was really focus on trenching hazards. We upgraded and
9 updated the National Emphasis Program on Trenching and
10 we were tracking our Trenching Interventions, if you
11 will, and so in Fiscal '19, we helped evade about 2,700
12 trenching and excavation hazards and we're trying to
13 continue the outreach in that area.

14 We had a great activity in Denver and it's
15 been replicated in a couple of other places where the
16 fairgrounds out in the Denver area let folks go in and
17 dig trench boxes and show people how to properly
18 operate some of this equipment, if you will, and then
19 the local first responders did a mock rescue.

20 So we'd like to see that replicated in
21 trenching and if there are other areas that we could
22 look at doing that, I think that would be a really

1 great opportunity to partner with the community and,
2 you know, continue our mission to protect workers.

3 I know a lot of the things that you all are
4 talking about today are going to be on the leading
5 indicator front, the Safe+Sound Campaign, and I really
6 appreciate that because if you tracked from last year,
7 about 2,500 organizations participated in Safe+Sound
8 Week, and there are about 17.5 million messages on
9 social media.

10 So we appreciate the resources that folks in
11 the stakeholder community are putting into partnering
12 with us on this and I hope that we can continue that as
13 the year goes on.

14 I'm not sure if anybody wants to talk about
15 rulemaking but we do have some rulemaking efforts
16 underway.

17 You know, we continue to work to cut
18 regulatory red tape while still protecting workers.
19 It's a very important part of what we do when we're
20 looking at updating our regulations.

21 So last week, we had the Beryllium hearing
22 related to construction and maritime industries and

1 we'll be looking at the post-hearing comments shortly
2 and everything from the post-hearing should be into the
3 building by January 31st. So we look forward to
4 continuing working on that as well as finalizing the
5 general industry standard based on the comments that we
6 got over the last year.

7 We've also recently finalized the Respirator
8 Fit Testing Rule and so this adds two methods to the
9 four existing in Appendix A for OSHA's Respiratory
10 Protection Standard and so while it doesn't require or
11 place any other burdens on the employers, it does give
12 them other options to use for fit testing.

13 I think people know that we are looking at
14 ways to update the Silica Table 1 for Construction, as
15 well, and we have a lot of other important things on
16 our regulatory agenda, but I know that's not exactly
17 what you all are here to look at.

18 But, you know, we did have our Leading
19 Indicators meeting within the last month. That was
20 pretty well attended, and as I go out of the building,
21 which is very rare but it happens, I've heard a lot of
22 positive feedback about looking at the leading

1 indicators and so we hope to continue that important
2 work with our stakeholders.

3 I just would like to put out for everyone
4 that, you know, we continue to use Quick Takes as a
5 vehicle to let people know what's going on within the
6 agency. We're now at about 274,000 subscribers and I
7 hope that if you are not on the Quick Takes mailing
8 list you will join it. There are a couple of other
9 things that you get.

10 First of all, it's free. Second, we're doing
11 a lot of other things with the Do You Know and Tip of
12 the Week. It's a very short hit to try and get people
13 to focus on things that we're seeing and it's a good
14 tool for some of those toolbox talks if people are
15 struggling to look for when am I going to say for my
16 safety minute today.

17 So I hope that people will use these resources
18 because they're really developed with an eye towards
19 you all, the workers that we're here to serve, and
20 it's, you know, a thing that we're working to improve.

21 So if there are other things that we can and
22 should be doing, I think everybody knows how to get in

1 touch with Mandy. Certainly I'm available and our
2 Communications shop would love to hear from people
3 about how we can improve these messages and make them
4 clearer, and I really look forward to hearing about
5 what the committee talks about today and conclusions
6 and recommendations that you all make at the end of
7 your meeting.

8 So I'm not sure if I'm allowed to take
9 questions but I'm here if I need to.

10 MS. EDENS: You are.

11 MS. SOIZA: We typically do. So thank you for
12 that presentation, and I see we have a question
13 already. So Robyn?

14 MS. ROBBINS: Good morning. Robyn Robbins.

15 MS. SWEATT: Good morning. Loren Sweatt. How
16 are you?

17 MS. ROBBINS: Good. How are you doing?

18 MS. SWEATT: Good.

19 MS. ROBBINS: Nice to see you.

20 MS. SWEATT: Nice to see you, too.

21 MS. ROBBINS: I have a question talking about
22 indicators about what OSHA's response is or is going to

1 be to the -- what appears to be a crisis with silica
2 dust in the stone fabrication industry.

3 The morbidity and mortality weekly reports
4 came out in September, noting cases of silicosis of men
5 working, mostly men working in those industries,
6 disease detected. Workers are literally dying right
7 now. There are two individuals that have died, one 36
8 years old, one 38 years old, from silicosis, and we
9 know that the National Emphasis Program on Crystalline
10 Silica was canceled. It had been in place since 2008.

11 So I'd just like to know what OSHA --

12 MS. SWEATT: Sure.

13 MS. ROBBINS: -- is kind of doing in that
14 area.

15 MS. SWEATT: So let's be clear about a couple
16 of things since this program was withdrawn because it
17 didn't match the current silica standard, which we
18 didn't have before 2016. So the agency has been
19 enforcing the law.

20 The department aggressively, you know, argued
21 the case before the court and the department won. We
22 are doing silica inspections, whether or not there is

1 an emphasis program in place at this time.

2 I think when we withdrew the emphasis program,
3 it was with an eye towards looking at how to do one in
4 the future and, you know, that said, employers are
5 responsible for protecting workers from this dust.

6 There is a standard in place. They need to be
7 in compliance with it. Where they are not and we find
8 it, we will enforce aggressively.

9 MS. ROBBINS: Thank you.

10 MS. SOIZA: So next, Patricia, would you like
11 to go next?

12 DR. BERTSCHE: Pat Bertsche. I'd like to know
13 what is OSHA currently doing related to workplace
14 violence in the health care as well as other
15 industries. I know there's been activity, and where
16 are you at in terms of the agency?

17 MS. SWEATT: Sure. Well, I think you know
18 that there's been a lot of discussion with stakeholders
19 in this area and we continue that. The request for
20 information was out and, you know, it's here. So
21 people are reviewing to figure out where we're headed
22 on that.

1 The reg agenda speaks to where we are going on
2 timing for a SABRIFA panel, and again I think back to
3 my comment just now on the silica standard and the
4 silica enforcement. We are enforcing where we find
5 workplace violence under the 5(a)(1) clause.

6 So it's on the radar, if you will. I don't
7 want people to think that we're not doing our job
8 because I believe people are.

9 MS. SOIZA: Other questions? Steve?

10 MR. SALLMAN: Good morning. I'm Steve Sallman
11 with the Steelworkers Safety and Health Department.
12 Thank you for being here and giving your report. We
13 appreciate it.

14 I wanted to share with you a networking within
15 the labor community. There's a real concern about OSHA
16 doing more with less and part of what we see is there's
17 fewer inspectors, fewer staff. That is of concern,
18 which in turn has us very concerned about when you look
19 at -- and I appreciate the statistics that you
20 provided.

21 When we look at the last three years of the
22 previous Administration and where the inspection

1 numbers were, we see a difference, that they've
2 actually gone down instead of going up, and we're
3 concerned about the fatality rates and when we look at
4 those and that is ticking, you know, in a direction
5 that has us concerned, as well, and just kind of what
6 you're doing in relationship with fatality rates,
7 staffing that it appears to us to be much lower than
8 what it was and how can we change some of those things
9 to make it better because we're fearful about doing
10 more with less and how that impacts workers.

11 MS. SWEATT: First of all, if you have
12 children that are in college, encourage them to study
13 industrial hygiene.

14 We are trying to hire. We've had blanket
15 authority to hire more COSHAs since August of 2017 and
16 finding people who are qualified to take these jobs has
17 become a challenge.

18 We are in direct competition with the private
19 sector. The private sector is scooping people up as
20 quickly as they can because this economy is doing very
21 well.

22 So as aggressively as we are attempting to get

1 people into the government service to work in this
2 area, you still have to have certain qualifications.
3 So, you know, we're doing what we can. We've got folks
4 trying to figure out how we can more aggressively
5 recruit from the schools that are teaching industrial
6 hygiene, that are teaching chemistry. They're highly
7 technical jobs and so we need more qualified people,
8 but it is something that we're concerned about, but
9 it's not as if we haven't been trying to hire. So
10 that's the first piece of it.

11 We've built up our inspection capacity,
12 despite the fact that we've had fewer folks on the job,
13 and as I think I mentioned sort of early on, we did not
14 have full year funding for the first two years that we
15 were here. So we had government shutdown issues and
16 then we had issues with hurricanes and when the
17 hurricanes and natural disasters occur, we suspend
18 enforcement for a period of time while retaining the
19 right to inspect certain things.

20 So the inspection numbers reflect the reality
21 of what's been happening in this country, but this last
22 year, we had full year funding, very limited impact on

1 the hurricane front related to our enforcement efforts.
2 Obviously hurricanes impact communities in a different
3 way, but I think that you see we're headed in the right
4 direction.

5 MS. SOIZA: So if you don't mind, a point of
6 sharing, also, as I put on my other hat for a moment.

7 MS. SWEATT: Are you allowed to do that?

8 MS. SOIZA: I don't know. I hope so. I think
9 I'm still a member, too.

10 As a member of a state plan organization, I
11 can tell you that the state plans states which have
12 about the other half of the enforcement and
13 consultation programs in the United States, we are also
14 experiencing not just the industrial hygiene but
15 occupational safety and health specialists are in --
16 we're having a lot of agencies, I guess, basically.

17 One of the last charges or areas of interest
18 that the last NACOSH meeting, NACOSH Committee had was
19 we had a small workgroup and we were having discussions
20 about the pipeline of occupational safety and health
21 and industrial hygiene professionals, and I just wanted
22 to put out there that my long window of being in

1 Washington State, I have about 50 vacancies that we
2 actively recruit for continuously.

3 I have about 350 occupational safety and
4 health and industrial hygiene staff and the IHs in
5 particular are very hard to find. So just for the
6 other half of the nation, I'd like to say that on the
7 government side, it's difficult.

8 MS. SWEATT: It's a shared problem.

9 MS. SOIZA: Next question? Robyn?

10 MS. ROBBINS: Robyn Robbins. Hopefully we can
11 have a discussion, a more, you know, full discussion
12 about the issue that I'm just going to ask about, but I
13 want to figure out how we as a committee can talk about
14 ensuring there's a climate, a safe climate for workers
15 to speak out about issues, safety issues on the job
16 without fear of retaliation or being disciplined or
17 other more draconian actions that may be taking place
18 and, you know, particularly in light of the recent, I
19 would say, tragedy that occurred in New Orleans with
20 the collapse of the Hard Rock Hotel under construction
21 where three people died and a survivor, an immigrant
22 from Honduras, had raised issues with his employer, the

1 construction company, about safety.

2 He himself survived. He was interviewed
3 shortly after the collapse and then was taken into
4 custody and OSHA actually needed to interview him for
5 his perspectives on the safety conditions on that job
6 site. That individual was deported as the news has
7 told. This does send a chilling, you know, message to
8 workers to be able to speak out about hazards.

9 We represent workers in meat-packing, poultry,
10 food processing, you know. I was just in a pork plant
11 yesterday in Iowa and workers know what happens in the
12 news. They see what can happen to them if they speak
13 out about hazards.

14 So I'd like to know if your -- well, your
15 thoughts on that, I suppose, if there is any effort to
16 get this individual returned to the U.S. so that he can
17 be part of this investigation, which is critical to
18 finding out what happened on that site, and when
19 workers don't speak out, as we know, about issues,
20 tragedies do happen. They see what happens every day
21 on the worksite.

22 So I just would like to hear your thoughts on

1 that.

2 MS. SWEATT: Sure. So my first thought is
3 this is an open case and I can't discuss it. The
4 second part is we do have 23 whistleblower statutes and
5 we are actively working on protecting folks who are
6 covered under those statutes and that work hasn't
7 stopped.

8 We continue to try to make sure that the
9 program, which has -- and we've added a statute this
10 year. So we continue to see more activity in this
11 area. We're trying to work on making sure that our
12 folks have the best training and the best skills to
13 address these issues because the statutes themselves
14 are very different and so we're -- it's a constant
15 focus, if you will, to ensure that that program has
16 quality and integrity and those folks are dedicated to
17 that mission, which is equally as important as our
18 safety and health mission.

19 MS. ROBBINS: Thank you. I just hope that we
20 can, you know, make the climate safe for workers to be
21 able to speak out and tragedies prevented in the
22 future.

1 MS. SWEATT: I would respectfully direct you
2 to several of our very recent press statements where we
3 have protected those workers who have spoken out and
4 not just under 11(c) but under a couple of other
5 statutes. So I think that that indicates that our
6 folks are there and trying to accomplish that and that
7 that hasn't gone away.

8 MS. SOIZA: Mark?

9 DR. FRIEND: Mark Friend. Kind of a variation
10 of that and something that I see, as you talked about,
11 illegal immigrants working in construction projects and
12 they don't want to report anything. They don't want to
13 turn in anything, yet I see them working in very
14 dangerous conditions and I guess they're afraid because
15 I'm thinking they are non-English-speaking and they're
16 not aware of the regulations, and I see them violating
17 basic safety principles throughout the day.

18 I'm wondering, I mean, how dowe deal with that
19 since these people are here, I believe, in some cases
20 illegally to begin with.

21 MS. SWEATT: Well, where you see violations,
22 you should call us. That's the very thing. You know,

1 our folks are very active and out wherever they can be,
2 but if there's something that they need to know, you
3 should, you know, feel free to call us. We have the
4 800 number. You probably have people in your area that
5 you know in particular. We will respond. That's
6 certainly not an issue.

7 As far as workers themselves, workers have the
8 ability and we need to figure out how to get them to
9 the resources that we have available. We are working
10 on multiple languages. So we have a lot of our
11 resources in English and Spanish. We've just recently
12 translated one of our maritime documents into
13 Portuguese because that was a request and then
14 identified need.

15 We continue to work to figure out how to get
16 those resources into the hands of the people that need
17 them. So if there's some other way to do that, you
18 know, you need to let us know. Thank you.

19 MS. SOIZA: So hopefully everybody recognizes,
20 I believe this is also true for OSHA, that when our
21 people are out, and I'll speak for state plans again
22 but I'm sure it's the same, that the occupational safety

1 and health statutes protect all workers, regardless of
2 status, and so they do, as your point is well taken,
3 they all have equal rights to a safe and healthy
4 worksite being provided by their employers.

5 Mark?

6 DR. FRIEND: Mark Friend again. Sorry. But
7 do you know, you talk about all workers and I was
8 involved in a case with municipal workers, you know,
9 and working for the government who are not covered and
10 as a result of that, there were a couple of fatalities
11 and had they followed basic safety principles, these
12 wouldn't have happened, and I wonder if there's any
13 movement on the national level to protect these
14 municipal workers and state employees.

15 MS. SWEATT: I can hear Carolyn talking. So,
16 you know, that is a statutory issue and I am not in a
17 position to discuss statutory changes.

18 MS. SOIZA: So I don't want to put you in an
19 awkward place. So I'm happy to kind of talk a little
20 bit about the -- it is one of the oddities of the way
21 that occupational safety and health is structured in
22 the United States, that the state plans states are

1 required to cover public workers, state, local, county,
2 city entities, but federal OSHA, obviously because of
3 the nature of being Federal Government, cannot have
4 jurisdiction over state, local, and city government,
5 county, basically public sector, that is, state or
6 local.

7 There are a few states which have basically
8 public sector-only state plans, some of you might know
9 that, but there are millions of workers in the United
10 States, absolutely, that do not have, you're right,
11 workers -- I should have clarified -- that don't have
12 public sector workers in -- what did you say? Most
13 OSHA states, is that fair?

14 MS. SWEATT: Federal OSHA states, that's fair.

15 MS. SOIZA: Federal OSHA states, yeah. There
16 you go.

17 MS. SWEATT: They have access to our
18 materials.

19 MS. SOIZA: They have access to worker safety
20 materials.

21 MS. SWEATT: So that's, I guess, my point, is
22 there are ways to get the materials into people's

1 hands, you know. The training and education side
2 cannot be overlooked.

3 MS. SOIZA: But those public sector workers
4 who for state, county, and city entities in those
5 states cannot file a worker complaint, cannot initiate
6 an inspection due to unsafe worksites and etcetera.
7 So it's up to the states to take action on their
8 individual efforts to cover those public sector workers
9 and that is millions of workers who are not covered.
10 So excellent point.

11 Steve?

12 MR. SALLMAN: Steve Sallman, labor
13 representative. In the spirit of talking about the
14 state plans, we just want to recognize what's happened
15 out on the West Coast with the improvements of the
16 process safety management standard, especially when it
17 comes to employee representatives.

18 I know that there's been a lot of work done
19 with various people and we would just like to recognize
20 that publicly about employee participation and how
21 important that is and I bring that up not only to
22 recognize the great work that's been done by the state

1 plans and what other state plans are looking at to do
2 around process safety management but I would also bring
3 to light how important this is, if anybody's watched
4 the news lately, about the refinery in Philadelphia
5 where we had the explosion there and what the
6 catastrophe could have been had that not been some
7 heroic actions taken by steelworker members.

8 This would have been probably still in the
9 news today about the carnage that would have existed
10 out there, so how important process safety management
11 is around Philadelphia with the refineries.

12 Then I'll bring you to right before
13 Thanksgiving, we had a steelworker facility at a
14 chemical plant in Texas that had an explosion and again
15 very heroic actions of steelworker members to lessen
16 the severity of that and, you know, that brings me back
17 to thinking about where we've been with the Chemical
18 Safety Board and they have made recommendations to OSHA
19 to look at improving process safety management.

20 We've experienced a triple fatality in
21 Louisiana at a paper mill that took the lives of three
22 contractors dealing with atmospheric tanks and there's

1 other recommendations from the CSB, such as combustible
2 dust and things of that nature that we don't want to
3 keep learning about these, you know, bad accident by
4 bad accident and, you know, there's always concerns of
5 members.

6 Robyn eloquently alluded to the chilling
7 effect that's going on of people can't come forward and
8 feel like someone's got their back, whether that be
9 OSHA or whoever, but I would also raise that if people
10 don't have those protections, we can't keep learning
11 these fatality by fatality. We've got to learn and
12 improve because we've had plenty of scenarios where the
13 learning opportunities are there and what we've learned
14 from these with what's happened in Philadelphia and
15 what's happening in Texas, Port Neches, health and
16 safety doesn't close down workplaces, bad accidents do,
17 and having a coworker, union brother that lost his life
18 in my plant, I don't want to deal with more families
19 and things where we've got to go out to workplaces and
20 you can't even get in for a period of time because it's
21 not even safe for safety investigators to determine
22 what happened.

1 So anything that we can do to try to help
2 support the agency in moving these things forward,
3 please know that the labor community is here to help
4 move those things forward.

5 MS. SWEATT: Thank you.

6 MS. SOIZA: Bill?

7 MR. WALKOWIAK: Bill Walkowiak. I'd like to
8 go back a little bit to the discussion about the kind
9 of disincentivizing reporting because of the second
10 order effects people are worried about, whether it be
11 immigration.

12 I think it's more general than that. I know
13 in the military, like in the pilot world, the pilot
14 might be hesitant to report something that he or she
15 did wrong because maybe it will take away from their
16 credibility as, say, an instructor or something like
17 that. So they suppress that or maybe just talk amongst
18 their peers.

19 So I think it's not just purely an immigration
20 thing but it's in general the second, third order
21 effects of me reporting something that's going to
22 highlight other things that I don't want to be seen,

1 and I think as a committee, if we dig into that a
2 little bit more, we may find some common solutions to
3 incentivize people to report accidents and not have
4 other effects that are going to disincentivize doing
5 that.

6 So I'm not how we would actually go about
7 that, but it seems to me there are some general issues
8 that kind of squash people wanting to report. That's
9 probably worth looking at so that we may find some
10 general solutions to ease that a bit and get better
11 reporting.

12 MS. SOIZA: So, Loren, putting on my member
13 hat again, I was wondering, we have a charge to the
14 committee and I was wondering if you would want to
15 share -- I'm not sure how familiar people are with the
16 SHARP Program, but I would like to at least -- whether
17 it's the audience or the members, if you could run down
18 a little bit the connection to our charge, you know,
19 safety culture and in particular a focus on how can
20 OSHA better engage with businesses and stakeholders and
21 labor.

22 How can we help the adoption of safety and

1 health programs, especially when small and medium
2 business makes up over 95 percent of all businesses in
3 the United States? I think the SHARP Program is maybe
4 a tool or a vehicle. It's one of many.

5 VPP is for the big players and we all
6 recognize probably VPP Program, but I'm not sure how
7 familiar people are with the SHARP Program in the
8 United States. So if you want to -- I'm giving you a
9 platter there to maybe --

10 MS. SWEATT: Well, let me say a couple things.
11 So SHARP is a very good program focused on the small-
12 and medium-sized businesses. There are a lot of really
13 great success stories because it's not -- in VPP, you
14 really need to be there. So you need to be ready for
15 us to come in and make sure that there aren't any
16 problems.

17 SHARP is identifying in some instances, not
18 all, that there is a problem and that you're working to
19 fix it and so I think the first step is to get folks to
20 want to work in concert with OSHA and others to address
21 challenges and it may be what you're sort of talking
22 about of we do have a problem here and rather than

1 suppress the problem, we're going to identify it and
2 fix it.

3 So the culture of getting to that point where
4 you're saying yes, we're going to do something, I don't
5 know how we get folks on that front. If there are
6 suggestions of ways we can do that, other than putting
7 our great success stories on our website, we're
8 certainly very interested in that.

9 One of the other steps that folks take, and I
10 talked about some of our steps there, is the onsite
11 consultation program and it reaches small businesses.
12 It's in all 50 states. It does not cost the company
13 any money. There is an enforcement firewall to a
14 degree, and, you know, it's yet another -- it's got to
15 be a moment that collects within the company and the
16 employer that says I've identified a problem, but I'm
17 too small to fix it, but I have these resources that
18 are available, and, you know, taking that step forward
19 to address the safety and health concerns that they
20 have.

21 You know, we need to figure out how we can
22 better provide that to folks, messaging, whatever it

1 is. I speak about it when I go to public meetings to
2 talk about the program and how great it is, but it's
3 really a step forward that somebody's going to have to
4 take and sometimes people aren't so excited about
5 coming and working with the government, but in this
6 instance, it is a really positive way to address these
7 problems.

8 So if you all can tell us what other things
9 could we be doing to reach these folks, we're all ears.

10 MR. SALLMAN: I wouldn't mind addressing that,
11 if you're asking, is lots of times that's promoted to
12 the employers, but I don't think employees understand
13 what role they have in that to be able to participate
14 in the 21(d) when it comes to consultation that they
15 get to participate in the opening, the walk-around,
16 interviews, the list of hazards that -- because there's
17 not citations that's issued, right? That's part of
18 that firewall.

19 But when that list of hazards is posted, that
20 employer representatives should be given a copy, as
21 well. I think there's a lot more education that could
22 be done and if workers and their representatives knew

1 about 21(d), there might be some area that you could
2 get some additional outreach. When people have called
3 our office, we have offered that a few times to some
4 people and said if you need somebody to come in and do
5 some air sampling because there's concerns about
6 something, you will have someone who will come in as a
7 fresh set of eyes to do that and then part of that
8 obligation is any serious or safety and health hazard
9 that gets identified, the employer's obligated to
10 correct that.

11 It seems like that hasn't really reached out
12 to within the labor community and I would encourage you
13 to kind of think about how you could market that with
14 employees and their representatives.

15 MS. SOIZA: Mark? This will be the last
16 question.

17 DR. FRIEND: Mark Friend again. One of the
18 things I've observed is that a lot of the small
19 businesses just don't trust OSHA. There's that
20 firewall that you talk about but they don't believe
21 it's really there and I think that's a big thing.

22 If we can get the word out so that they truly

1 know the relationship between the two sides, it would
2 be extremely helpful.

3 MS. SWEATT: Well, as I talked about in the
4 opening comments, one of the things we were trying to
5 do with our OSHA inspection video is to de-mystify what
6 happens. If there's something that we could do that's
7 sort of tangential directed at workers, then we should
8 be looking at that and I don't think the communication
9 shops are in the room but we'll bring it up with them.

10 MS. SOIZA: Thank you for coming and sharing
11 your thoughts today. We really appreciate you taking
12 all sorts of different questions from us and your
13 presentation. We really appreciate it and we are very
14 committed to providing good advice to your
15 organizations. Thank you very much.

16 MS. SWEATT: Great. Thank you. Thank you
17 for your time and, you know, the day that you're going
18 to spend with us. Appreciate it.

19 MS. SOIZA: So next up, we have Dr. John
20 Howard from NIOSH. We are very pleased to have you
21 here today, John. Thank you so much for sharing your
22 thoughts with us today.

1 NIOSH Update

2 DR. HOWARD: Thank you and thanks, everybody,
3 for volunteering or for being volunteered for the
4 NACOSH Committee.

5 Listen, you're one of five federal advisory
6 committees that NIOSH has. We love advice. So fire
7 away.

8 Since many of you are new to the committee,
9 you may not be familiar with NIOSH, which is a research
10 agency within the Federal Government. We're in the
11 Centers for Disease Control and Prevention in the U.S.
12 Department of Health and Human Services. So we're only
13 visiting the Department of Labor today.

14 Our mission is to generate new knowledge in
15 the field of occupational safety and health and
16 transfer it into your hands.

17 Dr. Piacentino has developed a lot of
18 materials in your packet about us, so feel free to go
19 to our website to learn about us. We have 11 divisions
20 in eight states and the District of Columbia, and we
21 also have programs that are centered in each of these
22 geographies, but we also have sort of virtual centers

1 because we are so spread out and scientists work
2 together best when they are physically proximate but,
3 unfortunately, we don't have that luxury. So we have a
4 number of virtual centers in nanotechnology and
5 maritime safety and health and occupational robotics
6 and sensor technology, productive aging and work, motor
7 vehicle safety, and workers compensation studies.

8 We partner, as many of you know, with labor
9 industry, practitioners, academics, anybody who wants
10 to partner with us for workplace safety and health, and
11 we are organized in that partnership with what's called
12 the National Occupational Research Agenda or NORA,
13 which started in my predecessor's time in 1996 and now
14 is in the third decade of its existence, and it's
15 basically a large public-private partnership.

16 We host it. It's across 10 industry sectors
17 and seven cross-sectors. If you're not a member of one
18 of our NORA councils, sign up, please.

19 From our budgetary standpoint, you know, we
20 have spent with a lot of other federal research
21 agencies the idea of how we take our scarce resources
22 and allocate it across a growing need which a lot of

1 times in our federal advisory committees we hear about
2 new needs and new issues that we should be investing
3 in.

4 So we take the taxpayers' money, which is
5 becoming more constrained, and we have spent quite a
6 bit of time with other federal research agencies trying
7 to decide how to allocate our research dollars, and
8 we've come upon a method we call the B&I Method, which
9 is based on the burden of disease and injury that are
10 associated with the condition, the need of us in
11 government doing it as opposed to someone else doing it
12 in academia or in industry and labor, etcetera, and
13 then what is the impact because it's very important for
14 us to measure that impact, to use metrics and report it
15 routinely.

16 So we have an evaluation culture at NIOSH in
17 which all of our science is subjected to the B&I Method
18 and we have a lot of interest on the part of EPA and
19 other federal research agencies in our activities. So,
20 generally, we're trying to use our money wisely.

21 Our specific budget, as many of you know, is
22 still not quite done here in Washington, and we're

1 under a continuing resolution which expires on the
2 20th, both OSHA and NIOSH, and we have a House bill and
3 we have a Senate bill that are a little different from
4 each other and I've provided some specific information
5 about that that you may want to look at.

6 NIOSH does a lot of things and we only have a
7 limited amount of time today to talk about it. So I
8 just picked a couple items that I thought might be of
9 interest to you.

10 The first item has to do with we're
11 celebrating a hundred years of respiratory protection.
12 It's the 100th Anniversary of the hard hat, which was
13 invented by a Mr. Bullard a hundred years ago and
14 actually his descendants are very much partners of ours
15 in respiratory protection.

16 As many of you know, millions of workers are
17 required to wear respirators and as I always point out
18 in health care settings, when we have an influenza
19 pandemic, 10-20 million people will be on respirators.

20 So it's an important issue for us. We have a
21 national personal protective technology laboratory in
22 Pittsburgh, Pennsylvania, that certifies respirators,

1 and when you see NIOSH-certified on your respirator,
2 that's the group that does that. OSHA then in its
3 regulations requires that employers use NIOSH-certified
4 respirators.

5 We do a lot of research in that area, also, in
6 addition to certifying. We're studying the performance
7 of respirators, hard hats, safety helmets, etcetera. We
8 even study the effect on football players. As you
9 know, many of them, in fact all of them are employees
10 of their organization, and a lot of research has been
11 done by various universities on brain injury, traumatic
12 brain injury in football players.

13 The Department of Defense is very interested
14 in traumatic brain injury in soldiers, and we are
15 trying to work on that issue, too, in terms of
16 improving the consensus standards that exist around the
17 performance of hard hats.

18 I wanted to also talk to you about e-cigarette
19 or vaping product use associated with lung injury which
20 is now called EVALI and I want to just give you a short
21 update because this is really a significant problem
22 affecting working age folks.

1 To date, about 2,291 patients have been
2 hospitalized with EVALI. This is not the number of
3 people who are not hospitalized and have had effects
4 but these are hospitalized. 48 of those, according to
5 last week's *Morbidity Mortality Weekly*, have died of
6 this. 80 percent of those who have been hospitalized
7 report using a THC-type compound, but remember that's
8 only 80 percent. About 13 percent report using
9 exclusively a nicotine-containing e-cigarette.

10 The big issue is what's causing this and the
11 answer is we don't know yet, but FDA, CDC, and NIH are
12 looking at this and there seems to be a lot of
13 consensus around the issue of Vitamin E acetate, which
14 is used as an additive to these products.

15 Now Vitamin E is great, take it orally, but
16 inhaling it as an aerosol may not be a good idea. So
17 we continue to look at that.

18 A number of scientific reports have been
19 published and several of them have noted the similarity
20 on a pathological basis between the effect of the EVALI
21 issue on the lungs and its similarity to what we
22 described earlier, maybe 10 years ago, as popcorn lung.

1 So there is an interesting connection here and
2 our scientists are working with other scientists to try
3 to get a handle on this.

4 The good news is the peak, if you look at the
5 weekly rate of hospitalizations and fatalities,
6 September 15th, that week is probably the peak. So we
7 may have through very strong messaging coming from the
8 President, from members of Congress, from FDA, from
9 CDC, etcetera, to refrain from using these products,
10 perhaps that's having a positive effect.

11 The second major issue, not to be absorbed too
12 much by drugs, but is the opioid epidemic which, as you
13 know, if you read the newspaper in the last year, has
14 killed 70,000 Americans. I point out that we have a
15 great interest in this area because the predominant age
16 group that's affected by the opioid epidemic are
17 working adults. Okay?

18 We are using our total worker health approach
19 to look at this problem and just briefly for some of
20 you who may not be familiar with that approach, it
21 basically is an integration of traditional safety and
22 health protection with other types of things called

1 disease prevention, health promotion, wellness, a whole
2 bunch of different names.

3 So instead of having an either or, in other
4 words, protection or health promotion, we say it's a
5 conjunctive. It's and because a lot of times in
6 workplaces, the two are split and we're saying no, they
7 have to be brought together.

8 So we're using that approach to look at the
9 opioids issue. We have done a naloxone publication
10 which is on our website, which encourages employers to
11 think about having naloxone availability and use
12 program within their worksite. If you're in certain
13 states in New England, in Appalachia, in Ohio, and
14 moving west, I would encourage you to look at our
15 naloxone fact sheet.

16 We also have workplace solutions on
17 medication-assisted treatment which, as you know,
18 involves a number of drugs that can be used to treat
19 opioid use disorder and prevent its impairing someone's
20 work ability.

21 Two issues I wanted to mention under opioids
22 work. One has to do with first responders. We have

1 been seeing, and we have done a number of health hazard
2 evaluations involving EMT, police, etcetera, where they
3 have experienced adverse health effects, perhaps not in
4 the frank toxicological falling-out and developing an
5 overdose death, but they have not felt well after
6 responding or in the midst of responding to an event in
7 which there is perhaps a mixture, since we're seeing
8 more of a mixture of opioids, especially fentanyl, with
9 cocaine or methamphetamine or other types of drugs.
10 They have felt unwell.

11 We have done a number of HHEs in this issue.
12 We have two videos on that. We have a number of
13 infographics and information for first responders. We
14 have received tremendous cooperation on the part of the
15 first responder community in this area.

16 The second issue that I wanted to mention is
17 how do we support, as we do support workers who have
18 diabetes, a chronic disease, who have HIV, a chronic
19 disease, who have cardiovascular disease, a chronic
20 disease, have kidney disease, how do we support someone
21 who has opioid use disorder who would want to continue
22 in the workplace? How do we do this, and how do we

1 create a workplace that supports recovery as opposed to
2 the opposite approach, which in this labor market is
3 really counterproductive? Let's get rid of the worker.

4 Let's terminate them. Let's not hire them.

5 So we're exploring that issue together with a
6 number of partners, including the National Safety
7 Council, and we're probably going to do an RFI asking
8 for all of your opinions and everyone else's opinions
9 about how we can do this.

10 It's a new area and obviously it's a
11 controversial area, but again we think that this is the
12 time to think about doing this.

13 The stigma that's associated with drug use for
14 what is essentially a chronic relapsing brain disorder
15 really has to change. We in medicine have to change
16 our attitudes and we have to change our attitudes in
17 the workplace.

18 The third issue I wanted to mention with our
19 opioids issue is the tremendous collaboration that
20 we're doing here in the Department of Labor. We have
21 received just enthusiastic support from the Women's
22 Bureau here at DOL, OSHA, the Employment Training

1 Administration, the Office of Worker's Compensation
2 Programs, the Office of Disabilities Employment Policy,
3 the Chief Evaluation Officer, everyone at DOL has been
4 a great partner with us, using our materials, trying to
5 figure out how they can get out our naloxone fact
6 sheet, our medications-assisted treatment, etcetera.

7 In all of the grant programs that exist here
8 at DOL, of which there are a lot, trying to keep people
9 at work or bring people back to work.

10 So we're very thrilled about that and I want
11 to especially give a shout-out to our detailee from
12 OSHA, Maryann Garrahan, who is in our office in NIOSH
13 and has been a great contact with all of the folks here
14 at DOL.

15 Another item that I wanted to mention that's
16 relatively new for us is, you know, we've done a number
17 of different things involving work, the workplace, and
18 the workforce. Work itself, new work arrangements, the
19 gig work, if you will, differences in organizational
20 design given the changes in the way work is designed,
21 technological advances that are happening in the
22 workplace, whether they be occupational robotics,

1 advanced manufacturing, AI, sensors, exposure sensors,
2 etcetera, and things that are happening with the
3 workforce, a lot of demographic changes.

4 We are putting all those things together which
5 have been sort of disjointed throughout NIOSH into a
6 future of work initiatives. So we hope to be able to
7 bring everything together and also teach us and
8 everybody else how do you do forecasting for the
9 future.

10 There is, believe it or not, scientists who do
11 methodological approaches to figuring out what are the
12 scenarios for the future, how likely are they, and how
13 do you prepare for them? So we hope that our future
14 work initiative will be able to bring all of those
15 things together.

16 One publication I wanted to draw to your
17 attention and with great support from the American
18 Industrial Hygiene Association and the American Safety
19 Professionals is our Occupational Exposure Banding for
20 Chemical Management.

21 As many of you know, there are 75,000-80,000,
22 everybody's got a different number, of the amount of

1 chemicals in commerce that are without occupational
2 exposure limits and will probably never have an
3 occupational exposure limit. There is no way that OSHA
4 could possibly do that. There's no way that we could
5 come up with a REL for all of those many thousands.

6 So this e-tool, which is an occupational
7 exposure banding electronic tool, helps employers
8 figure out what do they need to do with this chemical
9 that we in NIOSH have no REL, OSHA has no PEL, and
10 again tremendous uptake by the AIHA and the ASSP, and
11 we thank them for that. It's on our website.

12 One issue I wanted to mention, also, which is
13 new for us, is our Firefighter Cancer Registry. The
14 Congress passed legislation a year before last in
15 which, based on our studies of firefighters showing an
16 increased incidence of certain cancers, they said we
17 would like you to develop a registry for firefighters.

18 Now this is a voluntary registry. So we have
19 to get firefighters to sign up, but firefighters are
20 the easiest group to volunteer to sign up for their
21 health issues. Unlike a lot of challenges that we have
22 in other workplaces, we do not have that challenge in

1 the fire service.

2 So we're hoping to get a large dataset in
3 order to power the statistics to be able to better tell
4 people what their risks are and that is just starting.
5 We've gotten enthusiastic support from the fire service
6 and you'll be hearing more about that as we go through
7 time.

8 I mentioned the total worker health concept
9 and I just wanted to point out that we have for the
10 first time published a book, the American Psychological
11 Association is the publisher, on total worker health,
12 based on our number of years and I'll pass it out.
13 I'll pass it around to you if you want to take a look
14 at it, and I'm sure the American Psychological
15 Association would be happy for me to put in a plug.
16 Then if you want to buy it, it's on Amazon.

17 So just lastly, you know, we are very present
18 socially, so to speak, on Facebook and Twitter,
19 Instagram, YouTube, LinkedIn, and we have two resident
20 Wikipedians putting all of our material on the
21 Wikipedia site.

22 We have six active apps, you know. Some of

1 you may have seen our Noise app, our Ladder app,
2 etcetera. We're working -- and our Heat Exposure app,
3 which we inherited from OSHA, thank you very much, and
4 we're developing a number of others and if you have
5 ideas for us on an app that you'd like, let us know.

6 So that's my brief remarks and happy to take
7 any questions, comments, advice.

8 DR. LAMBETH: John Lambeth. In the AHA
9 conference in Philadelphia two years ago, I raised the
10 question in a roundtable about opioid crisis as to
11 noxious evaluations of 95 and 99 percent rate of
12 respirators to protect first responders.

13 Have any additional assessments been done with
14 those two classes of respirators, and you mentioned --

15 DR. HOWARD: First, I can never remember
16 everybody's questions when they're multiple.

17 So the answer to that is go to the website.
18 We have lots of information on respiratory protection
19 for first responders, okay, in terms of the risk,
20 whether it be low, moderate, severe. Okay. So look at
21 that.

22 DR. LAMBETH: Okay. Second question. You

1 mentioned that some responders were indicating feeling
2 of unwellness after an exposure. I'm wondering, has
3 anyone looked to see, epidemiologists or whoever, has
4 looked to see if any of those male complainants, if you
5 will, were wearing beards at the time they were
6 responding to an incident, you know, because --

7 DR. HOWARD: And your theory is?

8 DR. LAMBETH: Police officers are sporting
9 beards these days and I'm wondering how many of them
10 are going to take the time to actually shave their
11 beard to respond to an incident like that.

12 DR. HOWARD: And your theory is the beard is
13 an exposure?

14 DR. LAMBETH: Well, the OSHA rule is you can't
15 have more than two days worth of growth of beard for
16 respirator use.

17 DR. HOWARD: Right.

18 DR. LAMBETH: So a lot of these police
19 officers --

20 DR. HOWARD: But these people are not in
21 respirators. These people are not in respirators.
22 These first responders don't slap on a respirator to go

1 into a hotel room they've been called to look for an
2 incident.

3 DR. LAMBETH: Okay. Well, that answers part
4 of my question.

5 DR. HOWARD: And we've not said you should
6 have a respirator on. Okay?

7 DR. LAMBETH: Okay. Then how would police
8 departments, EMTs, fire departments be encouraged to
9 deny the use of beards to first responders?

10 DR. HOWARD: Well, that's a whole other issue.
11 If you have a situation in which you're required to
12 wear a respirator, obviously you have to have a good
13 fit with or without the beard. Okay. But that has
14 nothing to do with these responses that we've seen,
15 okay, in which people are not wearing respirators.
16 They've been called to a scene, sometimes on the street
17 or in a hotel room or an apartment or wherever.
18 They're not wearing respirators.

19 DR. LAMBETH: Okay. I was just curious how
20 that was -- if that was being --

21 DR. HOWARD: That's a whole -- beards and
22 respirators are a whole different thing.

1 MS. SOIZA: If it's okay, I'm going to go
2 Steve first and then, Robyn, you're next.

3 MR. SALLMAN: Steve Sallman. John, thank you
4 for being here today. Appreciate it.

5 I appreciate your comments about the future of
6 work and some of this we're already dealing with, even
7 though we think it's in --

8 DR. HOWARD: The future is now.

9 MR. SALLMAN: The future is now. Thank you.
10 And one of the things that I appreciate in your
11 document here, it talks about the way work is organized
12 and in workplaces. This always seemed like it was a
13 blue collar issue but it's not just a blue collar
14 issue. It's white collar, as well. It doesn't matter
15 if you're hourly or salary paid.

16 We're seeing jobs that have been restructured,
17 so now people are wearing multiple hats and by jobs
18 being combined, people downsizing. There's increased
19 workload. There's also this hours of work from
20 rotating shifts to mandatory overtime and fatigue
21 factors are really becoming quite apparent with our
22 labor community and when we ask people what's happening

1 in your workplace that could cause a fatality or a
2 life-altering injury or stresses you out, one of the
3 things that's always at the top is hours of work,
4 overtime, understaffing, undermanning, and I was just
5 hoping maybe you could talk about what NIOSH is doing
6 around fatigue, the way work is being organized, and
7 then kind of maybe what's going on in the future.

8 DR. HOWARD: Sure. Be happy to. Clearly
9 you've identified work organization as one of those
10 issues that is in the future work, but it's also been
11 for 25 years at NIOSH a legacy issue, starting back
12 with Steve Sauder's original work, and we are building
13 on that history now, given the new organizational
14 issues that are coming up.

15 And so that part of the future work
16 initiative, we're very fortunate in having not to start
17 all over again. We're just building on that. It's
18 extremely important.

19 All those things that you mention are part of
20 one of our impetus to look at future of work issue but
21 it also was an impetus to tie to integrate the
22 protection issues with the promotion issues in terms of

1 total worker health because a lot of those
2 organizational issues are pure. You know, they say,
3 the employers say, well, no, they're not work-related.
4 There's not asbestos fiber in the work. It's totally
5 different.

6 But yet it affects worker health and the
7 research in terms of cardiovascular disease for now
8 over two decades has shown that all of those things
9 that you mention where you're sort of ignoring the fact
10 that a human being is a biological organism that has
11 biological limits, okay, and that is something that is
12 part of our future work initiative.

13 So it's very much -- all of the things are
14 very much -- and in fact, you look at our total worker
15 health book and look at some of the academic research
16 that's going on in that area, a lot of that involves
17 both organizational design effects and the effect on
18 worker health.

19 MS. SOIZA: Thank you, John.

20 Robyn, and, Mike, was your question regarding
21 the same topic?

22 MS. ROBBINS: Good morning. Robyn Robbins.

1 How are you?

2 DR. HOWARD: Fine, Robyn.

3 MS. ROBBINS: Good. The opioid epidemic, the
4 situation's very complex, and maybe I'm missed it in
5 your discussion about it. Is NIOSH trying to figure
6 out how much of -- or what I'm interested in is how
7 much comes out of work obviously, right. So workers
8 are working in pain. We represent workers where
9 there's a lot of repetitive injury, etcetera, and where
10 does that fit into --

11 DR. HOWARD: I will tell you and for
12 everybody, you know, we're very blessed by having so
13 many fabulous academic partners and one of our partners
14 in the Massachusetts Department of Public Health,
15 Trisha Davis, published now almost two years ago a
16 fabulous statistic. Massachusetts has been hit very,
17 very hard by opioids in the workplace.

18 They have shown that the number of work
19 injuries that you have is associated with their risk of
20 opioid death, overdose death. The more injury you
21 have, the more likely you are to die from opioid death.

22 Going back to the beginning of your question,

1 thank you very much for asking, if you look at the
2 workers compensation system five years ago, you'll find
3 that the top 10 drugs in the medical side of the
4 workers compensation system were opioids. Okay.

5 Now the workers compensation system in many
6 states, including Washington and California, have done
7 a lot of work. Arkansas and Louisiana are at the top.
8 So if you look at the percentage of claims that have
9 opioids associated with them, it's about 70 percent.
10 If you look at the other end and you look at
11 California, it's about 30 percent.

12 So the workers comp system in every state is
13 recognizing that this is an issue and the primary
14 prescription is for chronic spinal pain and how many
15 workers have chronic spinal -- I have it. I worked in
16 a hospital. I got it.

17 So it's a very common thing and then you're
18 giving this very common pain reliever and you're
19 creating the opioid use disorder.

20 So that accounts for a lot of the prescription
21 epidemic that we have. There's an illicit fentanyl
22 epidemic going on. Those are totally different things.

1 Thank you for asking that, Robyn, because
2 that's -- the workers comp system contribution to this,
3 which is secondary to the work injury issue, is a very
4 important issue.

5 MR. BELCHER: Good morning, Dr. Howard.
6 Always good to hear from you.

7 A few years ago, I read with interest the
8 report talking about exposures to workers who work with
9 coffee and coffee roasting, flavoring industries, and I
10 just wondered where we are with that, and if the
11 industry has responded to that and you feel like
12 workers are adequately protected.

13 DR. HOWARD: Right. That's a great question
14 and, you know, certainly our flavorings work started
15 with the popcorn lung describing the effect of diacetyl
16 on the lung which is essentially Mother Nature makes
17 diacetyl. It's in butter, you know. So it's not like
18 something unheard of.

19 So then, you know, we looked at -- our folks
20 in Morgantown looked at the issue of flavored infusion
21 oils in cooking, for instance, 2-3 pentanedione, in
22 addition to diacetyl, was one of those compounds, and

1 they looked at coffee roasting. They found, you know,
2 the same sort of chemical.

3 It all depends on exposure, you know. The
4 Paracelsus says, you know, the dose makes the poison
5 kind of thing. So all that work still goes on in
6 Morgantown in our Respiratory Health Division and you
7 can look on our website, just enter coffee roasting or
8 butter flavoring or whatever.

9 MS. SOIZA: So I have a question, John.

10 DR. HOWARD: Sure.

11 MS. SOIZA: So out on the West Coast, we are
12 dealing every summer with very severe bouts of wild
13 land fire smoke, and one of the challenges I have as a
14 public health and safety leader in partnership in
15 particular with California and my Oregon partners is
16 kind of the disconnect, the lack of guidance, the lack
17 of research on what do you do in terms of advice to
18 employers who want to do the right thing regarding non-
19 responder occupational exposure to wild land fire smoke
20 that the employer cannot control, and here's the
21 scenario.

22 Even my Wish Advisor Committee, which is my

1 NACOSH basically, I presented this to them, as well, as
2 a challenge. What is your advice? I see kind of a
3 lack of common research right now around this topic.

4 Here's the scenario. So many of you know on
5 the Weather Channel or Accuweather or whatever you use,
6 there's a scale, right, that NOAA uses, right, for wild
7 land fire smoke. Particulate 2.5 usually is the
8 pollution scale and they have this really nice color
9 scale and when you get into the purple, burgundy,
10 really dark color, the advice is do not go outside,
11 right, and they blast this all over the Weather Channel
12 and Accuweather, and yet we have hundreds of thousands,
13 millions of workers outside in ag and construction,
14 package delivery, truck drivers, etcetera, who are not
15 anywhere near the fire front and yet they hear on the
16 news every morning, you know, for the next three days,
17 the past three days, we've been in this burgundy area,
18 and, frankly, my phone rings, my partners in Oregon and
19 California, their phone rings about the fact that our
20 occupational safety and health guidance standards,
21 permissible exposure limits, no matter how you want to
22 slice and dissect, are over a hundred times different

1 than the scale that the public health, NOAA, uses.

2 There's just a lack of solid occupational
3 advice that we can give for wild land fire smoke.
4 There's also a lack of what I would say concrete,
5 although it's growing, evidence about what wild land
6 fire smoke exposure from a distance does to people, and
7 I think as a growing situation, I think regardless of
8 how you feel about what's happening in our world, smoke
9 is going to be a continuing and increasing problem for
10 the occupational world, and we need to have some solid
11 advice, and what are we going to be advising employers
12 to do in this regard?

13 Is there any work that CDC, NIOSH, is doing at
14 all in this area?

15 DR. HOWARD: Well, I mean, I think I certainly
16 recognize that this is a significant issue and one that
17 there is no answer at the present time, you know.

18 There are interesting historical sort of
19 scenarios you could imagine, L.A. in the '50s with the
20 smog alerts and those sorts of things. I have
21 colleagues at the CDC in Beijing who have had to tape
22 the inside of their windows to prevent the smog in the

1 summer from getting inside their house.

2 I think for us, you know, we have started a
3 multiyear study of wild land firefighters, okay, out of
4 our Denver office, and, of course, they got a lot of
5 data this particular fire season and it will go on for
6 a number of years.

7 So I think if we can identify from a
8 scientific perspective the exposure to the most exposed
9 individual, which is the wild land firefighter, and
10 then derivative of that, we might be able to generate
11 some kind of information that might be relevant to an
12 employer who is in the downwind area that has employers
13 out of doors, so, and I think that's the scenario that
14 you're talking about.

15 So I think we would need some kind of a
16 scientific base to be able to jump, you know, there,
17 and I don't think we have that yet.

18 I sat on a plane this summer with a Pima
19 Indian sitting next to me coughing the entire three-
20 hour flight because he had just worked in, I believe,
21 somewhere in California and was going back home. So,
22 you know, if we can identify what those issues are.

1 Now if you look at -- you sort of do a Google
2 search and you look at, you know, along the entry from
3 firefighting smoke, there is a literature there. So
4 we're drawing on that for the wild land because it's a
5 different -- you might have a structure fire and it's a
6 confined thing.

7 A wild land thing, you know, I was in San
8 Francisco when the smoke was blowing from the Paradise
9 fire all the way through the city and everybody's
10 coughing. So, you know, that issue I think that you're
11 raising is a significant one. I would think that we
12 could add to the science if we had some base from our
13 wild land firefighter study.

14 MS. SOIZA: Thank you very much.

15 I think you will be, Pat, the last question.

16 DR. BERTSCHE: Pat Bertsche. Dr. Howard, I'm
17 focused on what you said concerning the opioid crisis
18 and the effects that we're seeing on some of the
19 emergency responders and sort of the apparently subtle,
20 maybe not so subtle, health effects.

21 What are we attributing the -- what's the
22 route of exposure there? I mean, you're obviously

1 looking at this, but I'm struggling here.

2 DR. HOWARD: So we've been looking at that,
3 you know, but we're really limited. We've been looking
4 at it retrospectively. The thing is already done,
5 right? So it's hard. So it's story-telling basically,
6 you know, interviewing, you know, trying to figure out
7 what did you touch, was there powder on the individual
8 that you were doing CPR, did you happen to notice was
9 it in the air, you know, did you get any on your hand,
10 that sort of thing.

11 So, you know, the obvious candidates, you
12 know, are dermal, sure. You could get some absorption
13 but that takes awhile, etcetera, cuts and bruises help
14 and etcetera, inhalation, yeah, or is it just sort of,
15 you know, the fact that it's near the mouth and the
16 area around there?

17 So is it an aerosol kind of thing and that may
18 be, you know, where we're at or it could be just the
19 eye and the nose contact. So it's not so much in the
20 lung but you get it because you've touched the wrong
21 thing.

22 We had one story where the first responder

1 went into the bathroom where the guy was trying to
2 flush all the fentanyl down the toilet and all that and
3 there was powder everywhere and he had no gloves. We
4 had another situation where the officer went to the car
5 and there was powder. He touched the powder, went back
6 to his squad car without gloves and began touching his
7 computer and all that.

8 So, you know, some of it may just be contact,
9 direct contact kind of stuff, but we don't know for
10 sure.

11 DR. BERTSCHE: So you're still looking at it?

12 DR. HOWARD: Yes, you know, we've said we have
13 a number of very cooperative sheriff and first
14 responder organizations. We've said, you know, can we
15 go out with you, you know? Can we observe this from a
16 less than a retrospective basis?

17 MS. SOIZA: John, thank you so much.

18 DR. HOWARD: Thank you very much. Have a
19 great meeting.

20 MS. SOIZA: We really appreciate it.

21 All right, everybody. So we are going to be
22 taking a 15-minute break. I have 11:09, and we will

1 start up at -- how about can we do 11:25?

2 (Recess,)

3 MS. SOIZA: So the plan for the rest of the
4 morning until lunch time is we're going to have Andy
5 Levinson, who's the Deputy Director for the Directorate
6 of Standards and Guidance, make a presentation to us
7 and then I will take Public Comment, Public Questions
8 at that time after Andy's presentation and after our
9 Q&A, and then we will break for lunch, and I do want to
10 encourage members of the public, this is a public
11 meeting, if you'd like to speak to the committee on an
12 occupational safety and health issue, there is a sign-
13 up sheet in the back of the room, so I'll have an
14 opportunity for Public Comment right before lunch and
15 then we'll have a Public Comment period this afternoon,
16 as well, if anybody else signs up.

17 So we have three members who signed in and
18 I'll check in with each of them right before lunch.
19 That's the plan for the rest of the morning, and we'll
20 hopefully have an hour for lunch, but we will try to
21 stay on schedule.

22 I understand that we have at least one person

1 who wants to literally jet out of here to get on a
2 plane. So we'll want to stick to the schedule.

3 So without further ado, thank you, Steve,
4 Andy, welcome to your presentation. Nice to see you
5 again. We're happy to have you make a presentation to
6 NACOSH and we're anxious to hear about what you're
7 going to talk about today and also hopefully you'll be
8 able to maybe steer us or enlighten us about the charge
9 to the committee, as well, if you can make a connection
10 between your topic and ours. So appreciate that.

11 Safe+Sound - Safety Culture

12 MR. LEVINSON: Sure. Excellent. Thank you,
13 Anne, and thank you all for giving me the opportunity
14 to speak with you.

15 So let me first start by saying this is -- and
16 this gets to what's the charge to the committee, Part 1
17 of two presentations. The second one is going to come
18 after lunch and that is Tom Cunningham from NIOSH,
19 who's going to be talking about some work that they're
20 doing on Safety Culture, Safety Management, Engaging
21 Small Businesses.

22 So what might be most helpful, Anne, is if I

1 kind of talk a little bit about what I'm going to talk
2 about, a little bit about the charge, you then hear
3 from Tom after lunch, and then maybe Tom and I can come
4 back together and sit here and kind of explore the
5 charge to the committee and how all of this fits
6 together because Tom's presentation and mine very much
7 fit hand in glove and we've been doing some work
8 together on all of these topics. Okay?

9 All right. Let's see if we can get technology
10 to work. There we go.

11 Okay. So a little bit of kind of table-
12 setting. We've spent some time over the last few years
13 at OSHA looking and thinking about what's working and
14 what's not working and if you look at the rate of
15 injuries and illnesses in America over the last couple
16 of decades, we have not made a tremendous amount of
17 progress.

18 We saw injury rates come down pretty quickly
19 when OSHA was first created. We saw progress
20 throughout the '80s and as you move into the late '90s-
21 2000s, 2010s, not a lot of progress, and so the
22 question is: why is that happening and what can we do

1 differently to continue to improve progress and worker
2 safety and health?

3 Another part of this is as we're looking at
4 things and thank you to kind of the technology world,
5 we've all become much more aware of the concept of what
6 is scalable and what is not scalable and so as you look
7 at OSHA's charge and you look at OSHA's resources and
8 you look at the size of the problem with which we are
9 charged with tackling, it's very hard to do things at
10 scale.

11 So a little bit of perspective. A 150 million
12 workers roughly, about 10 million businesses in
13 America. We're doing ballpark between federal and
14 state inspections about 75,000 inspections. It's
15 really hard to drive 10 million businesses to better
16 performance solely through an enforcement model.

17 If you look at standards, any of you who have
18 been involved in the standard-setting process and I'm
19 Deputy Director of the Standards Division, it takes a
20 tremendous amount of time and resources to do a
21 standard. We cannot possibly do rules for every hazard
22 out there nor would it necessarily be appropriate to do

1 rules for each one of those hazards.

2 Standards are very, very important in terms of
3 setting a floor of what is minimally acceptable of
4 providing some basic civil rights to workers, but we're
5 never going to write a rule for everything and so the
6 question is, given the challenges of all of the hazards
7 that are out there, given the size of U.S. labor force
8 and the size of OSHA's labor force, how do we do
9 something better and different that improves workplace
10 safety and health in America?

11 And where I'm headed with this is safety and
12 health programs. We'll talk more about that in a
13 little bit. And then this concept of collaboration
14 that OSHA through its own regulatory and enforcement
15 arms, through its own people that are within our sphere
16 cannot do it alone, that we need alliances and
17 partnerships and collaboration and we need to work with
18 a lot more people and where I'm also headed on this
19 just to kind of preview is we do an awful lot of work
20 with alliances and partnerships and there's an awful
21 lot of the usual suspects that show up at the table,
22 right?

1 We all know each other. Many of you might
2 fall into the usual suspects. I certainly fall into the
3 usual suspects of when you have a conversation about
4 OSH, you get the same sorts of people showing up.

5 And so the question is how do we break out
6 into other communities, to other industries, to other
7 workgroups, to other faith groups, to other places that
8 are active in the U.S. labor force and find a way to
9 make OSH part of the conversation, and that's really
10 where, you know, we're previewing again sort of what
11 the charge is going and where we're headed.

12 All right. I'm going to spare you a bunch of
13 animation and just click through. Okay. So this is
14 what we refer to as the Safety Curve. It's a
15 theoretical distribution, although if we did enough
16 research and gave NIOSH a bunch of money, we could
17 probably actually produce the shape of the curve, but
18 it's useful to think about how we're thinking about
19 workplace safety and health.

20 So at the bottom of the curve, the axis is
21 commitment to safety, a little bit of commitment to
22 safety on the left side, great commitment to safety on

1 the right. Part of that commitment to safety and the
2 foundation of all of this is the duty to provide a safe
3 workplace, General Duty Clause 5(a)(1) and the OSHA
4 Standards, and if you think about all of the different
5 OSHA activities, they fit somewhere on this spectrum.

6 So all the way on the left, we do literally
7 one to two handfuls of criminal prosecutions a year.
8 Now OSHA doesn't actually do those. It's EPA and states
9 that do them. Usually it's not for actually killing
10 workers, right. There are a very, very limited number
11 of circumstances. It's usually those are people who
12 have lied to federal investigators, who have destroyed
13 evidence, falsified documents, or done some other thing
14 that is actually a criminal penalty. All of OSHA's
15 stuff falls in the civil realm.

16 If you move a little bit further up the curve
17 to the Inspections and Civil Penalties region, these
18 are the folks where we're doing inspections. Those
19 inspections are driven either by fatalities,
20 catastrophes, three or more people injured in the same
21 incident, worker complaints, and our targeted
22 inspections where we're sampling high hazard industries

1 and sending people out to places where we think it's
2 likely that there's going to be a high level of hazards
3 that employers should have corrected.

4 But again if you take the left side of the
5 curve, that's roughly five million people. We're doing
6 roughly 75,000 inspections in that five million people
7 area.

8 We've also got SVEP, which is the Severe
9 Violator Enforcement Program, that is basically our
10 frequent flier program. If you shift to the right, now
11 you're getting, you know, a bulk of people who are in
12 the compliance assistance and consultation realm.

13 These are folks who we very rarely see. These
14 are people that we're engaging with at meetings. We're
15 doing speeches and they're hearing us talk about stuff.
16 They are coming to our website and gathering
17 information. They are proactively seeking some sort of
18 OSH information and trying to do the right thing, but
19 they haven't yet got to that great commitment of safety
20 where they're doing a ton.

21 We also have compliance assistance specialists
22 that promote this sort of activity, the consultation

1 programs Loren talked about which are tied to the SHARP
2 Program, all fall in this realm of somebody's taking a
3 proactive step to try and do the right thing.

4 And then as you move all the way to the right
5 side with the Recognition Program, that's where we have
6 SHARP and VPP, SHARP for small businesses that Loren
7 talked about earlier, VPP typically for larger
8 businesses. All of that is around safety and health
9 programs or safety and health management systems, and
10 again a little bit of perspective. 10 million
11 businesses. There are only in the thousands, the low
12 thousands of numbers of businesses that fall into that
13 Recognition Program and there's a question of whether
14 or not those programs are scalable again because it
15 takes a tremendous amount of OSHA's resources to go in
16 and certify the people are actually doing safety and
17 health programs in the right way and achieving the
18 results in the right way that they should.

19 So the goal of all of this effort -- see if I
20 can -- is to shift the safety curve. So what we're
21 trying to do is we're trying to get people to move to
22 the right, to take a step in the right direction.

1 Now one of the things that's important as an
2 underlying concept is where employers sit on the safety
3 curve is entirely up to them, right? That floor, that
4 duty to provide a safe workplace is the same for
5 everybody wherever you are on the curve, but the amount
6 of discretionary effort that your organization's going
7 to put into safety is up to the organization and so
8 it's a different type of thinking. It's a different
9 type of activity. I'm going to talk a little bit more
10 about that later.

11 We think the thing that shifts the safety
12 curve is this discussion of safety and health programs
13 or management systems and safety culture.

14 So I put this slide in here mostly because I
15 had to take calculus at one point and I love the
16 concept of area under the curve, right, but it's this
17 concept of why shift the safety curve and there is
18 tremendous benefit in getting people to move to the
19 right.

20 So underlying all of this is this concept of
21 leadership. It's a theory of leadership called the
22 full range leadership model. I'm going to spare you

1 the very long version of this leadership model, but
2 broadly speaking, it breaks down to there's two
3 different types of leadership: transactional and
4 transformational.

5 Transactional is the carrot and stick, right,
6 and we've got that in OSHA. The stick is obviously our
7 enforcement piece, the carrot is the SHARP and the VPP
8 and the Recognition Programs.

9 If you look at leadership theory, carrots and
10 sticks only work to the extent that you like the carrot
11 or you fear the stick, and we know that there are lots
12 of workplaces where OSHA penalties are not necessarily
13 a significant factor in whether or not they're in
14 compliance, right?

15 The cost of business is much greater than the
16 cost of an OSHA penalty and we also know that the
17 carrot is not that tasty for a lot of people.

18 So transactional work maintains the curve but
19 it doesn't shift the curve and that's where you get
20 into transformational leadership where what you're
21 trying to do is a different type of leadership. It's
22 the inspire people, motivate people, appeal to their

1 ideals, that heart element where there's a larger
2 concept, and if you look kind of for a good analogy, if
3 you look at the environmental community, there are a
4 large number of people that have moved beyond
5 compliance with EPA regs and are now talking about
6 sustainability and social responsibility and reducing
7 waste and reducing energy usage and all sorts of other
8 things and it's more of a race to the top than it is
9 avoiding the bottom.

10 We're trying to create that similar sort of
11 inspirational-motivational-aspirational piece around
12 workplace safety and health, so it's not just we want
13 to stay out of trouble with OSHA but it's we care about
14 our workers. This is an important piece of our
15 business and we're doing more because it's the right
16 thing and this is part of our core identity.

17 Safety is not a problem that I have to deal
18 with. It is a core aspect of making sure my people go
19 home to their families every day.

20 So we talk about safety and health programs.
21 That's an important choice in terms of language. What
22 I also mean and you should hear if you're a large

1 business is safety and health management systems.
2 They're really the same thing and there's a choice in
3 the language that we're using because when you're
4 trying to get to small- and medium-sized businesses, a
5 management system is a scary thing.

6 I don't know one that is. I'm pretty sure I
7 don't have one and I'm pretty sure I don't want one,
8 but when you say safety and health program, right,
9 that's something that's a little bit more accessible,
10 but we think of them in the same way. The core
11 elements are largely the same. How you go about
12 getting to the end destination is in many ways similar,
13 but there are different ways of making it more
14 accessible to folks that again I'll talk about in a
15 little bit.

16 For those of you not familiar with safety and
17 health programs, the core part of it is you just
18 prevent people from getting hurt, right? That's the
19 main reason is we're not just worried about the things
20 that there are OSHA standards on. We're looking at a
21 wider range of issues.

22 This is a program and a management system, an

1 approach to the way that we run our workplace that
2 suffuses all of the things that we do, and it's about
3 protecting our people, identifying hazards, and there
4 are lots of benefits, not just protecting workers but
5 also improving the business.

6 So if you avoid work comp costs, if you avoid
7 damaged or broken equipment. Every time a worker gets
8 hurt, not only does the worker get hurt and you have
9 the cost of all of that, you also stop doing work,
10 right, and so there's productivity issues that are tied
11 to it.

12 What we're also seeing in a lot of workplaces
13 is that when workplaces get very dangerous, the workers
14 know and they don't want to work there and they work
15 there only as long as they have to and then they go
16 leave for a better job where they're not going to get
17 hurt and so then you have other costs to that business
18 in terms of recruiting and retraining and reduced
19 productivity because you're constantly bringing in new
20 people that are kind of earlier on in the curve and not
21 as productive as people who have been fully trained.
22 So there's lots of other ways that a safety and health

1 program can tie into your business. A lot of people
2 really only look at the direct cost piece. What's the
3 work comp cost, right?

4 You also see potential for reputation, both
5 positive and negative, as you're looking at
6 performance. So if you're in the construction
7 industry, right, a lot of people are going to say tell
8 me what your rates are, right, what's your work comp
9 experience rating, and we're going to use that as a
10 deciding factor in who we select, so, and then at the
11 very high end, you can also be looking at some
12 businesses that are going for sustainability, social
13 responsibility, and maybe that gets them access to
14 capital that they would not otherwise have had by being
15 in this kind of top tier of employers.

16 So there's lots of ways you can link safety
17 and health performance to the business quality and the
18 business success.

19 So a few years ago, we updated what people
20 affectionately refer to as the OSHA '89 Guidelines
21 simply because they were produced in 1989. We took a
22 radically different approach on safety and health

1 programs, and let me give you the next slide, which is
2 actually prettier to look at.

3 So the old guidelines were published in the
4 Federal Register. They were not very accessible and
5 they were not very clear. The new one is produced like
6 a normal guidance document. So it's available to the
7 public. It's all voluntary. It's very action-oriented
8 and each of these different items has three to five
9 different tasks underneath them and we talk about what
10 the task is and how you actually do it.

11 Now we talk about safety and health management
12 and safety and health programs, different ways and
13 different places, again depending on who we're talking
14 to. Management leadership and worker participation
15 used to be one element. We've now split them up
16 because we think they're different concepts and it's
17 very important to speak about them in different ways.

18 Another key addition in this latest revision
19 is we added Element Number 7 and this is that multi-
20 employer temp worker concept of the nature of work is
21 changing and we felt so strongly about it that we added
22 a whole other element that is how do you do safety

1 management in your workplace and then how do you do
2 safety management so that everybody who is in your
3 workplace, whether they are your employee or somebody
4 who is working for somebody that you have hired to do
5 work in your workplace, can function safely. So
6 there's a whole communication piece here tied to that.

7 So when you talk about safety management,
8 there are really kind of three key concepts. The first
9 one is this management leadership, this commitment from
10 the top that safety is a core value to the business,
11 not just lip service, not just we have a written
12 policy, but that they actually believe it and that they
13 take action on it.

14 Worker participation is another core piece to
15 this. Workers need to be engaged. They are the ones
16 who are experts in their jobs. They are the ones who
17 will tell you how people are getting hurt. They are
18 the ones who will explain to you why yes, we have a
19 written policy or procedure that says do things one way
20 but nobody follows that and here is why and they can
21 get to the root causes of how work is actually done in
22 the workplace. They are the eyes and the ears and the

1 intelligence system of what's going on in the
2 workplace.

3 And then finding and fixing hazards which is
4 an enormous part of it but is actually in many ways the
5 easiest part because these are technical issues. This
6 management leadership and engaging workers in a
7 meaningful way is much more challenging because it is a
8 cultural value trust-driven exercise that is in many
9 ways much harder than the industrial hygiene or safety
10 professional aspects of addressing workplace safety and
11 health.

12 We've also recently produced some guidance on
13 leading indicators. Hopefully you all saw this. Let
14 me ask a quick question.

15 Has everybody here signed up for Quick Takes?

16 (Show of hands.)

17 MR. LEVINSON: Is there anybody not? All
18 right. If you're not, you should. That's our
19 newsletter. It goes out to about 260,000 people
20 typically twice a month. It's a good way to find out
21 about what OSHA's doing. So we publicized it in Quick
22 Takes.

1 We also had a stakeholder meeting with about a
2 140 people that showed up and part of this whole
3 construct of safety and health programs and preventing
4 injuries is we need to move from lagging indicators,
5 like TCIR and DART rates, that tell you what happened,
6 right, and how you're doing to leading indicators that
7 are what are we doing. Are we actually training our
8 people? Are we actually conducting inspections in our
9 workplace? How are you managing your safety and health
10 program and the individual hazards?

11 And so there's a conceptual shift that needs
12 to happen where people in their workplace are
13 identifying the right leading indicators for their
14 business and using them to help manage safety and
15 moving away from just relying on lagging indicators.

16 Lagging indicators are absolutely still
17 important for telling you how did we do, right? You
18 need to know if people are getting hurt. They are an
19 important information source to identify how people are
20 getting hurt, but they're certainly not the whole
21 picture, and so this leading indicators document very
22 much flows into the concepts that are in the safety and

1 health program work that we're doing.

2 So we put out this document. We created a
3 website. We had the stakeholder meeting. The next
4 piece of this is we're going to be adding to the
5 website where what we're trying to do are gather
6 leading indicators that people are using so that
7 businesses, either by hazard or by industry, can come
8 and say, oh, we're a construction company, here are
9 some leading indicators that we know other construction
10 companies have used, so that they can begin thinking
11 about how do they measure this.

12 We had people from the oil refining industry
13 come and talk about leading indicators that they're
14 using. There's a lot of different ways that we can tie
15 in to this and again it changes the nature of the
16 discussion from workers who are hurt to process and
17 activity that will prevent people from being hurt.

18 And again a lot of this is to give you just
19 the landscape of where we are to set you up for the
20 discussion about the charge to the committee.

21 So quick show of hands. How many people have
22 seen the Safe+Sound Campaign, Safe+Sound Week?

1 (Show of hands.)

2 MR. LEVINSON: All right. So I see a bunch,
3 not necessarily everybody.

4 So the Safe+Sound Campaign, and this is where
5 again this concept of what is scalable is at the heart
6 of the Safe+Sound Campaign. How do we reach more
7 businesses and again mass communication is one part of
8 that, and then how do we shift the curve, this
9 transformational leadership concept tied to safety and
10 health programs?

11 So there's a vision in the Safe+Sound Campaign
12 that every workplace should have a safety and health
13 program, that safety and health is a core value for a
14 business, and the more that we can get businesses to
15 identify with that ideal, that's the thing that then
16 has the potential to get them to take actions that
17 actually shift the curve and move people in the right
18 direction.

19 When we talk about safety and health programs,
20 you don't get the seven elements that we have in the
21 OSHA approach. You get three elements: management
22 leadership, worker participation, and a systematic

1 approach to find and fix hazards.

2 Part of that is we are trying to be simple in
3 our messaging. If you say to a small business, 10
4 people, there are seven elements, right, that's a
5 little bit scary. If you say three core elements,
6 that's a little bit more accessible.

7 The other thing is, and this is the second
8 point here that there are many valid approaches, we are
9 not saying by any means you've got to use the OSHA
10 recommended practices for safety and health programs.
11 All roads lead to Rome and we like our version.

12 National Safety Council has had various
13 versions of safety management systems. ANSI-Z10 exists
14 and we think that's a great model. ISO-45001 exists
15 and that's a great model. Many of our state plans have
16 their own versions of safety and health programs.
17 There's another initiative, GRI, the Global Reporting
18 Initiative, 403, that does work.

19 All of these things are kind of variations on
20 a theme and if you prefer chocolate and somebody else
21 likes vanilla and somebody else likes strawberry,
22 great, as long as we're all eating ice cream, right,

1 and so these three core elements is a way of getting
2 out of kind of the nomenclature that OSHA uses one and
3 ANSI uses another and ISO uses another. We don't need
4 to fight about terms because we're all talking about
5 the same thing slightly different ways.

6 The Safe+Sound Campaign is co-organized by
7 National Safety Council, ASSP, AIHA, CPWR, VPPPA, the
8 Voluntary Protection Program Participant Association,
9 so those are all the businesses that are in VPP, NIOSH,
10 and OSHA. Hopefully you all are well enough versed in
11 Washington that I don't need to tell you what all of
12 the acronyms stand for.

13 The other thing is we have 220 total
14 organizations who have signed on to support the
15 campaign and this gets to that question of what is
16 scalable and how do we reach out to other communities
17 and people who are not the usual suspects?

18 Some of these 220 are state plans, some of
19 them are OSHA ed centers, some of them are consultation
20 projects, and some of them are people that we've never
21 ever engaged before with in OSHA ever.

22 To give you some perspective, OSHA has roughly

1 35 formal alliances. So to go from 35 alliances to 220
2 organizations is quite a leap. We made this leap in
3 part by taking the radical step of picking up the phone
4 and calling people and saying, hey, do you want to play
5 with us? Can we convince you that safety and health is
6 something that maybe you should talk about?

7 And so there's an element of outreach that we
8 know is successful. People aren't going to come to us.
9 These are not the usual suspects showing up at the OSHA
10 meetings or OSH meetings, but when asked can you get
11 behind this, they'll say yeah, I can get behind that,
12 and if we send them some information that maybe they
13 can pass on to their stakeholder community through
14 their communication channels, that opens up the
15 pathways for us to begin reaching those 10 million
16 businesses and the 150 million workers.

17 So again this is part of it. We don't think
18 we've done everything and that's why where we're headed
19 is tell us how we can do more and tell us how we can do
20 better in this charge.

21 We're doing some different stuff. So the
22 usual OSHA approach to a lot of guidance was let me

1 write a really big document that tells you everything I
2 learned over the last four months on this thing and if
3 you're a small business, you don't have time to read a
4 tome, right, and you start getting to 10-20-30-page
5 guidance documents, that's not actionable, right,
6 because I'm giving you in 10 pages all of the history
7 of this stuff. I haven't even gotten to the action
8 stuff and what are the chances that I did in a way
9 that's clear, that you're going to find it, and that
10 you're going to see as accessible.

11 So these are three new documents you can find
12 on our website. These are each four pages. There's a
13 lot of white space, very clear action items that talk
14 about what should you do and a little bit about how you
15 should do it.

16 We are also doing some different things within
17 the Safe+Sound Campaign, like producing coins that can
18 spin. So that's a challenge coin and for the first
19 time we did a management leadership challenge where
20 we're trying to say to people, hey, take three actions
21 over the next 30 days and we said here are -- I think
22 it was 12 or 14 things you could do to demonstrate

1 management leadership.

2 We don't care which ones you do, just pick
3 three that you can do and over the next month do them
4 and then come back, tell us what you did, so we can
5 gather a little bit of information and then get the
6 coin.

7 We produced another document on better safety
8 conversations and this is bridging a little bit to what
9 Tom is going to be talking about in the second half
10 after lunch, but this question of safety culture,
11 safety climate. This is not a technical document of
12 here's a find and fix, how do you keep workers safe.

13 This is a how do you talk about safety because
14 we think the way that people talk about safety gets to
15 that concept of safety's got to be a core value. The
16 managers and leaders need to know and believe that.
17 The workers in the business need to know and believe
18 and trust that when they raise a safety issue that
19 they're not going to get punished, right, and so this
20 dialogue piece is an important concept.

21 The last one, we have another guidance
22 document on safety motivations. Why are you concerned

1 about safety? We had one organization that did a
2 really great video where the workers were talking about
3 here's my loved ones that are waiting at home for me
4 every day to come home safe and sound from work, and
5 whether it's you're concerned about coming home to care
6 for your kids or an aging parent or you don't want to
7 blow out your back because you want to get down on the
8 ground and garden or swing golf clubs on the weekend or
9 whatever it is that's helping you care about your
10 safety, right, that your worker safety is tied, to go
11 back to some of the stuff John Howard was talking
12 about, this total worker health concept, workplace is
13 just one part of your larger life.

14 Let people know why you care about this and
15 that this moves this from a technical gotcha, this is a
16 thing we have to do to this is something that we're
17 doing because it's important to us and now I understand
18 why it's important, right?

19 Maybe somebody, when I got hurt, I was laid up
20 for 30 days and here's what happened when I missed work
21 for 30 days, right, and when people understand that, it
22 changes the way they talk about and think about safety.

1 So one of the other things is you've got to
2 give people something to rally around. Safe+Sound
3 Week, we just had our third one in 2019. We had a
4 little over 3,300 businesses participate in Safe+Sound
5 Week. It's been growing each and every year. That had
6 participants from all 50 states, from the District of
7 Columbia, from four territories and from 25 countries
8 around the world, and some of those folks from the 25
9 countries around the world were U.S. military
10 installations overseas or defense contractors that are
11 overseas.

12 We also had U.S. businesses that said we're
13 going to do this for every one of our facilities,
14 regardless of where they are in the world. This is
15 part of our corporate activity and so they did it in
16 their foreign countries, as well, and then because we
17 have partnerships with National Safety Council and AIHA
18 and ASSP, those very much are global organizations.
19 They are leaders in the safety professions in the world
20 and so we actually saw a lot of activity where the only
21 reason that people would have been coming to us is if
22 they saw this through kind of those organizations'

1 communications channels.

2 Again, getting to a little bit of scale, we've
3 added a new tool this year on social media listening
4 that we're using to analyze the social media
5 conversation and our analytics showed that we reached
6 17.5 million people with messages on safety and health
7 management.

8 So again you get from that concept of 75,000
9 inspections that we're doing a year, 10 million
10 businesses, a 150 million people, in only our third
11 year 17 and a half million people saw a message.
12 You're getting to that question of how can we do things
13 in scope and the way that we did that is partnerships,
14 those 220 organizations sharing messages, those 3,300
15 businesses.

16 The other thing that I will say is getting
17 back to this concept of values and safety as a value,
18 Safe+Sound Week gives employers and employees a chance
19 to do something that is positive and proactive. You're
20 not talking about safety because somebody got hurt.
21 You're talking about safety because we did something
22 good in our business and it gives them a reason to talk

1 about safety.

2 So we saw businesses making videos. We saw
3 them doing Facebook posts and Twitter and Instagram
4 things. We saw stories in local news television and
5 local print about here's what we're doing on safety so
6 that people in their communities saw what they're doing
7 on safety. We saw trade associations and professional
8 societies retweeting, liking, doing blog posts, talking
9 about the leaders in their industry and what they were
10 doing on safety.

11 These are all positive ways to make safety an
12 affirmative thing, not the gotcha, we're talking about
13 penalties, and we're only talking about safety when
14 somebody did something in a wrong way.

15 So we're now moving safety and health programs
16 into the OSHA 7500 Class. This is the intro to safety
17 management class that's taught at every one of the OSHA
18 ed centers. That's the EC part of OSHA Training
19 Institute Ed Center, OTIEC.

20 Every one of the states around the country has
21 an ed center. We teach this class an awful lot. Every
22 one of them is required to teach this class. It's

1 updating this class from the '89 guidelines to the new
2 recommended practices. It's written in a way to make
3 things much more accessible for small businesses.

4 Now there's a challenge here. We've talked to
5 some of the consultation folks. In the very, very
6 small and that kind of one to 10 employees, it's a
7 challenge for somebody in a very small business to take
8 a day off work to go and take training and even a
9 couple hundred dollars for an OSHA ed center class can
10 be a challenge in a very, very small business, but
11 nonetheless this is a popular class. It's getting to a
12 large segment of people and we are turning it into a
13 very action-oriented class where they're going to walk
14 away with some actions that they can take in their
15 business tomorrow when they're done with the class to
16 improve the quality of their business and start this
17 journey to better safety management.

18 We are just finishing up the work on the
19 class. We're about to go to kind of the final
20 formatting and so look for early 2020 this new class to
21 be rolling out.

22 We have also talked about but not yet started

1 the potential for a longer like three- to four-day
2 class. So this one is targeted to I'm a small business
3 owner, I'm on a safety committee, this is kind of the
4 intro piece.

5 What if you're a safety manager now in a
6 small- to medium-sized business and you need to run a
7 safety and health program and you need deeper level
8 knowledge and that's kind of what we're thinking that
9 three-to-four-day class might be, but again that's some
10 future stuff.

11 Another project that we're working on is a new
12 tool on Safety Pays. So we already have one tool on
13 Safety Pays which is if somebody has a broken leg,
14 what's the cost of that broken leg? That focuses very
15 much on a particular hazard and you can look at by
16 industry and by hazard type and it pulls in some work
17 comp data. We can give you an estimate of here's what
18 this one injury will cost.

19 This new Safety Pays tool is a whole different
20 approach. What we're trying to do is say, okay, let's
21 put in the number of workers that you have, let's put
22 in your either TCIR DART Rate or your experience

1 rating, and we can now begin to project how much safety
2 and health is going to cost your business annually for
3 all of kind of the safety and health things that are
4 going on in your business by comparing you to others in
5 your NIX codes.

6 We can also have people put in additional
7 information, like what's my profitability rating. So
8 let's say you have an injury that winds up costing your
9 business a \$100,000, right. If you are 10 percent
10 profitable, which is, you know, an aspirational goal
11 for many businesses, you would need to sell a million
12 dollars worth of more product in order to generate a
13 \$100,000 of additional revenue and so it begins to tie,
14 you know, kind of this amplification of the costs of
15 workplace safety and health to the additional sales and
16 potential growth for your business and is that \$100,000
17 that you earn from an additional million dollars of
18 sales something that you want to spend on safety and
19 health? Wouldn't you rather prevent those injuries
20 often much more cheaply and then invest that in your
21 business or take the profit?

22 We're also beginning to use some behavioral

1 economics approaches. So how many folks have gotten a
2 utility bill where it says here's how you did and you
3 got a smiley face or a frownie face and you used more
4 energy than your neighbor? Anybody seen those, right?

5 So we're looking at kind of that behavioral
6 economics piece so that we can begin to show people
7 here's how you're doing compared to your neighbor
8 because a lot of this is most people will say
9 whatever's going on in my business is the default
10 situation and it's generally acceptable until it's not,
11 right, but you've got to reach that tipping point that
12 it's not.

13 But if you can now say to people here's your
14 injury rate, but you're actually very high compared to
15 others in your industry or your industry is very high
16 compared to other industries, it now begins to change
17 the framing of the conversation and again might
18 motivate and inspire people to say let me see what else
19 we can do or let me dig a little deeper on this.

20 The last piece before we get to the charge is
21 this is a very large effort. Some of you at this table
22 are actually involved in this activity. We're trying

1 to create a safety and health program maturation model.

2 What does that mean? We have gone back
3 through OSHA's recommended practices, the ANSI
4 standard, the ISO standard, OSHA's Form 33, which is
5 the program, the data tool that we use to assess SHARP
6 businesses, the small businesses going for safety and
7 health Recognition Program, and we have pulled out all
8 of the actual tasks and activities, the actions that
9 people would have to do, and we are putting them all on
10 one table.

11 So now we've got a list of all of the things
12 people would have to do and then we are trying to
13 sequence them in a beginning, intermediate, and
14 advanced behavior, and so, for example, if you're
15 looking at you should have a safety policy, a beginning
16 version of you should have a safety policy is probably
17 two to three sentences that says we care about safety
18 and we're going to do something to make our workers
19 safer and we're just going to start the conversation
20 there.

21 If you've done nothing else, just writing that
22 down and saying we're going to try and live by this is

1 a step in the right direction.

2 An intermediate policy might add something
3 like and we're going to hold our managers accountable
4 for how they manage safety. You can write that when
5 you first get started but if you haven't done a whole
6 bunch of other organizational work to train the
7 managers, to train the workers, to write safety
8 procedures, to identify hazards, you're not going to be
9 able to live that policy statement. So it's not
10 appropriate when you're just getting started to promise
11 to do something that you don't yet have the capacity to
12 do.

13 And an advanced safety policy might also say
14 and we're going to look at leading indicators and we're
15 going to tie our safety management decisions to other
16 aspects of our business, like who we hire as
17 contractors and get to this multi-employer workplace
18 piece, right, but if you're in the intermediate phase
19 and you're just trying to manage your own workers, this
20 whole conversation of how am I going to manage
21 contractors adds another level of complexity.

22 And so what we're trying to say is each of

1 these different things that you're doing, there's a
2 beginning and an intermediate and an advanced phase or
3 a fully mature phase, and how do we walk businesses
4 through in the right sequence and that's just a
5 management leadership or a management policy.

6 You go through management leadership and
7 worker participation and hazard identification. There
8 could be 200 different tasks that you have to do and a
9 beginning place might be just say you care about
10 manager or you care about workplace safety and health.

11 I'm going to hold the stakeholder meeting with
12 my workers and say tell me what you're concerned about
13 and I'm going to look at my 300 log and maybe create a
14 checklist that we can do a daily inspection and that's
15 a step in the right direction and then, okay, now that
16 you've done that, let's give you the next thing and
17 that's the concept in this maturation model is how do
18 we identify all the tasks, how do we identify
19 beginning, intermediate, and advanced, and then how do
20 we create a system so that we can walk you through this
21 over two-three-four-five years, whatever the right pace
22 of your journey is because what we know is when you

1 give people here's a full safety and health program,
2 it's scary.

3 We know again this question of scale, there
4 are only a few thousand businesses that are in VPP and
5 SHARP out of 10 million businesses, and so clearly just
6 doing what we've been doing is not enough. We need to
7 create tools and present information in a different way
8 so that we can hold people's hand down this process and
9 that's the sort of thing that we know happens in OSHA
10 consultation projects, for example.

11 We know that there are a lot of consultants
12 out there who hold people's hands and walk them down
13 this journey of how do we improve safety. We're trying
14 to create a system and draw on that information.

15 All right. So that's kind of what we're doing
16 at OSHA around this charge. We've made a lot of
17 progress. We're trying to think differently, but we
18 know we have not solved all of the problems and that's
19 where we get to the charge to the committee.

20 So probably the easiest thing is to let me
21 walk you through some of this and then I'm not sure
22 where we are on time, but it's -- we're over time. All

1 right.

2 So let me walk you through this. I can leave
3 you with this to think about during lunch, during Tom's
4 presentation, and then we can come back to it.

5 So we've done a little bit of talking about
6 safety as a core value. We're not sure we've done it
7 the right way. You all have a lot of experience
8 working with different businesses and in different
9 communities than we do, and we'd like your thoughts on
10 what is going to be persuasive around making safety a
11 core value.

12 Part of that is how do you persuade business
13 owners? What sort of information and resources will
14 actually get a small business owner, a medium business
15 owner to say yeah, I believe this is a real issue?

16 We've tried discussions or had discussions
17 about is financial the right way, the Safety Pays tool?
18 Is risk an approach that is convincing? Is there a
19 moral or ethical it's not okay to kill workers or to
20 injure people? Is there a legal kind of OSHA penalties
21 or work comp or other liability persuasive?

22 There's a larger piece for big businesses and

1 if you look at what's going on in the environmental
2 community, a lot of the work on the big businesses on
3 environmental and sustainability is then pushed down
4 through their supply chain to smaller- and medium-sized
5 businesses who are their business partners and they are
6 being demanded to come up to higher levels of
7 environmental commitment.

8 And so how do we replicate something like that
9 in the OSH community where the larger businesses are
10 making decisions on this and hiring suppliers and
11 partners in that same way?

12 If you look in the environmental community,
13 there's work about how as a CEO, what should you be
14 doing on sustainability and how do you measure? What
15 should your corporate board be doing?

16 We don't see any comparable information about
17 what should every business owner know about safety
18 management and how is it tied to their business and
19 what should every corporate board be getting so that we
20 can push this up so that they can demand and drive
21 change and that safety is not just pushed down into
22 kind of the technical operation of the business stuff

1 that we're really not tied to. It's a core strategic
2 part of the business.

3 I'm going to put a pin in the safety
4 culture/safety management piece because Tom's going to
5 spend an awful lot of time there.

6 And then we've begun to engage more
7 communities and different stakeholders, not the usual
8 suspects. We're not sure -- let me rephrase that.
9 We're sure we don't have everybody because we haven't
10 yet got to 10 million businesses and a 150 million
11 workers.

12 Who else should we add? What is the right way
13 to approach them? Who is important and influential?
14 Some groups that we have generally not had a tremendous
15 connection with is the insurance industry and the faith
16 community, and we see in some places, for example,
17 where labor unions don't exist. The faith community
18 has stepped in, particularly within the immigrant
19 community and helped be advocates for worker safety and
20 health and so we see, you know, this sort of element
21 playing. If there is a moral and ethical argument to
22 be made, communities of faith might be a really

1 important piece in that.

2 So let me just put that out there. Tom's got
3 a long list of other stakeholder communities and other
4 pieces.

5 So with that, you've got my e-mail. I will be
6 back here for Tom's presentation and for the rest of
7 the discussion to answer questions.

8 MS. SOIZA: Okay. So, Andy, I would like to,
9 if at all possible, write down your question that you
10 have for Andy and we'll have more of a working session
11 after lunch because of the time frame that we have.

12 We do have some business to conduct before
13 lunch. So is that satisfactory for everybody? Okay.

14 All right. So thank you, Andy, for this
15 morning, and we will see you this afternoon.

16 So, Jennifer, we have some stuff to enter into
17 the record.

18 MS. LEVIN: Some housekeeping. We have
19 exhibits to move into the record at this time.

20 Exhibit 1, Agenda for the December 12th, 2019,
21 NACOSH Meeting.

22 Exhibit 2, Dr. Howard, NIOSH Director, Talking

1 Points for the December 12th, 2019, NACOSH Meeting.

2 Exhibit 3, NIOSH Mobile Applications Handout.

3 Exhibit 4, NIOSH Safety and Health Fact Sheet.

4 Exhibit 5, National Occupational Research

5 Agenda, NORA Council's 2016 through 2018 Achievements

6 Handout.

7 And Exhibit 6, Taking Safety and Health to the

8 Next Level PowerPoint Presentation by Andy Levinson,

9 Deputy Director, OSHA Directorate of Standards and

10 Guidance.

11 Thank you.

12 MS. SOIZA: Thank you, Jennifer.

13 One addition. The charge itself, we're going

14 to move into the record as Exhibit 7. That's the

15 charge to the committee. Thank you.

16 Thank you, Jennifer.

17 So we have three members of the public and I

18 promised to open the table this afternoon, as well, if

19 there are members of the public who want to speak this

20 morning because they can't be here this afternoon.

21 I have so far Carolyn Guglielmo and is that

22 something that -- okay. Donald Cotchen. If it can be

1 less than five minutes -- okay. I will hold you to
2 that if you'd like to speak now.

3 MR. COTCHEN: Thank you kindly for the
4 opportunity.

5 I'm Don Cotchen. I work for Industrial Info
6 Resources. My interest in talking to the presenting
7 committee, I work at a company that gathers detailed
8 information about industrial plants and projects all
9 over the world.

10 I had been a contract holder with OSHA and Davis-
11 Bacon Way Survey for 18 years. So I understand the
12 nature of your work and what I offer today is to the
13 committee, a lot of the conversation is about metal
14 mills, refineries, pulp and paper plants, food and
15 beverage, processing plants.

16 We have detailed information about where these
17 plants are, the safety managers that work there, the
18 nature of the facility and the asset, and all the
19 construction, maintenance, and offline event activity
20 that takes place there.

21 Now the nature of your work is quite broad and
22 sometimes it's not focused on individual industries and

1 I understand that, but in the event that you ever say
2 to yourself I wonder how many fracking facilities there
3 are or how many people are actually processing silica
4 sand or frack sand or what the refineries are doing or
5 what the nature of their offline events are, I would be
6 more than happy to come to the committee and present
7 what we know about U.S. industrial assets.

8 And again we've got 60,000 assets in the
9 database. We're privately owned, Sugarland, Texas.
10 We're a government contractor to EPA, DOE, FERC,
11 Commerce. We've done business with Census Bureau.

12 Again, I have had a relationship with Labor
13 over the years. So just a genuine offer to come as a
14 friend of the committee, share information that we know
15 in case you need something or below the surface about
16 the details of those industries.

17 It's a \$400 billion a year industry right now
18 in terms of spending on construction and maintenance
19 and just as a friend of the committee, we'd be happy to
20 share what we know and share that with you and thank
21 you very much for your time.

22 MS. SOIZA: Thank you for the offer. Thank

1 you for coming and speaking with us today, Don.

2 MR. COTCHEN: Thank you very much.

3 MS. SOIZA: Thank you.

4 Mark Ames, are you still here?

5 MR. AMES: Yes.

6 MS. SOIZA: Okay. Thank you, Mark.

7 MR. AMES: Good afternoon, everyone. Mark
8 Ames. I'm the Head of Government Relations for the
9 American Industrial Hygiene Association. Thank you for
10 just providing me with a few moments today.

11 I echo Andy Levinson's comments regarding the
12 importance of partnerships and outreach. That's
13 exactly what AIHA believes in, reaching out to
14 communities. It's just you can't say enough how
15 important it is.

16 One of the things that I would encourage you
17 to consider is how the various outreach programs of the
18 Department of Labor are interacting with each other.
19 They're all great, but there is a lot of programs and
20 it would be helpful, I think, if you maybe thought
21 about how they're all working together and how they
22 interact with each other because they're all kind of

1 reaching out to many of the same stakeholders and a lot
2 of the messages are the same and when you're kind of
3 doing these things, you know, we try and help get the
4 word out to these stakeholders and to our members and
5 to cannibalize the message and all that.

6 How do -- like it's almost like oversaturation
7 sometimes. So how can we utilize the success of the
8 other programs, build upon that, and still kind of have
9 a cohesive program plan for reaching out to new
10 audiences that we haven't tapped because I got a
11 feeling that some of the programs have been around for
12 a longer period of time have thought about some of
13 these issues and there's probably some lessons that we
14 can mine and thinking about how we can utilize the
15 partners, like AIHA and others, just help us understand
16 where and when do you want us to reach out to whom
17 because we participate in a lot of programs and we're
18 kind of saying the same things a lot of the time.

19 So macro message is there's a lot of outreach
20 programs at the Department of Labor that are saying
21 similar things. There's probably some coordination,
22 some improvements that can be made. Think about, as

1 you're thinking about outreach to unlikely audiences,
2 new audiences, think about how we can improve what
3 we've already done and just kind of build on that maybe
4 because we don't want to kind of oversaturate because I
5 would just say let's talk offline and thank you very
6 much for your time. Really appreciate it.

7 MS. SOIZA: Thank you. That will be really
8 relevant for this afternoon's discussion, as well.
9 Thank you so much, Mark, for coming forward and giving
10 us your thoughts.

11 And with that, we are going to break for
12 lunch.

13 (Whereupon, at 12:21 p.m., the meeting was
14 recessed for lunch.)

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1 AFTERNOON SESSION

2 MS. SOIZA: We'll come back to order here. If
3 people could gather up, thank you so much.

4 Steve, could I impose on you to maybe catch
5 the door again, not that that is -- it was in your five
6 percent other duties, yeah.

7 Thank you, everybody, for coming back, and we
8 will try to stay on schedule, relatively speaking, and
9 we are going to -- we'll just jump right in.

10 Tom, do you go by Tom?

11 DR. CUNNINGHAM: Yes.

12 MS. SOIZA: Dr. Tom Cunningham is here from
13 NIOSH to present on Safety Culture and then just as a
14 reminder, afterwards, we'll have Andy come back up and
15 we'll have a discussion about the charge. That's
16 generally the plan, right? Okay. I'm looking at both
17 of you.

18 All right. So, Tom, thank you very much for
19 coming and presenting to us today and we're looking
20 forward to your presentation.

21 Safety Culture

22 DR. CUNNINGHAM: Yes, well, thank you for

1 having me and thank you for coming back from lunch,
2 everybody.

3 So I'll be talking about Safety Culture but
4 also I'll be talking about how we've been thinking
5 about and how we've been trying some things out in
6 terms of reaching out to small employers.

7 To give you a little bit of my background just
8 to let you know who I am and where I'm working, I'm
9 Chief of our Social Science and Translation Research
10 Branch in the Division of Science Integration at NIOSH.

11 We coordinate a number of programs out of our
12 branch. One of them is our Small Business Assistance
13 Program. Others that were mentioned today include our
14 National Center for Productive Aging and Work. We also
15 have programs focused on health equity and young
16 workers that are all coordinated out of our branch.

17 So a word to start us off about small
18 businesses. We've heard it already mentioned a couple
19 of different ways today of the roughly 10 million or so
20 small businesses in the U.S., the vast majority of them
21 are small and when I say small, I mean very small.
22 There's a lot of different ways that you can define

1 small business, ranging from 500 or less down to what
2 we're really talking about here, I think, with less
3 than 20 employees or even less than 10 employees and
4 this is true across all of the major sectors of
5 industry that the majority are small firms.

6 Some of the literature on small business
7 occupational safety and health, and when I say some,
8 there's not a lot out there on small business
9 occupational safety and health issues, but within what
10 is there, first, we know that smaller employers and
11 their workers endure a higher burden of occupational
12 injuries and illnesses, and what I mean by that is that
13 the proportion of fatalities among the smallest
14 segments of employment, that one to 10 section, are the
15 highest.

16 Now you don't see that same trend in injury
17 data, largely because of underreporting issues at the
18 smaller site segments, but there are a number of papers
19 out there that do suggest that pattern does indeed hold
20 where business size predicts sort of that proportion of
21 injury.

22 We also know that small employers need more

1 external assistance to deliver occupational safety and
2 health activities, programs, dare we say systems, and
3 we know from survey data actually from the National
4 Federation of Independent Businesses that smaller
5 employers deliver fewer workplace -- should say just
6 occupational safety and health activities there, but
7 also health promotion activities discussing total
8 worker health, as well.

9 So that again, that relationship is shown by
10 business size. The smaller you get, the fewer
11 activities that you get.

12 So what do we know about reaching small
13 businesses? Well, some things to consider that we've
14 seen in the literature, one is this idea of an
15 ecological approach or multiple levels of outreach and
16 intervention to support safety and health efforts in
17 small businesses and that includes the community level.

18 In fact, some suggest a better approach is to
19 work with local business councils in a more limited
20 geographic area and I'll explain a couple of
21 demonstrations of some of us at NIOSH trying to do just
22 that.

1 We know that the business case is very
2 important for safety and health activity adoption and
3 needs to include financial costs and benefits, but we
4 also recognize that it's more than just the business
5 case. There's also that value of investment.

6 So what is the personal effort required? What
7 is the time commitment? Does the safety and health
8 activity or programming actually fit with existing
9 systems and behaviors and expected outcomes? And so
10 we've tried to direct some of our research that way, as
11 well.

12 So what I'm going to talk about now is really
13 a recognition of the fact that we as a single federal
14 agency or even several federal agencies are not going
15 to be able to reach each of those several million small
16 employers with any sort of safety and health
17 information or actual assistance. It's just completely
18 unreasonable and yet for a long time, we studied small
19 employers to try to understand, well, what can we do to
20 give them something useful?

21 What we've come to realize over the past few
22 years is that we should not be necessarily just

1 studying the small employers, we should be studying
2 intermediary organizations that reach small employers
3 and what I mean by intermediary organizations are any
4 sort of organization that already has an existing
5 relationship or set of relationships with several small
6 employers.

7 So they're sort of that hub for a network of
8 small employers. So rather than NIOSH trying to reach
9 a large swath of small employers, we recognize that we
10 should be studying intermediary organizations and
11 trying to understand what is the value of offering
12 something new or something more in terms of workplace
13 safety and health assistance that they can then in turn
14 offer their clients or members and so that's what this
15 model here shows.

16 It's really if you just think about it as a
17 two-stage model where across the top, the initiator
18 organization in the case of what Andy and I are talking
19 about today could be either OSHA or NIOSH works with
20 intermediaries as their target audience who in turn,
21 once you've worked with the intermediary audience and
22 convinced them to take on safety and health assistance

1 for small employers as part of their activities, then
2 they take the ball and run with it with small employers
3 and we monitor what happens to see is there an effect
4 there.

5 So who are some examples of intermediaries?
6 Andy already gave us a good example of communities of
7 faith as being one potentially really valuable
8 intermediary organization.

9 There are tons of examples of good
10 intermediary organizations. One that we've had some
11 success with is local Chambers of Commerce. Obviously
12 insurance companies reach small employers, trade
13 associations, labor unions. Some we might not think
14 about would be groups like community colleges,
15 obviously small business development centers, financial
16 service providers. There's actually in that very small
17 bit of small business OSH literature an example of
18 using accountants as intermediaries to deliver safety
19 and health information to some good effects.

20 But really again it's any organization that
21 reaches small employers. Suppliers of goods and
22 services or business-to-business relationships are

1 another really good potential intermediary channel that
2 we need to be learning more about and exploiting where
3 we can.

4 So I want to just talk about a couple of
5 demonstration examples to give you an idea for how this
6 model works in action. So going back to 2010, our
7 Small Business Assistance Program has worked with
8 several local intermediary groups and when I say local,
9 I'm based out of Cincinnati, so for us that's the
10 Cincinnati area and Northern Kentucky, which is just on
11 the other side of the Ohio River.

12 And we've developed a number of different
13 partnerships based on not only burden and need within
14 specific industry and concerns within those industry
15 but also key contacts that we've made by going out and
16 just getting to know our community a bit better.

17 So the first example I'll describe in
18 construction, I was actually really happy to hear Loren
19 give the example of some trenching safety
20 demonstrations that were done out in Colorado and I
21 want to follow up on that now and see if they heard
22 anything about what we were doing in Kentucky back in

1 2010 because it sounds very similar.

2 So at the time, we knew that trenching was an
3 emphasis area in the Kentucky labor cabinet, their
4 state-based OSHA plan there, and so we decided we
5 wanted to try to do something to reach small employers
6 that dig big holes in the ground and could be putting
7 workers at risk and so that's a pretty loose definition
8 of who we're trying to reach but it includes not just
9 companies that do a lot of excavation. It could
10 include a residential plumbing company that's digging
11 lines going through a development, for example.

12 So in this case, we got together with the
13 trade association, which was the Associated General
14 Contractors, the Kentucky OSHA Group, an equipment
15 leasing company that leases trenching equipment, so
16 they supply trench boxes to employers, and the
17 community college to host the event, and we put
18 together a two-day training, offered half-day training
19 sessions not only with educational components provided
20 by trade association, OSHA representatives, but also
21 hands-on examples of how to safely rig up and install a
22 trench box into a big hole in the ground.

1 And I'll talk about the outcomes of both of
2 these examples in a minute.

3 The other example I want to talk about is our
4 efforts around trying out different approaches to
5 promoting a total worker health approach among small
6 employers.

7 So you heard Dr. Howard describe the total
8 worker health approach earlier, and one of the
9 difficulties with any sort of new or additional
10 programming for small employers is how do you make it
11 work for them, right?

12 So thinking about our two-stage model, we
13 thought, well, let's not go directly to small employers
14 first, let's work with intermediaries who we think
15 could have some potential for reaching small employers
16 with total worker health programming or activities that
17 would fit the bill there.

18 So in these cases, we worked with local health
19 departments, local safety consultants, Chambers of
20 Commerce, wellness spenders, and insurance companies,
21 and those intermediaries helped us decide which small
22 employers we would target.

1 They described for us who are they able to
2 reach, what kind of services do they think the folks
3 that they can reach are looking for, and we found
4 similarities there between total worker health
5 approaches and what those businesses were already
6 offering the small employers in their networks.

7 So to talk about some of the outcomes here,
8 first, I'll talk about the trenching example in
9 construction.

10 So, of course, we did the training. We had
11 pretty good attendance, we thought, for two days. We
12 had 80 different attendees, from, I think it was
13 upwards of 40 to 50 different employers that sent folks
14 and again this is at the local level at one location in
15 rural Kentucky that we attracted this many folks, and
16 we did all sort of the standard evaluation sorts of
17 things we would do, asking, you know, did you like what
18 you heard, you know, did you have sort of good
19 satisfaction with the content?

20 Also, do you intend to actually apply some of
21 the things that you've learned here today, and we got
22 good results across the board from attendees in those

1 terms, but the most important data point to us was the
2 sustainability of the effort.

3 So we as NIOSH stepped away after that first
4 demonstration. We helped the intermediaries involved
5 in terms of feeding back some of the evaluation
6 results, demonstrating, look, this was a valuable
7 effort to your members that came and they would like to
8 see more things like this, but the most important point
9 for us was that after we stepped away, all of those
10 intermediaries continued working together to offer that
11 same trench safety course without any NIOSH involvement
12 and they just reported back to us that we continued to
13 have good attendance and so that's what we're looking
14 for.

15 We want to be able to get the ball rolling,
16 demonstrate something and have it start to spread or
17 diffuse.

18 In the total worker health example, so our
19 intermediary partners identified a number of different
20 sectors of interest that they already serve or they
21 want to learn more about how to better serve them.

22 One of those sectors of interest was the

1 childcare providers. So there was good alignment there
2 with our partners in Northern Kentucky among their
3 local health department, their local Chamber of
4 Commerce, and some of the safety consultants in that
5 they all have a stake in what's going on in the
6 childcare sector, and in fact they recognize that
7 wellness is a pretty hot topic in the childcare sector
8 but it's all focused on the children, right.

9 There's very little guidance for the staff in
10 terms of workplace wellness or health promotion or let
11 alone safety.

12 So they recognized the opportunity here and
13 they actually developed their own guidance document for
14 childcare centers in Kentucky around how to develop a
15 total worker health approach and implement it in
16 childcare settings.

17 So once we could see this alignment there
18 between what we thought would be broadly something
19 useful and then those intermediary partners realizing
20 okay, there's something here that we can make our own
21 and take ownership of and now we've got something
22 sustainable where NIOSH is no longer driving that

1 effort with childcare centers.

2 So some of the lessons that we've gleaned from
3 these efforts, one is that we need to find potential
4 champions for occupational safety and health and
5 supportive opinion leaders in the communities that
6 we're trying to do work in.

7 But even more importantly, we ourselves as
8 initiators need to take an active and participatory
9 role in that community and I'll tell you what I mean by
10 that.

11 So leading up to 2010, we had this idea:
12 where are small businesses all together? And you can
13 find them. Chambers of Commerce, local Chambers of
14 Commerce. You can find lots of small employers.

15 So we as NIOSH would call up different
16 Chambers of Commerce and say, hey, what do you guys do
17 for workplace safety and health? They might say, well,
18 we have a committee that does something or no, we
19 haven't really thought much about it.

20 Then we might say, well, would you mind if we
21 came to one of your meetings and just kind of talked to
22 your members? They'd say, well, our agenda's pretty

1 full, thanks for calling.

2 So about a year or two later, we wised up and
3 we started joining some local Chambers of Commerce. So
4 you pay the membership due and then you show up at some
5 meetings and, lo and behold, your message can be
6 carried to all of those members because you are now a
7 member. So you're a member of that community and
8 you're able to get on their agenda and that's what
9 happened for us is we got on the health and safety
10 planning committees for a couple of our local Chambers
11 and that networked us with other Chambers of Commerce.

12 So the folks who would guide programming at
13 one local Chamber would call somebody up in
14 Chillicothe, Ohio, and say, hey, if you need somebody
15 to present on a workforce issue, we've got some folks
16 that we could connect you with and so that got us
17 access to dozens more of the Chambers of Commerce in
18 Ohio.

19 We've also found that evaluation and feedback
20 are critical. So if we're initiating an effort with a
21 number of intermediaries, when we're trying to
22 encourage them to do more in terms of workplace safety

1 and health programming, we need to offer something of
2 value to them, other than, hey, this is a good idea and
3 we think you should do it, and what we've found is that
4 they find it extremely valuable to find out what their
5 members think about doing more with workplace safety
6 and health through that intermediary organization.

7 We've also found we need to keep the exchange
8 balanced. So this is an exchange between us as an
9 initiator, those intermediaries, and the small
10 employers, and those are just a couple of the examples
11 of demonstrations that we've had.

12 We've had other cases where it didn't work so
13 well because we were doing too much. The intermediary
14 organization was saying to us, okay, you run this for
15 me and that's just not how we operate. Our small
16 business program is two and a half employees. That's
17 not feasible for us to continue to go back and provide
18 services to Chambers of Commerce or trade association
19 meetings. We need to teach them some things, show them
20 it has value and then hand it off to them.

21 And a last point I'll use as a point of
22 transition is that I think we need solutions that are

1 broadly applicable and can be customizable and what I
2 mean by that is I recognize in our total worker health
3 example that we didn't hand out a recipe for exactly
4 what small employers would need to do to take a total
5 worker health approach.

6 We handed off the concept to intermediary
7 organizations who carried that concept to small
8 employers and then an execution what each of those
9 groups of small employers did with the total worker
10 health concept varied significantly.

11 So I showed you the childcare example. There
12 are also construction examples where employers started
13 to incorporate physical exercise into training
14 sessions. So if you're doing some safety training,
15 they also wanted to offer opportunities for physical
16 exercise, as well. That was how they decided that they
17 would start to take a total worker health approach.

18 And so I think there's a connection here to
19 this idea of what we've been talking about with health
20 and safety management systems that we have potential
21 intervention that could be broadly applicable and
22 highly customizable, based on what Andy's been

1 presenting for us and what we see with a number of
2 different health and safety management system guidance
3 documents that we see out there.

4 In fact, I just was alerted the other day that
5 ASSP has just put out a guidance document for how to
6 apply the ANSI-Z10 standard in small and medium
7 businesses, small- and medium-sized businesses.

8 Actually, some of us at NIOSH, some folks at
9 OSHA here in the room contributed to that document.
10 It's a really good piece of guidance, but we still run
11 into the issue of it's a 40-page document, right? So
12 it's excellent guidance. It is a very important step
13 for those who can consume and digest and apply what's
14 in it, but I also think there's value in those kinds of
15 documents for translating them into additional
16 intervention pieces.

17 What I mean by that is in that ANSI guidance
18 document, you know, there's a number of tables in there
19 about how this practice might be more effective and
20 this practice might be less effective. Even if we were
21 to do just pull that piece out and find ways to
22 communicate that to small employers, that would still

1 be a positive step in the right direction, even if it's
2 not the full gamut of everything you need to do to
3 implement a safety and health program.

4 So now I want to talk about safety climate and
5 safety culture, as we've already heard, then about
6 leading indicators, and one thing I'll say right
7 upfront is that we often get tripped up on the
8 terminology, especially those of us at NIOSH, because
9 we are sort of academic sorts, and we want to be real
10 clear on our operational definitions and our
11 terminology.

12 One of the take-aways that I hope we all see
13 from this and what I'm going to present in the rest of
14 my time here is that the terms don't matter so much.
15 It's the concept that matters. So if we broadly just
16 say safety culture, that's okay, and we'll understand
17 if we want to get down in the weeds that we're also
18 talking about safety climate, as well.

19 Why do we care about them, though, is because
20 they can actually predict injury, illness, close calls,
21 all those outcomes that we really care about.

22 So to completely contradict myself and go back

1 and say that it doesn't matter, I'm going to also
2 clarify some definitions and talk a little bit about
3 how they're the same and different.

4 So, first of all, definitions of safety
5 culture. The first one you see here, the product of
6 individual and group values, attitudes, perceptions,
7 competencies, and patterns of behavior that determine
8 the commitment to and the style and proficiency of an
9 organization's health and safety management. That came
10 out of the U.K., one of the first definitions we had of
11 safety culture.

12 More simply, we could summarize it as the way
13 we do things around here.

14 Safety climate, on the other hand, there are a
15 lot of different definitions out there for safety
16 climate. I could direct you to Doug Zohar as being one
17 of the leading safety climate researchers in the field.

18 The one I have here actually comes from a
19 couple of NIOSH researchers. Safety climate refers to
20 shared perceptions of employees about the safety of
21 their work environment. That's a pretty good summation
22 of it right there. It's the aggregate or group

1 perceptions of safety in their work environment.

2 That's what safety climate is.

3 So how are they different, culture versus
4 climate? Well, culture's a concept that's rooted in
5 the field of anthropology. It's more suited for
6 qualitative methods if we're trying to investigate it.
7 It's broader in scope. It's more difficult to observe
8 and more difficult to change because it's more diffuse
9 and it's considered to be more enduring.

10 Climate, on the other hand, is a concept
11 rooted in psychology, industrial organizational
12 psychology. It's suited for quantitative methods. So
13 this concept has really been refined by investigators
14 who are looking for good psychometric properties of
15 safety climate measurement tools. It's a bit narrower
16 in scope. It's easier to observe, easier to see
17 changes in it because it's really a very specific
18 snapshot in time. What does it look like right now
19 when we take this measurement?

20 So going full circle now, all the way back to
21 they're pretty much the same thing and it's okay, ways
22 that they're the same are, first of all, everything

1 we're talking about here is about the context in which
2 people work. It's talking about how much people are
3 sharing experiences.

4 All across the board, leadership plays a
5 really big role. It can be considered strong or weak
6 and what I mean by that is a strong safety culture can
7 be a good or bad safety culture. Strong just means
8 that everybody agrees about how it looks. A weak one
9 means there's lots of different perceptions of how it
10 looks.

11 In fact, a lot of consultants that will do
12 sort of safety culture assessments will do this gap
13 analysis where they'll show to management, all right,
14 across the board management as a group sees a really
15 positive safety culture whereas these different worker
16 groups see a pretty negative one. So you have a gap
17 here. That would be considered across that
18 organization to be a weaker measurement, and it can be
19 related to organizational effectiveness, so again going
20 back to those outcomes.

21 So just to dazzle you with a really colorful
22 graph, if you want to think about kind of what drives

1 perceptions of safety in the work environment, you can
2 think about them across the horizontal and the vertical
3 axes. So on the horizontal axis, we have enactment,
4 which would be basically what do you see people doing
5 in your work environment? What do you see leaders
6 doing? What do you see other workers doing?

7 And then on the vertical axis, we have
8 espousal and what we mean by that is how does the
9 organization talk about workplace safety, and when I
10 say talk about it, not only what do they say but what
11 do they have written down?

12 And so these are the two main mechanisms that
13 drive perception of safety in the workplace. So any
14 worker who might be taking a safety climate
15 questionnaire, responding to one, their perceptions are
16 going to be driven by these two things and could fall
17 anywhere on this grid and if we see sort of good
18 alignment between what is espoused and what is enacted,
19 then we see clusters of responses that fit right along
20 that diagonal line there that ranges from exemplary all
21 the way down to uninformed or contradictory or
22 dysfunctional.

1 So safety climate is an element of health and
2 safety management systems that can be measured and
3 changed over time, but where should companies focus
4 their efforts if they want to improve their safety
5 culture?

6 So I want to talk briefly about some work that
7 one of our true rock star researchers at NIOSH is
8 working on currently, Mrs. Dr. Emily Haas' work, and I
9 want to mention also she's a recent recipient of the
10 Presidential Early Career Award for Scientists and
11 Engineers that she just received this year.

12 So Emily does a lot of work on safety climate
13 in mining operations. The research I'm sharing here
14 included surveys of over 2,500 workers across 39
15 different mines and administering the safety climate
16 survey. It was a 58-question survey using six point
17 scales.

18 So what Emily did is she put together this
19 measure based on a number of different safety climate
20 and culture and safety management surveys that are out
21 there and came up with some constructs that fall under
22 both organizational and personal factors and surveyed

1 folks on these, in addition to some of these what we
2 would call outcomes or performance measures that you
3 can actually see how do these other -- how do responses
4 on these other items predict responses on these
5 questions about pro-activity, compliance, and outcomes,
6 including near misses and incidents.

7 And so what they did is they administered
8 these surveys, took the data back, and then provided
9 feedback to the organizations where the surveys were
10 conducted and that feedback was divided into this
11 fairly simple but clever 2X2 grid to point out whether
12 those different constructs that were measured fall
13 under a core strength, a critical weakness, a secondary
14 strength, or a secondary weakness.

15 So to help leaders in those organizations
16 strategize around, okay, based on the results that
17 we're getting, what should we work on?

18 And this is what they found. So core
19 strengths that workers provided data about were
20 thoroughness and co-worker communication. The reason
21 those were considered core strengths is not only
22 because they related very strongly to those performance

1 indicators that I just mentioned but also because the
2 workers considered them to be very important.

3 If we go down to the critical weakness box,
4 this is where leaders would be directed to think about
5 what could they do to intervene and fix these issues
6 and so that meant that it was related to performance
7 but it wasn't predicting good performance and it was
8 rated as being very important to the workers. So those
9 were things, including risk tolerance, worker
10 engagement, supervisor communication, and having a
11 sense of control over their safety at work.

12 So organizations developed interventions to
13 improve worker engagement. They discussed results with
14 workers at town halls, implemented company-wide
15 engagement surveys, published their actions in their
16 newsletters, and enhanced cross-functional teams to
17 reduce sort of different silos of activity, and some of
18 the outcomes they reported, one participating site just
19 worked over 500,000 hours with no reportable injuries,
20 and some of the qualitative data suggested that that
21 was due to increased supervisor engagement and actual
22 talking with employees. So they did something about

1 improving their conversations with employees.

2 They also developed interventions to improve
3 supervisor and co-worker communication around risk
4 tolerance. So workers in this organization created
5 their own videos. These were introduced by the CEO.
6 They were posted on YouTube. Other companies are
7 linking to them. They also created a by standard
8 intervention program that's been implemented across all
9 of their sites.

10 So you can see feeding back the results of
11 these perception surveys can actually lead to sort of
12 actionable intervention targets.

13 Finally, I want to discuss a little bit of the
14 work that's been going on at CPWR. CPWR, many of you
15 are aware, is the NIOSH-funded Center for Construction
16 Research, and they've been doing some really great work
17 around safety climate, in particular Linda Goldenhar
18 has been leading this work.

19 So two of the big things they've been working
20 on, one is the SCAT, the Safety Climate Assessment
21 Tool, and again this is all for construction, and the
22 other is the Foundations for Safety Leadership Training

1 Program.

2 So the FSL is actually offered as an elective
3 component to the OSHA 30-hour training construction
4 now.

5 So the work here has been going on for about
6 -- going back seven or eight years now. They've had a
7 number of products come out. So identifying leading
8 indicators, developing the SCAT and then actually
9 developing one that's been translated or customized
10 somewhat for smaller contractors, and then, of course,
11 the Safety Leadership Training, and they've got a
12 number of publications, as well, that actually show the
13 connections and the evidence-base for the effectiveness
14 of the assessment tool and for the safety leadership
15 training.

16 Just some data they've shared with us on how
17 many folks they've reached with the safety climate
18 assessment tool and the safety leadership training.
19 Workbooks have been both hard copies distributed and
20 downloaded, totaling nearly 15,000 times, and the
21 safety leadership training has been delivered to over
22 70,000 folks so far, whether that's at the company or

1 through the OSHA 30-hour training.

2 And this work in particular was awarded the
3 2019 Turner Construction Innovation and Excellence
4 Award.

5 So where do we go from here? I pulled a quote
6 here from an expert panel that was held back in 2015 at
7 the National Occupational Injury Research Symposium.
8 Dr. Jennifer Taylor was there on our panel.

9 In kind of summing up our session where we
10 tried to cover everything from soup to nuts that was
11 related to safety climate and safety culture, Jennifer
12 said, "The space where all of us were interested in
13 safety climate should be spending our time is actually
14 in designing interventions and evaluating them and then
15 getting involved in the implementation science."

16 So what she means by that is that we don't
17 just go and try to fix safety culture, is that we try
18 to do things to improve safety and health in the
19 workplace and then we look at how safety culture and
20 safety climate are doing.

21 And I will say, going back to the beginning of
22 my presentation, I think one of the ongoing challenges

1 and certainly part of the charge to this committee is
2 trying to figure out how can we make this all useful
3 for smaller employers?

4 So here's just one very practical example of
5 the challenge here. If we are doing a safety climate
6 assessment and we want to be able to use survey data
7 and aggregate those data and we have a very small
8 company, a company of five people, how do you do that?
9 How do you administer a survey and have meaningful
10 results that you can share with an owner or a manager
11 where they aren't going to know every single person's
12 response that's in that dataset? So that's one
13 significant and practical difficulty here.

14 And I'll end there and turn it over to
15 discussion.

16 MS. SOIZA: Thank you, Tom.

17 So now might be a good place, Jennifer, maybe
18 to --

19 MS. LEVIN: Okay. We are going to enter into
20 the record as Exhibit 8 Small Business Safety Culture:
21 Achieving OSHA and OSH Impact PowerPoint Presentation
22 by Dr. Thomas Cunningham, NIOSH Division of Science

1 Integration.

2 MS. SOIZA: Did you get all that, do you
3 think? The exhibit number? Okay. Thank you.

4 So, Andy, come on up. All right. So now
5 we're going to have more of a discussion flow kind of a
6 part of our meeting to discuss how we might want to go
7 about our charge that hopefully some of us have been
8 doing a little bit of thinking while we were at lunch
9 and this morning and now this afternoon about how we
10 might go about this.

11 Do you want to -- first of all, do we have any
12 questions for Tom before we move on to that step?

13 Discussion

14 DR. LAMBETH: John Lambeth again. You
15 mentioned a lot of programs for general industry
16 construction. Are you including agriculture in any of
17 these or were you leaving that to the Department of
18 Agriculture to deal with?

19 DR. CUNNINGHAM: Our work specifically has not
20 addressed agriculture. At NIOSH, we have several ag
21 centers around the U.S. and most of the research with
22 the agricultural sector would be happening there, which

1 are all university-based.

2 DR. LAMBETH: Okay. But would it not be a
3 good idea to include agriculture in this because they
4 are businesses when you come right down to it, and a
5 lot of the general industry standards do apply to some
6 of the things that farmers and growers do, forklift
7 operators for one instance.

8 A lot of agricultural people are still small
9 employers and having personally dealt with hundreds of
10 small employers, I think it'd be proper and prudent to
11 include them in these efforts to create safety
12 cultures.

13 I come from Georgia, very agricultural state,
14 and fortunately before I left Georgia, I was working
15 with a faculty member who was very much concerned about
16 the agricultural people who worked for her in her
17 department to the point that we were developing just
18 what you're talking about for one of her farms and they
19 were very much interested and very receptive to some
20 things we're trying to encourage them to do.

21 So I think that might be something you want to
22 consider is a third group in this and having worked

1 with migrant labor at one point, I can see where that
2 -- it's not as big a problem or issue as it used to be
3 20-30 years ago, but I think agriculture should be
4 included in this outreach program.

5 Secondly, you mentioned the difficulty of
6 having small employers send representatives to training
7 sessions 100-200, whatever, miles away from their
8 business. Give you an example. I've been dealing with
9 a metal company in Athens, Georgia, a metal company,
10 for a couple weeks, and they have four people working
11 in this company and one of them's in a wheelchair.

12 Now if one of those guys, who's constantly
13 preparing metal for ornamental contractors, whatever,
14 takes a day off, their production slows down by 25
15 percent.

16 Why couldn't this be training for trainers be
17 set up along the same lines as the OSHA 500 or 501 in
18 the general construction trainer courses to allow
19 consultants in those areas, for instance, me in Athens,
20 Georgia, to provide training onsite for that metal
21 company where they don't have to leave and go to
22 Atlanta to a center but I could theoretically provide

1 them the training they would need to start developing
2 this program in an hour's time?

3 I think that might be something worth looking
4 into to help get this ball rolling for a lot of the
5 employers who simply cannot afford to reduce their
6 production by 25 percent or more on a daily basis.

7 DR. CUNNINGHAM: Yeah. So I think there were
8 two questions there.

9 So the first question about, you know,
10 basically does it make sense to apply this concept to
11 the ag sector, I don't see any reason not to. I think
12 it makes perfectly good sense.

13 The issue is just that we haven't gotten that
14 far yet. I mean, it's a growing field for sure. I
15 think the main applications that we've seen have been
16 obviously in construction. I didn't talk about it but
17 health care has been a pretty big sector for safety
18 culture and safety climate types of work, and also
19 other just extreme high hazards sorts of industries,
20 like the nuclear sector.

21 Obviously, you know, a lot of the history
22 behind safety culture has to do with major catastrophes

1 and, you know, --

2 DR. LAMBETH: In all the discussion about
3 Roundup and, you know, cancers these days, to me,
4 that's a bit of a flag for us in the health and safety
5 business to say maybe we need to attend to this a
6 little bit more than we have been.

7 DR. CUNNINGHAM: Yeah. And so to respond to
8 your second point about, you know, couldn't we put a
9 trainer into that four-person company and visit them
10 onsite and deliver training, I don't think it's a
11 question of can we do that. I think it's a question of
12 can anybody make money doing that?

13 So going around to those four-person
14 businesses or five-person businesses or whatever,
15 that's what I've heard from several intermediaries, is
16 that the way they define their small business audience
17 is, well, they've got to have at least enough employees
18 for them to see value in me training, you know, 20
19 people or something like that. Like there's sort of
20 these thresholds that may vary, depending on what the
21 organization is, but there's a -- I think there's a
22 value issue there for being the trainer that goes and

1 visits all those places.

2 MS. SOIZA: Other questions?

3 DR. LAMBETH: Probably best to talk to that
4 person to make that decision. I mean, I wouldn't have
5 a problem with it.

6 MS. SOIZA: Other questions for Tom about his
7 presentation? Pat?

8 DR. BERTSCHE: Pat Bertsche. I'm just
9 curious. Would an intermediary be the Better Business
10 Bureau?

11 DR. CUNNINGHAM: Sure.

12 DR. BERTSCHE: I mean, have they been -- have
13 you worked with them, I guess?

14 DR. CUNNINGHAM: I haven't worked with them
15 and, you know, I didn't present a list of people who
16 didn't answer the phone or people that didn't want to
17 work with us, but there is that sort of a list out
18 there, too.

19 DR. BERTSCHE: So they weren't interested?

20 DR. CUNNINGHAM: Yeah. I have not personally
21 reached out to the Better Business Bureau.

22 DR. BERTSCHE: I was just wondering.

1 MS. SOIZA: Steve?

2 MR. SALLMAN: Steve Sallman. On the Slide 5,
3 you had a list of the intermediaries and one of the
4 things that I thought about when you went through that
5 is just earlier, I attended a session in Baltimore with
6 the Coalition of Occupational Safety and Health,
7 NACOSH, and there's all kinds of various COSH groups,
8 Mass COSH has one in the state of Massachusetts, New
9 York COSH, there's a Philip COSH in Philadelphia. I
10 mean, there's a lot of COSH groups and I was just
11 wondering. Did you reach out to them in any way, talk
12 to any of the COSH groups?

13 DR. CUNNINGHAM: So not locally, right.
14 Everything that I was presenting that we've done has
15 been right around Cincinnati and we don't have a lot of
16 COSH group representation there.

17 I am aware of work that has been ongoing
18 around New York with the COSH groups there and they've
19 done some really good outreach work specifically for
20 non-English-speaking workers, doing sort of peer-to-
21 peer training models that have been pretty successful.

22 MR. SALLMAN: Right. And some others that I

1 thought it might be worth kind of pointing out as you
2 guys look out to others is it's USMWF and USMWF stands
3 for United Support and Memorial for Workplace
4 Fatalities, and it was started by Tammy Miser, who
5 ended up losing her brother in an explosion with
6 aluminum dust and since then, it's grown.

7 We've had a number of fatalities in our union
8 where people have found a support group that -- and
9 they actually do some really neat things. They're
10 trying to do training and things because in the end,
11 even memorial or support groups believe that prevention
12 is key. It's not just enough on Workers Memorial Day
13 to just ring a bell. It's about how we prevent these
14 things from happening and so we've seen them moving
15 more into this arena and I think there's a lot more
16 people out there who would be willing to help pull on
17 this rope with us so that we're all not trying to do
18 this in silos and I appreciate that you guys have
19 mentioned this.

20 One of the things about safety culture when we
21 get into these discussions with various employers and
22 workers is there's no real definition, as you pointed

1 out, of so what is safety culture? What does it look
2 like? And in the end, it still comes back to in that
3 workplace, it is what it is, and depending upon what
4 kind of systems that they have in place, then this is
5 what you run into and some of the fatality
6 investigations that I've been involved in, I've heard
7 things that workers would tell us in their interviews
8 and said it's a wet process and then eventually it goes
9 through a dryer and they said safety is fine -- excuse
10 me. Keep it wet, head it north in the wet process, and
11 then in place where they grind things up, it says
12 safety is fine as long as it doesn't affect the grind.

13 One last one was safety stops when down time
14 starts and those are all important things when you're
15 thinking about in terms of safety culture because when
16 you hear that kind of stuff coming from workers, it's
17 powerful and I don't think we should continue to focus
18 on trying to define something that's not very easily
19 defined, but instead focus on the systems that is
20 either setting people up for success or setting people
21 up for failure.

22 In the end, when we get that input on safety

1 and health, that's where we're going to find the real
2 participation and meaningful actions around safety and
3 health and I know there's been a lot of measurement
4 that's done on safety and health, especially like when
5 you look at the movie *Deepwater Horizon* and, you know,
6 they were there celebrating this safety record and
7 there was ice cream and all of a sudden, after this big
8 celebration about their safety record, you know, we
9 have 11 workers lose their lives in the largest
10 environmental disaster.

11 So I think, you know, this conversation is
12 definitely due for this committee. I think in the
13 conversation we need to also be talking about how we
14 fail and fail successfully because if you also kind of
15 think in the terms of Hollywood, just take a look at
16 the movie *Sully*. When the *Miracle on the Hudson*
17 happened, who was the first person that they tried to
18 blame for this? The pilot. And Sully asked, you know,
19 just give me eight seconds and let me give you from the
20 workers' perspective because you should have made it
21 back to the airport and he eloquently, you know, went
22 through that process and then after they, long story,

1 made sure, they went through the simulator, they went
2 in there with the hindsight bias knowing that there was
3 going to be a bird strike taking out the engines and
4 ultimately, you know, they gave them that information
5 just eight seconds, he needed more, but then they came
6 back and they looked at this and said we never made it
7 back to the airport and so instead of blaming workers,
8 we ought to look at workers as the solution and not the
9 problem.

10 If people have that involvement and it's
11 meaningful, then we can start looking at human and
12 organizational performance of how those people fail or
13 fail successfully and we're always going to fail as an
14 organization, as human beings. We're fallible.

15 So let's focus on such things as human design,
16 the way work is organized, the whole points of human
17 factors engineering. We had a fatality where they
18 brought in a new piece of equipment. You turn the
19 switch to the right, the carriage came towards you, and
20 unfortunately, I'd ask you, you know, which way would
21 you turn the switch to make the carriage go away?
22 Everybody would say the opposite direction and not on

1 this piece of equipment.

2 The way it was designed from a human factors
3 engineering was completely backwards. You turn it to
4 the right to make it come towards you. You turn it to
5 the right again, the same direction to make it go away
6 from you. People knew that this was not right. It was
7 wrong. The workers were taking black magic markers and
8 putting arrows on the piece of equipment to try to say
9 this is what's going on and so ultimately Fred Mullins
10 gets killed in this piece of equipment and, you know,
11 then the blame game starts and instead it's like how
12 come we don't have a management of change? How come we
13 don't have a management of organizational change when
14 the crew got cut from this number down to this number?

15 This whole failure analysis that takes place
16 and, you know, getting past the F word of finding fault
17 and let's looking for what's failing and what do we got
18 to do to fix that going forward and so I appreciate the
19 conversation that you guys have done and the research
20 that both of you have done and I think this is
21 something ripe for this committee to take on.

22 DR. CUNNINGHAM: Thank you.

1 MS. SOIZA: Thank you, Steve.

2 Mark?

3 DR. FRIEND: Hello. Mark Friend. I'm just
4 curious. Have you tried online training for these
5 small businesses, either synchronous and/or
6 asynchronous training?

7 You know, I mean, a person could be live
8 online, interact with these people through these
9 training processes. Instead of having one or two
10 available, they could have people available from around
11 the country to participate in this training.

12 DR. CUNNINGHAM: I can say from our own
13 experiences just in these sort of -- again, everything
14 that I described is our research is demonstration
15 examples. So we don't continue to provide it as an
16 ongoing service.

17 We have tried out sort of like webinar
18 platforms and we get okay attendance, but it's hard to
19 know who our attendees really are. So from a research
20 point of view, it's really hard to track if we're
21 reaching who we want to be reaching with that kind of
22 an effort.

1 But I will say I know some of our NIOSH-funded
2 total worker health centers of excellence have done a
3 really nice job in building online platforms for
4 delivering training, just sort of basic health and
5 safety management guidance through sort of online
6 community platforms. So there are successful examples
7 there.

8 DR. LAMBETH: Is it safe to assume that it's
9 easier for you guys to get your point across to small
10 businesses in state plan states as compared to non-
11 state plan states? The reason I ask that is because
12 all the state plan states, there's the threat of an
13 OSHA inspection that does carry some weight, I think,
14 in a small business person deciding whether or not to,
15 you know, accept what you're trying to sell to them.

16 If we take that element out of the equation,
17 then Item Number 2, how can we engage with those folks
18 to help them realize the benefit both morally,
19 financially, whatever, to accept the programs you're
20 putting together that will eventually help them be more
21 productive and safer all over the place?

22 DR. CUNNINGHAM: So was the question about

1 whether --

2 DR. LAMBETH: Is it easier to get these things
3 -- people to accept them in state plans states versus
4 non-state plan and, two, if we take out the threat of
5 the compliance inspection that hangs over people's
6 heads, would that make a difference in how well some
7 small business person might accept what you're trying
8 to suggest they put into place? I work in both types
9 of states.

10 DR. CUNNINGHAM: Yeah.

11 MR. LEVINSON: So let me start with I don't
12 think it makes much of a difference because we do
13 inspections in state plans, do inspections of small
14 businesses. It's the public sector that is at
15 different risk of inspection in federal versus state
16 plan.

17 My experience has been that I haven't seen any
18 difference in state plan versus federal states. Where
19 I've seen differences are let's start with larger
20 businesses tend to have resources, like safety
21 professionals, medium-sized businesses tend to have
22 resources and can hire consultants, and small

1 businesses tend to have nothing, other than what they
2 can find on the web.

3 I've seen more variability, I think, industry-
4 by-industry. Some industries pay more attention to
5 safety than others and I think there's kind of that
6 risk acceptance industry-by-industry, and then again I
7 think there's this larger question of the people with
8 whom we are engaging are not necessarily representative
9 of the rest of the worker population because there's 10
10 million businesses and we don't talk to most of them.

11 Most of them don't come to our website. Most
12 of them don't look at our online training classes or
13 our online guidance documents or other things. We are
14 not actively engaged with them and I think that's kind
15 of this question of how do we talk to people
16 differently, how do we talk to different people, and
17 then how do we help convince them that this is worth
18 their time and effort because what we've seen is we've
19 kind of -- playing within the existing constructs that
20 we've already been operating in has gotten us this far
21 and we've now kind of flattened out where it's not
22 getting us further and that's why we think it's time to

1 do something different.

2 DR. CUNNINGHAM: Yeah. I would just add my
3 experience, again limited to our sort of research-based
4 demonstration examples, most of the employers, it
5 doesn't make a difference if it's federal or state
6 setting because there's just, honestly, the
7 overwhelming fear of OSHA in general and not specific
8 to any certain issue that they know they have in the
9 workplace or anything like that. It's just that if
10 OSHA shows up, it's bad is sort of generally understood
11 in those very small employers.

12 DR. LAMBETH: I guess we need to throw
13 something out so we can narrow the focus down to what
14 may be really important in getting this, you know,
15 revised, revamped, you know, re-energized program to
16 these folks who need to be re-energized and refocused
17 and whatever. So that's why I asked the question.

18 MR. LEVINSON: Let me, I guess, build off what
19 you just said, which is, I think that there are
20 differences between states. We have seen some states
21 that are very active and engaged, other states that are
22 perhaps less so. There's different types of innovation

1 going on all across the country and that's part of this
2 question to you all.

3 We know who we talk to all the time. You all
4 are seeing stuff out in the real world and you may see
5 things that are working in Georgia or in another
6 community that may or may not be connected with a state
7 plan, that may or may not be connected with an ed
8 center. It may or may not be connected with anybody
9 that's going to be in our usual orbit and that, I
10 think, is part of the advantage of talking to you all,
11 is you've got more experience and different experience
12 than we have.

13 MS. SOIZA: Robyn?

14 MS. ROBBINS: Robyn Robbins. I have a
15 question and actually it's a little bit about state
16 plans. So I'm going to Washington State next week to
17 do some work and I was talking to Anne about that and
18 in my research, and I know there are states that have
19 mandated safety and health programs and accident
20 prevention programs. So Washington State is one of
21 those.

22 So I guess one of my questions is, and I don't

1 know if you could take your NACOSH hat off and maybe
2 you can answer this, but is there -- I'm wondering if
3 that makes a difference to have -- because your
4 presentation was about Safe+Sound and getting employers
5 and companies to adopt safety and health programs,
6 right?

7 So does it make a difference, do you know, if
8 a state, in this case I'm talking about Washington
9 State, has a requirement for a safety and health
10 program and an accident prevention program requirement?
11 Can you see more employers -- well, do they have them,
12 but also does it make a difference in injury and
13 illness data statistics?

14 MR. LEVINSON: So one of the resources that we
15 have, Robyn, is if you go to our Safety and Health
16 Programs Topics Page, we actually go through and have a
17 list of all the state plans that have state plan
18 requirements and some of them are done through the
19 OSHA, you know, the state OSHA, some of them are done
20 through the Work Comp Program.

21 I have not seen any analysis that we can
22 clearly say one way or another. There's variable

1 levels of enforcement in each of the states and one of
2 the arguments that I think I would point you to is when
3 we were once upon a time talking about injury and
4 illness prevention programs as from a rulemaking
5 perspective, there was a line of discussion where
6 businesses came in and said you can make us have a
7 safety and health program but you can't really regulate
8 culture and it's this whole issue of do you have a
9 program that's in writing versus do we actually believe
10 this is important? Is this the way that we do stuff,
11 and this translation between what's on paper and what's
12 reality is very, very different, and that's why, you
13 know, we've had this conversation.

14 When we were doing our safety and health
15 program guidance or guidelines, recommended practices,
16 there was a whole other line of conversation that we
17 had that Peg Seminario weighed in very heavily on where
18 there was debate and discussion about is climate or
19 culture a real thing?

20 Peg weighed in on the side of I don't really
21 care. I just want to see what people do and that's
22 that matters. I tend to be a little bit more on the I

1 think that the motivation piece matters and that's what
2 gets people to do stuff. So ultimately you do need
3 people to do different things, but what inspires and
4 motivates them, etcetera.

5 So I think that's one of the things that's
6 getting lost in the do you have a program or do you not
7 have a program in the same way that we see lots of
8 people who have written blood borne pathogens programs
9 and don't follow them or have written hazcom programs
10 and don't follow them.

11 MS. ROBBINS: I don't know if you have any
12 other perspectives on that.

13 MS. SOIZA: Well, besides fall protection,
14 Number 2 on our list of the Number 1 violation that we
15 issue, the lack of an accident prevention program, all
16 employers in our state are required, all 250,000
17 employers in our state are required to have one, and we
18 do run into that a lot and, of course, it is mostly
19 small employers who don't have it.

20 So I'll just put that out there for a piece of
21 data.

22 I think for 10 years, I was the Head of

1 Outreach for the Division and then about six years in
2 Compliance and Policies, stuff like that. I would say
3 that the most successful thing that I've seen in the 30
4 years I've been in our OSHA state plan is when we
5 partner with intermediaries, such as the Washington
6 State Farm Bureau, the Chamber of Commerces are really
7 important partners for us, we let -- you know, it's one
8 thing to have government come and tell you stuff about
9 -- especially about culture and climate. So it's not
10 regulatory but it's advice, you know.

11 I think it's -- our biggest success, because
12 we are also the workers comp insurer for all employers
13 in Washington State, and so we kind of combined the ROI
14 messaging about reducing worker comp costs, reducing --
15 being upfront with people about where they stand in
16 comparison to their peers, about the worker comp rates
17 that they pay.

18 We try to use all the tools in our toolbox in
19 order to message the right message and my experience is
20 that small employers are motivated by different things.
21 Some of them have heart, some of them it's the dollar,
22 and somewhere it's -- sometimes it's in the middle, but

1 our most successful, I would say, outreach is of
2 getting people onboard with the concept of improving
3 their safety climate and culture is if we prepare a
4 message for the intermediary and the intermediaries
5 deliver the message. That's where I've seen the most
6 success. So I don't know if that answered it.

7 Pat?

8 DR. BERTSCHE: I applaud NIOSH for really
9 going with an intermediary position, so to speak, where
10 you're using intermediaries that make a difference to
11 these small employers.

12 I mean, they're the ones that can really get
13 the message out and in my experience now big employer,
14 I will say that, what needs to be proven is they're
15 shown is the benefit. What is going to be the benefit?
16 It's not just -- I was actually quite shocked.

17 In my role, we were doing ROIs and trying to
18 demonstrate the benefit and we were using workers comp
19 data but guess what? The benefits people said to me
20 that's just, you know, a drop in the bucket.

21 So this is where I think your total worker
22 health concept can come in and be useful if you're

1 looking at the bigger picture in terms of health, which
2 would include injuries and illnesses that result from
3 work, but that's where the biggest bang for the buck is
4 going to be is if you can prove the benefit of the
5 total worker health concept implementation, I think,
6 and show the ROI, I think that would go a long way, and
7 I think that a lot of the intermediaries would like to
8 deliver that message, too.

9 So reviewing the charge to the committee prior
10 to coming, that's the thought that continued to come
11 into my mind, is you've got to be able to prove the
12 ROI. You've got to be able to show them what the
13 benefit is going to be.

14 Larger employers, of course, care about
15 retention of -- hiring and retention of outstanding
16 employees because they need them, but small businesses
17 I still think you need to show the benefit and the
18 total worker health I think will do a better job than
19 just looking at the workers comp data.

20 DR. FRIEND: Mark?

21 DR. FRIEND: Thank you. Mark Friend. You
22 know, Milton Friedman, economist way back, University

1 of Chicago, said the business of business is business
2 and I always preach the business of safety is business
3 and just like Patricia said there, we have to make the
4 business case, I believe, if we're going to be
5 successful.

6 The companies have to understand it and as a
7 part of that, we have to have employee involvement from
8 the beginning. We need to think about that because
9 there have been a lot of studies done on that whole
10 process, as well, and the studies have indicated that,
11 you know, they've taken a look at salaries, benefit,
12 vacation time, so on like that.

13 What employees want is to be in on things.
14 They want to know what's coming down the pike. They
15 want to be a part of it. They want to be engaged, and
16 if we can show how we can make money and how we can
17 engage the employees, I think we can be successful
18 here. I really do.

19 MS. SOIZA: Bill?

20 MR. WALKOWIAK: The problem with the ROI on a
21 small business, we're talking four-five-six employees.
22 The chance of anything happening accident-wise is very

1 small. So there is no ROI. You're just taking time
2 away from my food truck and so I don't think he's going
3 to care that much about the ROI.

4 I understand in the larger --

5 DR. BERTSCHE: It's a bigger picture.

6 MR. WALKOWIAK: Yeah.

7 DR. BERTSCHE: Just looking at workers comp
8 data, you're right. You're not going to have much to
9 show, but if you try to look at the total worker health
10 picture, the product is easy.

11 MR. WALKOWIAK: That was my point.

12 MS. SMITH: Kelli Smith. First, I really
13 appreciate the flexibility with the Safe+Sound Program
14 and looking at things like scalability. Even for a
15 large employer, we have varying size facilities within
16 the company, and I think it's important for us to have
17 that kind of flexibility.

18 But I do have a concern when I think about the
19 culture and the climate. Obviously having both those
20 is very critical to health and safety, but I think that
21 one of the things that's sort of missing for me as I
22 look through the material is the concept of how do we

1 educate our workforce on identifying risk.

2 So we mandate that the companies or the
3 employers do hazard identification, risk
4 identification, but I think when rubber meets the road,
5 it has to be the employee making the decision that
6 there's a risky situation so that they can report it so
7 that we can address those situations.

8 I think when it's day-to-day operation and
9 things are fine, they're making the right decisions,
10 but they start to lose sight of it when it's a
11 stressful situation or they're fatigued or something
12 else is coming into play.

13 So I think we need to do some education of our
14 workforce on what are the kinds of situations that
15 should alert us that there is a risky situation at
16 hand. So just a concern as I read the material.

17 DR. CUNNINGHAM: And if I could just comment
18 on that, I agree with your point.

19 One thing that we've tried in one of the
20 demonstration examples that I didn't present on was
21 sort of a general industry educational session on how
22 to do hazard mapping within a facility and we weren't

1 necessarily training a company's employees on how to do
2 it but training managers on how to do the hazard
3 mapping exercise where you get a group of employees
4 around and have them draw a picture of the facility
5 where they're working and just brainstorm about
6 potential hazards and then do a little bit of education
7 about how to control hazards, hierarchy of controls
8 kinds of things, but then having employees generate
9 what would be potential solutions for these different
10 hazards.

11 The evaluation results, we saw that the
12 managers who were there liked it. They planned on
13 applying it in their workplace. We, of course, don't
14 have follow-up data to see if people are using it,
15 though.

16 MS. SOIZA: Any other comments right now? Go
17 ahead.

18 MR. SALLMAN: For both NIOSH and OSHA, I think
19 you mentioned the hierarchy of controls, and NIOSH has
20 a really colorful hierarchy of controls that we've used
21 and like.

22 I think that is something that belongs in the

1 Safe+Sound, the total worker, everything, because when
2 you see people just drinking gobs of energy drinks to
3 get through 16-hour shifts, people don't really want to
4 talk about health when they're tired and Kelli did a
5 good job of identifying that as, you know, the fatigue
6 issues.

7 So many things in a workplace get normalized
8 and when things get normalized, people don't see the
9 hazard anymore and refreshing them about hierarchy of
10 controls. So it's not only hazard identification but
11 it's also controls really is important and all too
12 often we see that people don't see the hazard anymore
13 until -- and then when something does happen, people
14 said yeah, it's been like this for a period of time and
15 we knew this was going to happen, but we felt powerless
16 to change it.

17 MR. LEVINSON: Let me just weigh in. So we've
18 got the hierarchy of controls all throughout the stuff.
19 We believe it is bedrock principle as OSH
20 professionals. You'll find literally the NIOSH
21 colorful version in a bunch of our things.

22 What I would also say is as you're talking to

1 small businesses, the phrase "hierarchy of controls,"
2 you just lost them and so it's a matter of finding ways
3 to take those concepts and this is in the how do we
4 talk differently so that we -- because I think you can
5 convince people of the principles. It's just the
6 wording matters and the way that you describe it and
7 the approach to how do I get you to even understand
8 kind of some of these differences and again care about
9 this stuff that's the harder part in this.

10 MS. SOIZA: Okay. I didn't see you as first.
11 So I'll just go left. Robyn?

12 MS. ROBBINS: That's so southernly gentlemanly
13 of you.

14 Robyn Robbins. One thing I just want to
15 before I forget, I want to congratulate NIOSH on using
16 hazard mapping. I mean, we in the worker health and
17 safety education community have been using these
18 techniques for decades and decades, so, and actually it
19 makes me think that we should maybe share with you some
20 of the other, you know, tools and techniques and, you
21 know, we have piles this high. So maybe we can
22 partner a little bit on, you know, some of the ways

1 that we've actually done education.

2 I was -- oh, my gosh. Oh, so I can't really
3 speak from the small business perspective, but I don't
4 know whether this is helpful or not, but in the
5 companies that we deal with in our union, one of the
6 sticking points in terms of change or translating a lot
7 of these concepts even down to the floor level are sort
8 of this mid-management level, right, where you can have
9 the company or the CEO or whatever sort of say this is
10 -- you know, this is the direction we want to go and we
11 from the union can be delivering the same message
12 sometimes but then it gets stuck in the middle there
13 with mid-management.

14 So I think that that has to be a level that
15 must be included in all of this, too, just to make sure
16 that you don't sort of lose it there because I think
17 that a lot of times with the -- you know, like the
18 floor line supervisors, they're under so much stress to
19 get whatever done done that they're responsible for and
20 it's just sort of the whole message gets lost then of
21 what you're trying to do. So just wanted to add that
22 in there.

1 DR. LAMBETH: John Lambeth again. I'm a list
2 guy. That's why I'm trying to go down this list. Item
3 Number 4, what are best practices for engaging business
4 owners, CEOs, so on?

5 I'm curious to know if you've asked businesses
6 that have been awarded ISO certifications or other
7 things totally unrelated to OSHA and health and safety
8 how they accomplish that goal that they set out for,
9 like an ISO company. What motivated them to be
10 interested in the first place, and then what motivated
11 them to go through the steps to acquire those
12 certifications?

13 Would it be any good to ask the Houston Astros
14 how they decided they wanted to win the World Series?
15 You know, what motivated those guys and what did the
16 upper management do to say okay, here's our goal,
17 here's how we accomplish the goal, because that's what
18 we're talking about, right? Setting a goal and doing
19 what has to be done to accomplish that goal, regardless
20 if there's five employees or 500 in a company. It all
21 comes down to the same thing. Everybody wants to go
22 home upright at the end of the day.

1 So I'm wondering if that would be of any
2 benefit in addressing this question of what are the
3 best practices, reaching out to the companies that do
4 something different than what we're talking about right
5 now to see how they accomplish that goal and
6 incorporate those methodologies, those characteristics,
7 those interests into this overall package of health and
8 safety program development, if that makes some degree
9 of sense.

10 MR. LEVINSON: So there are a couple different
11 ways. I think it's a very good point. So let me start
12 with the Department of Labor is doing a larger study
13 looking at companies that are going for ANSI-ISO
14 certification within Z10 and 45001, so not, you know,
15 the environmental side, but we are trying to figure out
16 what motivates companies to do that. That is a very
17 small number of companies and the universe is somewhere
18 between 1 and 2,000 companies out of again 10 million
19 businesses and it's skews tremendously to the large
20 companies.

21 At least for the ISO certifications, what
22 we've learned so far is people are getting ISO

1 certifications because their industry demands that they
2 get it. So if they need like an ISO-9000 or an ISO-
3 14000 for environmental or some other quality process,
4 that's what's driving that.

5 You'll see within the environmental space
6 there are some, you know, again large companies that
7 are doing sustainable socially-responsible business
8 that are pushing those certifications down through
9 their supply chain and forcing environmental
10 certification of others, but again the businesses that
11 are doing it at the smaller- and medium-size level are
12 doing it because the larger business is demanding it,
13 which kind of gets at that whole supply chain how do we
14 influence corporate board piece of it.

15 What I will also say is we've talked to a
16 number of different certifying bodies and what you will
17 see is not all of the certifying bodies are the same
18 and some are paper exercises and again there's kind of
19 this do you have documentation versus what do you
20 actually do is a tremendous challenge.

21 Having also said that, we read to get to your
22 larger question of how do you think about

1 organizational change and whether it's the Washington
2 Nationals in the World Series or -- just picking on you
3 a little bit. I'm actually more of a football guy than
4 a baseball guy.

5 DR. LAMBETH: Go for the Patriots.

6 MR. LEVINSON: So, anyway, so we do and have
7 looked at some of that literature on how do businesses
8 and organizations do culture change, broadly speaking.
9 There's kind of a lot of, you know, body of literature
10 out there and again I think one of the challenges there
11 is when you're talking about culture change within
12 organizations, and this is just my observations, so
13 just take it as this is what Andy thinks, usually when
14 you read the literature on culture change in
15 businesses, they're talking about issues that are core
16 to that business and nobody needs to convince them,
17 right?

18 When they signed up to become a baseball team,
19 that's when they decided they wanted to win the World
20 Series. Nobody needed to convince them of that.

21 The challenge that I see is this is in many
22 organizations a secondary or tertiary issue for them.

1 Their core business is making whatever and so the
2 generalizability of culture change literature around
3 core items may not be the same as when it's a second or
4 third tier issue and so that's why, at least in my
5 case, I think part of this is how do we convince people
6 this is part of your core business, that if you care
7 about your people at all, this is part of your mission.

8 So I think, you know, there's this concept of
9 generalizability from one literature to another. I
10 think that's one of my concerns.

11 DR. CUNNINGHAM: So thanks for going first,
12 Andy.

13 I just have kind of a short answer for this in
14 that I've only spoken to, you know, relatively small
15 number of small employers in the course of my research,
16 actually interviewing small business owner decision-
17 maker of some kind, you know, maybe a hundred or so
18 I've actually spoken to.

19 When I've asked them questions about why do
20 you do what you do for workplace safety and health for
21 your employees, the answers kind of fall in different
22 buckets. Very rarely do they have any sort of

1 certification or recognition of their safety and health
2 work. Some in the construction world have done like
3 the Green Buildings Certification and it's interesting
4 if you look at sort of overlap and motivation there in
5 terms of why did you go get a green building
6 certification, why do you do what you do in terms of
7 the safety and health, it's because I want my children
8 to have, you know, a better world to live in, those
9 kinds of motivations.

10 But for those that we were specifically asking
11 about workplace safety and health, the answers very
12 rarely had to do with financial gain, like I'm going to
13 be able to not pay as much in worker's comp. It had
14 more to do with survival of the firm. So they very
15 much recognized that if they killed the worker or if
16 they lost a worker for a long time, they just weren't
17 going to be able to make it as a business. So that was
18 sort of how the financial piece that we talk about, I
19 think, is translated into those environments of it's
20 much more survival as opposed to some net gain or loss.

21 MS. SOIZA: So in the interest of not being
22 here till 8 o'clock tonight, I would like to switch it

1 up a bit. I think we've had a decent introduction to
2 the topic.

3 So here's my plan for finishing the meeting.
4 I would like to talk about what do we want to do as a
5 committee and I would pose the question I think while
6 you're here.

7 We have this nice charge to the committee
8 document here and, you know, we could launch nice
9 committees and do all this or I can ask you a question.
10 So you're not going to get the whole pie, but how could
11 the committee best serve you, the two of your
12 organizations? Is there one or two bullets here?

13 I was thinking possibly of launching two
14 workgroups potentially. So if there were going to be
15 two things that we could do for you and to have some
16 sort of final product within nine to 12 months, what
17 would that look like and what would be the topic? How
18 could we best serve you, considering the breadth of
19 connections that this group has in the United States,
20 etcetera? Is there -- where you're at now, where you
21 want to go in the next year, how can we best serve OSHA
22 and NIOSH during this?

1 MR. LEVINSON: So at the risk of going 50
2 percent above what you said, I think of this as kind of
3 three buckets. I think Bucket Number 1 is how do we
4 talk about safety as a core value and what is the most
5 persuasive way to get more businesses to care about
6 safety as a core value?

7 MS. SOIZA: So how can we get --

8 MR. LEVINSON: Right. How do we get more
9 people to care, and I think lumped into that is what is
10 the most persuasive arguments, right? So that what
11 information is important but it's how do you get more
12 people to care about safety?

13 I think Bucket Number 2 is this. Who else
14 should we be talking to that we're not already talking
15 to? This is the intermediaries or other ways of
16 getting the megaphone so that we get to the 10 million
17 businesses and the 150 million workers beyond the usual
18 suspects, and if there are particular techniques, like
19 if there's one set of techniques that we can use with
20 Chambers of Commerce because they engage in one way and
21 faith communities is kind of a different thing because
22 I suspect that the faith communities would be doing

1 things differently than the Chambers of Commerce, we
2 don't know what's right. We don't know who the right
3 people are and what are the right ways to talk to them,
4 and I think that you could help inform us in what's the
5 right way to engage with these folks.

6 And then at least from my perspective, I think
7 there's this third bucket of safety culture which in
8 OSHA we have stayed away from like the plague, right?
9 We've stuck to technical issues of these are
10 regulations. These are industrial hygiene and safety
11 practices. This is how you protect people, but now
12 we're trying to have this other conversation of like
13 your organization's a living breathing thing, and how
14 do we talk to you about that as a federal agency in a
15 way that is likely to make you listen and care and take
16 action on these other things that do get to the
17 technical solutions.

18 MS. SOIZA: Okay. Tom?

19 DR. CUNNINGHAM: So I think Andy did a nice
20 job of laying out the three buckets there. I think
21 they kind of cover the charge pretty well but in more
22 general terms.

1 MS. SOIZA: Okay.

2 DR. CUNNINGHAM: You know, I'm certainly
3 interested especially in that second point about, you
4 know, engaging with non-traditional stakeholders. How
5 do you -- it's almost like that first question about
6 how do you promote safety as a core value or get people
7 to see it that way? How do you get other non-
8 traditional stakeholders to see it that way, as well,
9 you know, to make it a part of their mission or a part
10 of their value proposition that they're offering, you
11 know, their network?

12 MS. SOIZA: All right. Thank you. That helps
13 narrow it down. You know, there's several bullets here
14 that are all interplay.

15 So, committee, what would you like to do?
16 Does anyone want to propose any path forward? Do you
17 want to just take the three and divide us into three
18 and work on it or do you want to just do two of them or
19 how are -- what are people's thinking?

20 MS. WALKER: Can I just interject for a second
21 here?

22 MS. HARPER: Yes.

1 MS. WALKER: Michelle Walker. I am the
2 alternate designated federal official for the committee
3 and sitting in Mandy's absence.

4 I just want to ask Jennifer. Is there a
5 difference in how the FACA requirements for how a
6 workgroup or a subcommittee is handled? Are they used
7 interchangeably?

8 MS. LEVIN: Oh, in terms of terminology, it
9 doesn't matter whether they're called subcommittees or
10 workgroups or any other, you know, like subset of the
11 full committee.

12 MS. WALKER: The reason I ask that question is
13 just because in the terms of how we document the
14 activities of the committee, the subcommittee, as a
15 subcommittee, if we form one, we're required to come
16 back and report to the parent committee and in a lot of
17 cases, most of the members who serve on the
18 subcommittee are obviously on the parent committee.

19 So I just want to be sure in terms of the way
20 we structure the meeting -- the group going forward,
21 it's just that we're just clear about what the
22 requirements are for the groups.

1 MS. LEVIN: Oh, absolutely. We can talk about
2 that in more detail when we figure out, you know, how
3 you want to proceed, but the main thing is that
4 whatever recommendations or proposals a workgroup or
5 subcommittee or subgroup comes up with, that needs to
6 be fully considered, deliberated upon, and voted upon
7 by the full committee, so, because the full committee's
8 work is what is carried out in public. So we want to
9 have transparency, but preparatory work, workgroup
10 work, can happen more behind the scenes and in, you
11 know, between full public meetings.

12 MS. SOIZA: So I was getting a little sloppy
13 there. So I agree with you and I thank you for
14 catching that.

15 So for me, my philosophy is that workgroups
16 have a beginning and an end and you're done, right, and
17 the subcommittee is more permanent, like NACOSH is a
18 permanent committee, and sometimes you might have a
19 subcommittee -- if we were long-lived, didn't have two-
20 year terms and all that, you might have a subcommittee
21 on worker safety and health training and then they
22 might actually launch workgroups, but that's not the

1 way we're structured here typically.

2 So we'll be talking -- if we do anything at
3 all, we're going to be doing workgroups. So thank you
4 very much.

5 Pat, did you have something? No?

6 DR. BERTSCHE: Well, this is me. This is very
7 analytical and I think that we need to be really clear
8 on what you want. I mean, I felt that it was a little
9 --

10 MS. SOIZA: I feel good about Number 2.

11 DR. BERTSCHE: -- loosey goosey.

12 MS. SOIZA: I felt solid on that.

13 DR. BERTSCHE: I mean, you were put on the
14 spot. What are the two things and then you slipped in
15 there as third, but, anyway, I think, you know, maybe
16 it's appropriate to give -- well, I don't know, because
17 we're -- it's not so easy then to break it up after --
18 break up the groups, but I think it would be to all of
19 our advantage if you were really, really clear on what
20 you would like as the outcome. That's just --

21 MS. SOIZA: Fair enough. Even though there
22 were three there, I was kind of honing in on I still

1 want just two groups because I've seen this group
2 operate for many years now and the most success is to
3 have no more than two groups working on stuff at the
4 same time. So that's just my view of what's been most
5 successful in the past. So I feel pretty -- I think I
6 understand the second charge of who else should we be
7 talking to. I think I could get my arms around that,
8 you know, pretty well.

9 Between Number 1 and Number 2, how can we get
10 more stakeholders and businesses to use safety as a
11 core value or to communicate, I can use a little bit
12 more refinement on that. I think I have some idea.

13 The third one, very nebulous to me. I'm just
14 being -- Anne Soiza speaking for Anne Soiza. That's --
15 yeah.

16 DR. BERTSCHE: I think also we should be
17 really clear. Are we talking employers as a whole no
18 matter what the size or are you really wanting us to
19 hone in on small businesses and if it's small
20 businesses, is it less than 50, less than -- I mean, it
21 makes a difference in my opinion what we come back with
22 or it's going to not be very useful because it's going

1 to be all over the map.

2 MS. SOIZA: Yeah. I agree. Any other
3 comments or discussion? We're open for discussion now.

4 MS. HARPER: This is Amy Harper. As I was
5 listening to both of your presentations, I heard four
6 sort of distinct needs from you.

7 One is effective education dissemination
8 methods, scalability, information that's impactful,
9 meaning what topics should we be talking about and to
10 whom, kind of an audience and topic dynamic there, and
11 how do we make people want to hear it, and in the
12 absence of having people want to hear it, maybe look at
13 it as how do you mandate it or how do you get with some
14 of the intermediaries and make it something that they
15 have to do in order to progress?

16 So, for example, in order to bind coverage on
17 insurance, you need to take this online course. If you
18 want to rent this piece of equipment, you need to take
19 this education.

20 So as I was listening, I heard those four but
21 I will reflect back to you and say is that accurate and
22 are we looking for the whole package and do you want

1 this committee to come up with that package, taking
2 into account each of those four criteria?

3 DR. CUNNINGHAM: I think you have captured
4 well kind of what we presented as challenges that we're
5 up against kind of all on sides.

6 My take on it is that I think the question
7 about effective dissemination, to me that's one of our
8 biggest challenges, and I think from what I've heard in
9 the comments and the questions from this group, this
10 group could address that pretty well. So that's kind
11 of -- if I have to hang my hat on one thing, that's the
12 one that I'm most interested in.

13 MS. HARPER: A clarifying question. Is that
14 for small businesses, one to 10?

15 DR. CUNNINGHAM: Yes. I'm sorry. My brain is
16 always in small business world. So I think if we need
17 to define small business for the purposes of this
18 committee, 50 or fewer works pretty well. That's how
19 we've informally defined it in various places around
20 NIOSH just because it kind of works well.

21 MR. WALKOWIAK: Bill Walkowiak. So for larger
22 enterprises, tell me if I'm right or wrong in this

1 assumption, since we break them down into a small
2 location, a branch, a division, a workshop, even from a
3 big business, those smaller entities would probably
4 also be able to benefit from some of these findings as
5 they -- because of the worker getting hurt is still
6 always one or two people usually, right? So I'm
7 hoping that there's some overarching applicability even
8 though we're focusing on the small business.

9 It could be a subset of a larger company to
10 benefit, as well, is that fair to assume?

11 DR. CUNNINGHAM: Yes, I think so, yes. So if
12 we talk about establishments rather than the firms,
13 that gets you there.

14 MR. WALKOWIAK: You know, I mean, I might be
15 the boss of all Subways but every Subway has got its
16 own thing, right? So they would benefit from a small
17 group dynamic.

18 MR. LEVINSON: I think one of the distinctions
19 -- we use lots of different definitions of what's
20 small, including you heard earlier today from Loren,
21 500 or fewer. We use different definitions, depending
22 on what we're doing, because some of our definitions of

1 what's small are set by the Small Business
2 Administration, and we have legal constraints around
3 what we're doing and how we're doing stuff.

4 I think another important functional
5 definition of small, as I think of it, is, is there a
6 NOSH professional in the organization or not because if
7 you're a large business who's got somebody who can
8 spend time building systems and processes and even if
9 they fly in, you know, or drive in for a day a year and
10 can do kind of high-level stuff and you have an IH or,
11 you know, a CSP, you know, sort of person, that's a
12 different scenario that you're going to see in a large
13 business compared to those smaller businesses that
14 don't have that organizational capacity that they can
15 rely upon even some of the time.

16 MS. SOIZA: So I remember once a lesson
17 learned that I will open to share. The Head of Boeing
18 Corporate Safety shared with me once over lunch that --
19 because I was debating about how to -- we had a big
20 campaign for a particular hazard and they shared with
21 me that if you design it for small business, it's going
22 to help big corporate people like me for that very

1 reason, that if you design it so it's simple,
2 straightforward, whether it's a recipe approach or
3 simple plain language, it will help medium and large
4 businesses just as much. So I just thought I'd put
5 that out there.

6 Mike, did I see your hand?

7 MR. BELCHER: Michael Belcher, P&D. This
8 question maybe is more for you, for both. So as a
9 long-time volunteer leader, I'm always concerned about
10 committees getting started and replicating or
11 duplicating work.

12 So is there anything the committee would need
13 to stay away from or something you're already doing?
14 Like, for example, we have your group that's working on
15 the scalable maturation model. Anything that we should
16 avoid or you've already got covered?

17 MR. LEVINSON: Yeah. So the short answer is
18 no because I think all of these things are separate
19 enough from what we're doing, like the scalable
20 maturation model group is very into the technical weeds
21 that I do not think this group would get into.

22 I think probably the closest piece is in the

1 Safe+Sound Campaign. Again, we have 220 organizations
2 that have signed on in some way. What I will tell you
3 is, you know, there's a chunk that are very actively
4 engaged. There is a chunk that will do some, and
5 there's a chunk that said yeah, we'll sign on, this is
6 important, and they're doing virtually nothing other
7 than kind of lending their logo, which in and of
8 itself, I think is nice, so that if a business in that
9 industry comes in and sees the logo of their trade
10 association, professional society, labor union,
11 etcetera, you know, that's nice.

12 I think that's a little bit of overlap with
13 some of the, you know, who are the additional
14 stakeholders that we should be talking to. That could
15 also be a kind of conversation starter for who else is
16 out there, but I think there's a lot of other people,
17 you know, beyond that, and I'm not sure that we've
18 effectively really engaged with all of the different
19 types of people.

20 MS. SOIZA: So I'm feeling like there's some
21 real focus coming in on the effective dissemination,
22 who should we be talking to. I think there's some real

1 meat there that we could be very helpful to you and
2 then on the core values safety, Amy, I liked really how
3 you cut that out about the audience and the topic and
4 that kind of thing.

5 Does somebody want to try to articulate what
6 we might want to work on, other than the dissemination
7 piece bucket? Is there somebody who has energy around
8 the other topic? I always believe that there needs to
9 be an emotional leader for each committee and so is
10 there somebody who has motivation around safety as a
11 core value? How can we get more stakeholders onboard
12 with that? Is there some -- or some form of that? If
13 you had some freedom to kind of hone it in and help
14 define it more, you would be willing to take that on?
15 Is there anybody who's willing to do that? You're
16 going to have about five or six people helping you, so.

17 MR. LEVINSON: So, Anne, let me offer maybe an
18 alternative.

19 MS. SOIZA: Please.

20 MR. LEVINSON: If the group is really tied
21 into this issue and engaged or energized by this issue
22 of who else should we be talking to, another way to do

1 it might be to break up different subgroups. So one
2 group is saying, okay, we're going to look at faith
3 communities and some other like kind of segments and
4 then when you're thinking about that or talking with
5 those groups, one of the questions can be what
6 information would persuade you to engage with OSHA and
7 NIOSH and OSH professionals and businesses around
8 safety?

9 So it's just one of the questions about how do
10 we better partner with you and make a persuasive
11 argument.

12 MS. SOIZA: Does that sound like a good path
13 for us to split it?

14 MR. SALLMAN: I'd be willing to take on one of
15 the groups if I could address Slide Number 5 about who
16 we should be talking to. So I'll step up and do it.

17 MS. SOIZA: Okay. All right. So I hear that
18 and that'll be -- I like your -- it seems to be highly
19 important, this effective dissemination bucket. So if
20 there's a way we can split that into one or two
21 workgroups, I think that would be really excellent, and
22 I like the way that you defined that, Andy.

1 So if you're going to take on that piece,
2 Steve, what was the other -- can you articulate one
3 more time?

4 MR. SALLMAN: I wrote down what would persuade
5 you to talk to OSHA or NIOSH -- oh, I'm sorry, I'm
6 sorry. Steve Sallman. What I wrote down was what
7 would persuade you to talk with OSHA or NIOSH and then
8 it's who should we be talking to, correct, talking
9 with.

10 MS. SOIZA: This is always the hardest part,
11 everybody, just so you know, really defining stuff
12 down, as, Pat, you said.

13 MS. HARPER: This is Amy Harper. I think what
14 he's talking about is one is motivation, right, and the
15 other is what do we say and who is it directed to. I
16 think those are two different things.

17 MS. SOIZA: Yeah. I agree.

18 MR. LEVINSON: So one of the things that I was
19 kind of suggesting, Anne, was maybe you divide this
20 into the left side of the list of intermediaries and
21 the right side, loosely. There's some other people or
22 groups that are not there and maybe those are your two

1 NACOSH committees. Some of you are digging into
2 Chambers of Commerce and labor unions and health
3 departments, and others are digging into community
4 colleges and suppliers and small business development
5 centers, and then finding some best case, you know,
6 best practices, case studies examples. Maybe you call
7 some Chambers of Commerce where there's been some
8 effective interaction at maybe like the local and the
9 state level. What persuaded you to put OSH on your
10 agenda? Who was an effective partner for you? How do
11 you think about OSH as part of your service to your
12 members? That might be a way to kind of split the
13 waterfront.

14 MS. HARPER: This is Amy Harper again. Are
15 you familiar with the white paper that was produced by
16 the OSHA Construction Roundtable a couple years back on
17 -- it addressed this very issue for construction, small
18 business construction, how do you reach them with
19 messaging about safety, and it went through some of
20 this, not at a very detailed level, but I believe that
21 white paper was published by the OSHA Alliance
22 Construction Roundtable.

1 MS. SOIZA: So you're suggesting that we split
2 the group -- I mean, it's okay to suggest it, too. I
3 mean, I really want to figure out --

4 MR. LEVINSON: Yeah. Well, so because I think
5 --

6 MS. SOIZA: -- the project charter and so I'm
7 trying to figure out --

8 MR. LEVINSON: Right, right. So I think what
9 I heard was a lot of energy around kind of these
10 intermediaries and how to effectively engage these
11 other intermediaries so that we can expand the scale of
12 how we're promoting OSH, and I think if there's only
13 one committee, then really you're still just back at
14 the committee, right?

15 So I would just consider dividing things up or
16 -- right? I mean, if everybody's doing the same thing
17 and really the issue is we're going to figure out, you
18 know, a handful of really powerful ways to reach new
19 people.

20 DR. BERTSCHE: Aren't you asking us who else
21 you should be talking to? As I understood it, Tim,
22 you're already -- these are your intermediaries at this

1 point, right? So you're looking for who else.

2 DR. CUNNINGHAM: Well, so the answer is yes
3 and no. So we've had varying levels of engagement with
4 the various types of organizations listed there. There
5 could be some useful work around how to better engage
6 with some of those groups, but, and so the other part
7 of the answer is, yeah, we also want to know -- like I
8 want to know who else should we be talking to besides
9 who's on that list.

10 MS. SOIZA: So who else and how still --

11 DR. CUNNINGHAM: Yeah.

12 MS. SOIZA: --seems to be coming up.

13 DR. CUNNINGHAM: I would consider this -- this
14 is like a starting point. Here's our primer on who we
15 can think of that are good potential intermediaries and
16 have worked in some cases, but who are some that we
17 just wouldn't be thinking of.

18 Like if I hadn't read it in a peer-reviewed
19 journal article, I never would have thought of
20 accountants.

21 MS. SOIZA: Mm-hmm.

22 MR. SALLMAN: That was why I volunteered was

1 because I seen some people that was not on that list
2 and as we all know, when you come to D.C., there's
3 always the traditional people who are trying to throw
4 their hat in the ring to help out and so I volunteered
5 to try to pull those that's not on the list.

6 MS. SOIZA: So I'm feeling like we really do
7 have two workgroups. I think there is a how to better
8 engage with these intermediaries -- how about that --
9 in the interest of small business, trying to hone it
10 really down maybe, and then who else on this list or
11 maybe getting more detailed run of this list, plus
12 who's missing or what groups are missing? Is that what
13 I'm hearing or are we willing to take on --

14 MS. HARPER: Amy Harper again. I'm still
15 coming back to I think they're asking for all of it.
16 It's audience, it's audience first, like let's say the
17 audience is the intermediary. So we fill in the gaps
18 there. The topics that we would address with each of
19 these, like what's going to matter, what's the
20 messaging, right, what are we conveying to them, and
21 then how is the best way to do that because it's really
22 linked to what the message is and who that intermediary

1 is. You can't look at it independently, I don't think.

2 MS. SOIZA: Okay. Totally fine. Is that --

3 MR. BELCHER: I agree. Going back to the
4 third bullet point, what sort of information evidence
5 is most persuasive and businesses are pretty simple.
6 Most CEOs that I've been trying to influence my whole
7 entire career are concerned about three things:
8 growing revenue, reducing costs, and increasing
9 competitiveness. That third one can vary. For some
10 businesses that's employee engagement, which is very
11 important now in times of low unemployment.

12 For others, it may be they're trying to sell
13 to Walmart and they have to pass a social audit or
14 something like that. So that part can vary and we're
15 going to have to be able to tailor that message to the
16 specific intermediary or whatever organization we're
17 trying to reach.

18 So I think you've got to know your audience
19 first. The group that works on that has to consider
20 maybe there's different bands, so approaching these
21 industries, it's going to be this approach. If you're
22 approaching these industries, it's another approach or

1 trying to be persuasive in a totally different way, so.

2 MS. SOIZA: So what are some other ideas?

3 What I'm still trying to struggle is, is I still -- the
4 more we define it and then we come back and say, well,
5 it's really everything. So I'm still trying to figure
6 out whether we really have more than one workgroup or
7 not. That's the thing.

8 DR. FRIEND: Mark Friend here. It seems like
9 we're talking about a two-stage process. The first
10 stage is to identify the groups. Then the second
11 stage is to identify how we're going to appeal to those
12 groups, and I think that we've got to do one before we
13 can do two.

14 MS. SOIZA: So sequencing is important.

15 DR. FRIEND: I believe, yes.

16 MS. SOIZA: Okay. And John?

17 DR. LAMBETH: I'm of the same opinion with one
18 little different wrinkle. Are we reversing this?
19 Shouldn't we be figuring how to address this issue with
20 the employers and figure out a way to get them onboard?
21 Then say okay, Chambers of Commerce, we've got this
22 package that we've gotten a few employers, a few small

1 companies who are really latching on to because they
2 really like it, how do we get you to help us reach out
3 to other communities because now we have something that
4 works?

5 If we go and say we want to do something and
6 they say, well, does it work, and we say, well, we
7 don't know, we haven't tried it yet, we may get some
8 pushback. Come back to us when it does work. I'm
9 wondering if, you know, we'll -- I agree with you, flip
10 it, and say let's tailor it to the person who's going
11 to be using this program or this whatever to get their
12 health and safety issues addressed and come up with a
13 good management program, regardless of if it's 10 or 20
14 or 50, then say okay, pick one of these and say we've
15 got the program in place, can you help us promote the
16 program, and here's what we would do to encourage that.

17 DR. FRIEND: Mark Friend again. My only point
18 was when I look at the list and I see fire departments
19 or law enforcement, I think that's going to be a whole
20 lot different than insurers. You see what I mean?
21 Yeah. And so we've got to know what road we're going
22 down before we can determine how we're going to go down

1 the road.

2 DR. LAMBETH: I think we're trying to talk
3 about the same thing.

4 DR. FRIEND: Yeah. Probably.

5 DR. LAMBETH: Okay. More like on a four-lane
6 highway. You're going down the inside and I'm going
7 down the outside and we're still going the same place.

8 DR. FRIEND: Right. I'm in the passing lane,
9 though.

10 DR. LAMBETH: Yeah. Okay.

11 (Laughter.)

12 MS. WALKER: This is Michelle again. I just
13 want to go back to the charge to the committee. Both
14 NIOSH and OSHA are seeking advice on all of these
15 things. There seems to be more energy around maybe one
16 or two of these things and that's great and wonderful,
17 but again the agency and NIOSH are seeking feedback
18 information from the committee on all of these areas
19 and I know sometimes it's the process part of it, how
20 we go about doing it consumes a lot of time, but I
21 think in terms of what would be helpful, maybe we can
22 sit with Mandy when she's available, meet with Andy,

1 have a conversation and taking all the input that we
2 have and come out with a proposal to move forward and
3 share it with everyone and get your input.

4 I think, you know, we're at 3 o'clock. We
5 still have plenty of time, but just wanted to offer
6 that as a possible step forward in terms of how we go
7 about doing that because I could see this conversation
8 continuing the way it is for -- not that it hasn't been
9 helpful but in terms of, you know, what we're looking
10 for in the way of the charge. It's input on all of
11 these things, all of these bullets that are listed
12 here, but also in terms of how you go about just
13 breaking down the various areas and who works on what,
14 you know, process question, and I think you've provided
15 input that's very valuable.

16 I know in the past, as we've approached these
17 things, that's been helpful.

18 MR. LEVINSON: Michelle, I think you've got a
19 good point, but I think also in the interest of NACOSH
20 moving forward, given that they have a long time for
21 the whole committee under this charter, they can start
22 with something that they can wrap their hands around

1 and I think in the process of starting this work, we
2 might be able to further refine some other questions
3 that they might get to later in the charter.

4 MS. WALKER: That's my question to you, also.
5 Is there a particular time frame by which you want this
6 information? I guess that is one of the things that
7 wasn't addressed.

8 Our next meeting is probably going to be five
9 to six months from now. We can have workgroup meetings
10 in the meantime. You know, in terms of the time frame
11 by which we want to get NACOSH's input on these items
12 would be helpful to know.

13 MR. LEVINSON: So my usual answer is sometime
14 before I retire and I've got about 20 more years. So I
15 think, you know, we would love to get the committee
16 started and what I suspect is -- so this whole process
17 has been a big change in OSHA, trying to do things, do
18 different things with different people in different
19 ways.

20 So I think this is not an overnight sort of
21 thing, and I think what at least my experience is, in
22 the process of exploring intermediaries, you will find

1 some that are easier fits that might be ripe for action
2 sooner and others that might be a little bit harder and
3 others. It's a great idea. It would be wonderful if
4 you could get them to the table and you're never going
5 to because they just aren't seeing it that way.

6 And so I think as the committee is doing work,
7 I think as there are discussions with the OSHA support
8 staff and the NIOSH folks who are engaged with the
9 committee, you know, I don't know that this has to be a
10 here's one thing and we're totally done, here's a nice
11 report with a ribbon on it sort of thing until perhaps,
12 you know, maybe the very end as you're wrapping up the
13 committee.

14 MS. SOIZA: So I've got a couple -- I've got
15 Option A and Option B and there might be other options.
16 So, okay, here's Option A. We could have Steve --
17 thank you very much for volunteering because that's
18 what it takes is an emotional leader -- to take on just
19 the simple task of the effective dissemination. Who
20 else should we be talking to, and we're well -- because
21 of the -- each of those groups up there and the people
22 who are in the gap who aren't there on the list, they

1 have different characteristics that are so profoundly
2 different that we might have to do more work later on,
3 but maybe the very first task is just getting a list.
4 Okay.

5 And then it's short. It's a simple task. I
6 think we can all visualize that. We can have a
7 workgroup of this group. Just because you're not on
8 the workgroup doesn't mean that, hey, I've got this
9 group, you need to get this on the list, doesn't mean
10 you can't contribute to the workgroup, and we could get
11 that task over and done with and we can do this through
12 e-mail or through a phone call. So that's one thing.

13 And then we move on maybe to the next task of
14 maybe dividing it once we see the characters on the
15 list. What are the characterizations and maybe we
16 bucket them and we come up with different strategies to
17 advise you on each grouping of intermediaries. Okay.
18 Still in the concept, I think, Tom and Andy, about
19 small business. That's the end goal, right? Small
20 businesses. They're the hardest. They absolutely are
21 the hardest to reach out for and also to get them to
22 even see that safety and health is a thing and that

1 they should care and how should they care about it and
2 that kind of thing. Option A. Baby steps, one
3 project, get it done, get used to working with each
4 other, all that.

5 Option B is we got four things -- no. We got
6 six things on the list. We divide ourselves in half.
7 One group takes the top three, the other group takes
8 the bottom three. You could do it that way and then
9 you work over the phone answering the questions and we
10 get it, I guess, all done in the year.

11 So what do you guys think? There's probably
12 other options, too, but I'm just trying to get us to
13 make a decision.

14 MR. WALKOWIAK: I don't have a problem with
15 the second idea. I think that's a way to work, but I
16 think we'd probably want to discuss grouping the six
17 items because I can see the encourage business to make
18 safety core value and then concept of safety culture
19 and safety management, those are really big topics,
20 right, that are part of a safety management system
21 approach. So those of us who are building safety
22 management systems would have a lot to offer there, as

1 well, and then the intermediary small business
2 interactions, that's a tighter specific topic.

3 As far as doing them progressively, as long as
4 we have some leadership giving us some timelines so
5 that we don't just dwell on it, I'm fine either way,
6 but I see some of them more universal. Although I love
7 the small business, it's a particular emphasis, it's
8 not the entire focus of the NACOSH committee this
9 period. So some of those other ones are more broadly
10 applied, but some of my thoughts on the discussion.

11 MS. SOIZA: Any other inklings about the
12 approach, not the details but the approach that we
13 should take?

14 DR. FRIEND: Mark Friend again. I'm just
15 wondering. Could we have three groups, two groups to
16 do what you say and then one group goes the other
17 route, as you just mentioned?

18 MS. SOIZA: Oh, to do both Option A and Option
19 B?

20 DR. FRIEND: Right.

21 MS. SOIZA: Okay.

22 DR. FRIEND: As a thought.

1 MS. SOIZA: I'm willing -- whatever you're all
2 -- this is work you're all buying into. So that's fine
3 with me if that's what you want to do.

4 MR. WALKOWIAK: If we could do it like via e-
5 mail, if we're all copied, then if some of us have some
6 experience that we could add, you could send your thing
7 in even if you're not active with the group, I think it
8 would enhance the power of the whole group. Does that
9 make sense?

10 MS. SOIZA: Yes.

11 MR. WALKOWIAK: Okay.

12 MS. SOIZA: It does make sense. In the past,
13 what we've done is we like named the groups and we
14 figure out, you know, what each group is doing and then
15 you know when you get the e-mail, it's for this group
16 and that's their charge. So you can kind of keep it
17 all straight in your head. So keep it straight.

18 MR. WALKOWIAK: It would be crazy.

19 MS. SOIZA: So is there energy around doing it
20 all at once or what do people think? Most of it's done
21 by e-mail and phone in terms of the workgroup work and
22 then again we probably won't get physically back

1 together again until June. Pat?

2 DR. BERTSCHE: Just my gut is that I always
3 like baby steps to make sure that we're accomplishing
4 something and moving forward, but it would take a
5 really strong leader to initiate and carry through with
6 the first charge, so to speak, and then figure out what
7 the second one is.

8 MS. SOIZA: I'm willing to take the overall
9 arching leadership. If we get the effective
10 dissemination, who's missing from the list, and we get
11 some document put together fairly quickly, well before
12 June, you know, I can work with Mandy to work on what
13 the next steps are. We could actually then organize
14 and maybe move on to Option B at that point. I'm
15 willing to do that.

16 DR. BERTSCHE: I like the fact of what you
17 said earlier, that the group gets more acquainted and
18 sees how we're working together and what's most
19 effective. It's just my --

20 MR. SALLMAN: This is Steve Sallman. I
21 appreciate what Pat said. I believe we're going to
22 need to crawl before we walk and walk before we run.

1 So I thought starting at a place where we can get some
2 quick wins and doing something that would get us up and
3 running would be the place to start. My fear is if we
4 try to take all six of these on, in addition to doing
5 all of our day jobs that we normally do, I think we
6 could really plug up the small end of the funnel, and
7 so I would be more inclined to try to let's take this
8 in small chunks first before we try to take this on.

9 I mean, I appreciate the desire to want to do
10 the end, but we got to start where we're at and then
11 think about how we got to get to that end result.

12 MS. SOIZA: And clearly the effective
13 dissemination and the listing of the people who aren't
14 on the list is very important, too, and I think that
15 that's -- so if we -- I mean, we're not only -- maybe
16 it's a baby step, but it's still a very important baby
17 step and it's going to give us the information that you
18 can start acting on sooner than later.

19 MR. LEVINSON: And what I would say is I would
20 encourage you to be as specific as possible. So, for
21 example, under fire departments, I would say that means
22 the International Association of Fire Chiefs and the

1 International Association of Firefighters and the
2 National Association of State Fire Marshals and your
3 local fire department, you know, because what we're
4 ultimately looking at is again that revolutionary idea
5 of I want to be able to pick up a phone and call people
6 and there's an element of this that in order to get
7 scale, we need national or state level organizations
8 that represent these people and also I can then give a
9 list to, for example, you know, across OSHA, we have
10 compliance assistance specialists and outreach
11 coordinators and all sorts of other people who can
12 replicate the same sort of thing at the state and local
13 level if I give them the list.

14 So I think we're looking for that. We need
15 names of real organizations. If there's a list of
16 insurers that you think are -- these are the big three
17 that do, you know, an enormous amount and you should
18 call these three companies or if it's, you know, the
19 American Insurance Association.

20 MS. SOIZA: So I had a question about the
21 insurers, if you don't mind.

22 So in my world, we are the worker's comp

1 insurance company in Washington State, but I do partner
2 with Liberty Mutual and some others who they have some
3 aspect of worker's comp coverage. There's also the
4 insurers liability, tort liability, right, for
5 accidents and catastrophes that, you know, a crane
6 collapses, you know, stuff happens, and torts come out
7 and that kind of thing.

8 So you're talking about when -- insurers is
9 such a -- that's like huge and there's all sorts of
10 specialty insurers, right, and so it might be good for
11 us to -- I'm assuming you want kind of --

12 MR. LEVINSON: I want to get to 10 million --

13 MS. SOIZA: -- contacts with different types
14 of insurers, --

15 MR. LEVINSON: Yeah.

16 MS. SOIZA: -- right?

17 MR. LEVINSON: I want to get to 10 million
18 businesses is really my ultimate goal. So what are the
19 -- you know, this is like six degrees of Kevin Bacon
20 where it's kind of the how many different ways can I
21 possibly get to these 10 million businesses and in some
22 states, you know, it's going to be through work comp

1 and in another state, it might be through a tort
2 liability piece and in another one, it might be through
3 a supplier and another one, you know, communities of
4 faith might be important, but we're trying to, you
5 know, kind of map and identify all these different ways
6 that we can ultimately influence the 10 million
7 businesses and the 150 million workers.

8 MS. SOIZA: I'm feeling this is coming into
9 focus. I think this is good. Robyn?

10 MS. ROBBINS: I just triggered something.
11 Robyn Robbins. I'm thinking once we do actually
12 identify and get down to that level, I would think you
13 would want to partner with those organizations, too,
14 on how you message, right?

15 I mean, they actually can help inform -- I
16 wrote down actually medical community and there might
17 be some messaging, you know, from there that will help
18 you get to where you want to be, too. So I just, you
19 know, was thinking that, as well. So that actually
20 will help us in this work.

21 MS. SOIZA: Pat?

22 DR. BERTSCHE: One last thing. Tim, you've

1 already had a fair amount of experience in talking to
2 these intermediaries. So it would be good to know what
3 you've determined to be effective so that we're not
4 duplicating what's already been done.

5 DR. CUNNINGHAM: I was just going to ask the
6 question of how to best share. I mean, it's research
7 literature, right? So would it be better to just share
8 research papers or does the committee prefer to have
9 sort of summary documents prepared or something like
10 that?

11 MR. WALKOWIAK: Do we have access to it, a
12 link or something where we can read it, you know?

13 DR. BERTSCHE: A summary would be good and
14 then we can determine if we want to go further.

15 MS. SOIZA: You know, if you share that with
16 the committee staff, they can distribute it to us.

17 MS. WALKER: This is Michelle. Sometimes,
18 based on our past experience, when we convene the
19 workgroup meeting, we sometimes invite in staff level
20 people to update the committee or inform the committee
21 about their activities so that that's formed as a basis
22 of any discussions that you might have. So oftentimes

1 staff are available as a resource to you.

2 MS. SOIZA: Mark?

3 DR. FRIEND: To digress briefly, back to what
4 Amy said earlier, I think it could be, I won't say it
5 would be, but it could be ideal to have some kind of
6 hurdle that companies had to face. Let's just say for
7 example that in order to get a business license, I had
8 to go through a certain level of safety training. You
9 see what I mean?

10 If we could tie it to something else that's
11 necessary for business and then they've got to do this
12 before they can actually engage, I think that would
13 really be the way to go. Thank you, Amy.

14 MS. SOIZA: Okay. So I'm feeling like we need
15 to form the committee because I'm watching the clock.
16 So, Steve, you have gracefully volunteered, and we all,
17 right, appreciate that very much.

18 So who would like to be officially on the
19 workgroup? Well, you don't have to be. Okay? I just
20 want to put it out there that you can officially be on
21 the workgroup or not, but regardless of that, we can
22 all participate by providing information to the

1 workgroup, but the people on the workgroup, we would
2 usually like to have it balanced between the members of
3 the committee, basically business and labor and a
4 public member or so, and the workgroup would be
5 committed -- what you would be committing to if you
6 were on the workgroup is to participate in the phone
7 calls or the e-mails and actually either formulate
8 documents or help collect information from the rest of
9 the broader committee, but you would be basically
10 committing to trying to make the meetings and doing any
11 work that the committee needs to get done in order to
12 produce a product that we can share officially and then
13 we would come back to the workgroup -- the workgroup
14 would come back to the committee in June with a
15 finalized product or, you know, finalized from the
16 workgroup standpoint.

17 It would then probably be with some
18 discussion, adopted by NACOSH, and then it would become
19 an official recommendation from NACOSH to the agency.
20 So that's kind of the overarching process.

21 DR. LAMBETH: Would Number 3 come under that
22 because I have a little bit of a growing interest in

1 trying to gather that a little bit.

2 MS. SOIZA: So what sort of information?

3 That's the one that you're talking about? What sort of
4 information evidence is most -- I think that -- now I'm
5 going to kind of try to steer this a little bit.

6 That is to me a secondary phase of our work.
7 We are going to do this work. It's just timing, okay,
8 and I think it's not part of the first workgroup, but
9 it doesn't mean that any one of you can't work on these
10 other things between now and June so that you can be
11 ready for the next phase. Absolutely. As a matter of
12 fact, I probably will be thinking about this on planes
13 and stuff. So, you know, answering the questions, how
14 I would do it, because I grab every moment I can, you
15 know, when you -- yeah. Feel free, John. I think that
16 would be really useful productive input.

17 So is there anybody who -- do we all want to
18 be on the workgroup? It makes it a little bit
19 difficult, does it, if we meet on the phone, if we're
20 all on it? I mean, I cannot be on it, for example.

21 MS. LEVIN: The important thing is that any
22 recommendation from the workgroup has to be considered

1 by the full committee in a public meeting.

2 MS. SOIZA: Right. We have to vote on it and
3 move it forward as an official recommendation of NACOSH
4 to the agency.

5 DR. LAMBETH: Everybody on the phone at one
6 time. I've been on an IHA committee that did that once
7 a month.

8 MS. SOIZA: Right.

9 DR. LAMBETH: Once a month phone meeting,
10 everybody just checked in. It's different ways to do
11 that. So we could do that.

12 MS. SOIZA: I'm just wondering --

13 DR. LAMBETH: Would that work?

14 MS. SOIZA: -- from the legality standpoint,
15 there's a higher bar here in meetings for Federal
16 Government in terms of the public access, Open Meetings
17 Act kind of stuff that we have to be careful of.

18 MS. LEVIN: It's not just --

19 MS. SOIZA: That's why I'm asking.

20 MS. LEVIN: It's not just logistics.

21 MS. SOIZA: Yeah. It's not just logistics.

22 Yeah. So can we actually form as a workgroup with

1 Steve as the leader and everybody --

2 MS. LEVIN: It really would be better if it
3 were not the full committee.

4 MS. SOIZA: That's -- okay. So I'm going to
5 officially bow out and it's not the committee then,
6 right?

7 MR. WALKOWIAK: Is there a quorum requirement
8 for the meeting?

9 MS. SOIZA: No.

10 MR. WALKOWIAK: Okay.

11 MS. SOIZA: No, it didn't in the past, no. So
12 I will -- not that you're not going to get input from
13 me, but I will officially bow out.

14 DR. LAMBETH: I will, too, but I'm going to be
15 an independent.

16 MS. SOIZA: Okay.

17 DR. LAMBETH: Oh, I'm sorry. I will, too, but
18 I'll be an independent operative or whatever.

19 MS. SOIZA: Okay.

20 MS. LEVIN: Investigator.

21 MS. SOIZA: Okay. Okay. So that makes two of
22 us who won't be on it. So does everybody else want to

1 be on the workgroup?

2 MS. ROBBINS: I did not.

3 MS. SOIZA: Show of hands, who wants to be on
4 the workgroup? That's probably easier.

5 (Show of hands.)

6 MS. SOIZA: Okay. So do we have -- let's
7 capture those names, shall we? Also for the record,
8 let's go down from Mike. I don't know if you raised
9 your hand or not. I couldn't remember. No. Robyn
10 then, right, you were the first to raise your hand. So
11 for the record, because I want to be official about
12 this, if you raised your hand to be on the workgroup
13 officially, please state your name for the record so
14 that they can record it.

15 MS. ROBBINS: I did not raise my hand.

16 MS. SOIZA: Okay.

17 MS. ROBBINS: Robyn Robbins.

18 DR. BERTSCHE: Pat Bertsche. I'm willing to
19 support the workgroup.

20 MR. WALKOWIAK: Bill Walkowiak. I'll be on
21 the group.

22 MS. SOIZA: Slow down a bit, slow down. Our

1 recorder -- okay. So Pat said yes and then Bill said
2 yes, he's going to be officially on it.

3 MR. PERKINS: Andrew Perkins. I will take
4 part.

5 MS. SOIZA: Anne Soiza's going to pass.

6 DR. FRIEND: Yes, Mark Friend.

7 MS. SOIZA: Mark Friend is saying yes.

8 MS. HARPER: Amy Harper. Yes, I'll
9 participate.

10 DR. LAMBETH: John Lambeth. I did not raise
11 my hand.

12 MR. SALLMAN: Steve Sallman. I was volun-
13 told, I think.

14 MS. SOIZA: He's volunteering to be the
15 leader.

16 MS. SMITH: And Kelli Smith. I will
17 participate.

18 MS. SOIZA: Okay. So it has been suggested
19 and I will follow the lawyer. The advice is that we
20 would need -- it's best if we have a motion to form a
21 workgroup. Is there anybody who would like to so move?

22 DR. LAMBETH: So moved.

1 MR. SALLMAN: Second.

2 MS. SOIZA: So John moved to form the
3 workgroup and Steve seconded the motion.

4 Is there any discussion?

5 (No response.)

6 MS. SOIZA: And not hearing any discussion,
7 all those in favor say aye.

8 (Chorus of ayes.)

9 MS. SOIZA: All those -- anybody object?

10 (No response.)

11 MS. SOIZA: All right. Motion carries. Thank
12 you very much. Thank you for the suggestion. I
13 appreciate it keeping us all straight. I'm out of
14 practice after two years, three, yeah. I guess that's
15 true.

16 All right. So we have a workgroup launched.
17 You are going to get your advice from us. I suspect
18 this piece may be -- we might be able to get done in
19 six months. So I think so, yeah.

20 I was thinking as we were coming up with lists
21 of specific people and specific organizations, if any
22 of us have good contact people for those organizations,

1 their names, maybe their role and their contact
2 information would probably be very helpful, I assume,
3 not always. We might not -- you know, people shift
4 positions all the time, but if we have such
5 information, I think it would be good.

6 MS. WALKER: And might I add, this is
7 Michelle, that we could reach out to Cynthia Lewis, who
8 was unable to attend today's meeting, to see if she was
9 interested in participating.

10 MS. SOIZA: Absolutely.

11 MR. WALKOWIAK: Bill Walkowiak again. A
12 question to the lawyer. If we're going to be reaching
13 out to people, where do we have to draw the line
14 between reaching out to businesses as a government
15 entity? I'm not going to call Prudential Insurance and
16 say I want to have a meeting. I'm not going to do
17 that, right? So where do the lines for looking for
18 these intermediaries and points of contact, right?

19 MS. LEVIN: We'll discuss that at the first
20 workgroup committee meeting.

21 MR. WALKOWIAK: Okay. Because, you know, I've
22 got to be careful, I think, you know, one church or

1 another church and all this, you can get in some sort
2 of a legal quagmire. So I'm just interested in those
3 rules. So we'll talk about it at the workgroup
4 meeting. Thanks.

5 MS. SOIZA: Wow. Good decision, everybody,
6 and I really think this is going to be good. I think
7 we're going to get it done by next June. Let's see.

8 Is there any more business connected to this
9 particular topic that -- am I missing anything,
10 Michelle, Jennifer? We need to introduce anything else
11 into the record at the moment? Okay. Thank you very
12 much. Steve?

13 MR. SALLMAN: I'd like to thank you, Anne, as
14 the chair for helping to guide us. Obviously your
15 experience is very helpful as we're all pretty green to
16 this. So we will learn and we appreciate your
17 experience and thank you for taking the time to conduct
18 the meeting.

19 MS. SOIZA: Cobwebs but yes.

20 MS. SOIZA: So thank you.

21 MS. SOIZA: Thank you very much. We do
22 actually have some committee business. We're just done

1 with this particular topic and I'm very positively
2 influenced by the fact that we did something and we're
3 going to -- I've been feeling very positive about the
4 -- you know, as reflect where occupational safety and
5 health is going in this country, I think this climate
6 and culture pursuit is a worthy one and how to get
7 small businesses onboard is really -- well, the small
8 businesses grow into medium and large businesses,
9 right? That's what we want for them, and in order for
10 them to be successful, they have to have good advice
11 and that's our piece of the pie is to give them good
12 advice about safety and health issues. So thank you
13 very much, appreciate that.

14 MR. LEVINSON: Thank you all very much.

15 DR. CUNNINGHAM: Thank you.

16 MS. SOIZA: Okay. So before we go into the
17 committee stuff, I want to check to see what public
18 members -- I know that we have at least one who wants
19 to come forward, but I don't have the list in front of
20 me. Thank you, Michelle.

21 Michelle's going to go check to see if anybody
22 else has signed in to speak to the committee, but in

1 the meantime, I don't have it in front of me, so please
2 introduce yourself because I remember --

3 MS. GUGLIELMO: I have a very difficult last
4 name.

5 MS. SOIZA: Please introduce yourself, who you
6 represent, and your issue that you wanted to share with
7 us today. Thank you.

8 MS. GUGLIELMO: Well, thank you for allowing
9 me to make some comments to the committee and I
10 congratulate every member of the committee for being
11 appointed to this very important committee.

12 My name is Carolyn McCabe Guglielmo. I am a
13 safety public health and workforce management advocate
14 analyst and incident investigator. I graduated out of
15 West Virginia University and out of their Safety
16 Management Program back in the mid '90s and I have
17 served in many different capacities, both on the
18 employer and the employee side.

19 I have worked at the university as a training
20 consultant. I was the Director of Safety and Health
21 for the Associated General Contractors of America
22 during the Clinton and Bush Administration. I've also

1 served as a fatality investigator for the NIOSH
2 Firefighter Fatality Prevention Program where I've done
3 over 20 fatality investigations for firefighters dying
4 in the line of duty nationwide, and I've also served in
5 the West Virginia Worker's Comp Commission which at
6 once was a monopolistic state and I was part of the
7 transition of it going from a publicly-funded worker's
8 comp to an open market.

9 So I've been around and understand the issues
10 that you discussed and the charge because it's always
11 been difficult to reach small businesses.

12 But, first, I wanted to address a couple
13 issues that were brought up earlier when Deputy
14 Assistant Secretary was speaking.

15 Currently, with the retirement of baby-
16 boomers, a lot of OSHA and workplace safety
17 institutional knowledge has fell by the wayside. We've
18 known that we were going to have a shortage for a long
19 time, but we've lost a lot of really good people here
20 at OSHA from retirements or the private sector.

21 We also in the private sector have lost a lot
22 of industrial hygienists, hazmat people, safety

1 directors due to retirements, as well, and currently, I
2 believe it's the ASSP, they quote that there are 4,000
3 jobs a year that go unfilled in the safety profession.

4 Since I have graduated out of an academic
5 program, many other academic programs have popped up
6 over the years around the country. So we've never had
7 more safety professionals in the country than probably
8 since the OSHA Act.

9 We never really hear about the safety
10 profession in the mainstream. Most people I talk to
11 who are not in my profession don't know anything about
12 it and obviously it's very lucrative. You can work for
13 a labor organization, private consulting, public-
14 private sector, and I know that ASSP, I'm not sure if
15 the National Safety Council, have really tried to
16 recruit people into the profession, but you never see
17 anything on Monster.com or CareerBuilder that this
18 profession even exists.

19 So and oftentimes, as you know, people inherit
20 safety duties. So part of the problem right now is we
21 don't have enough people. We don't have enough
22 industrial hygienists. We don't have enough safety

1 directors or people who are qualified.

2 We also have a certification organization, I
3 won't mention it by name, that has been hitting a lot
4 of employers to require the certain certification
5 whereas jobs remain unfilled because people who may
6 have safety training, they're not in -- they don't have
7 that certification. So then an employer's not going to
8 hire them and that's also -- that has been an existing
9 problem.

10 I've worked a lot in the construction
11 industry, as well, and just because you have three
12 letters behind your name doesn't mean you can manage
13 safety.

14 So I just wanted to make that point. I think
15 Michael Belcher, he was former president of ASSP, he
16 may be able to speak to the shortage and that's part of
17 the problem. We really need to get people into loss
18 control, safety management programs, etcetera, which
19 might be something you all could address at some point.

20 The other thing I wanted to address, I think
21 the concept of safety culture is very outdated. I
22 believe, you know, we are dealing with safety and

1 health. We're dealing with traumatic injuries. We're
2 dealing with health illnesses. Now we're dealing with
3 suicides. I serve on the Steering Committee for the
4 Construction Industry Alliance for Suicide Prevention,
5 and I believe that perhaps we need to discuss and think
6 about shifting the paradigm to a culture of prevention
7 because we're just talking about safety. What is
8 safety? Safety culture? It doesn't address health,
9 and, you know, we're having more issues to deal with in
10 the workplace with opioids now with the legalization of
11 marijuana, which for a country that is in a public
12 health crisis right now, and we are having a crisis
13 with issues affecting mental health, to legalize
14 marijuana, it's great to decriminalize it, but to
15 legalize it, it's going to cause a lot more problems.
16 It's causing problems in schools. It's causing
17 problems for employers and employees.

18 I'm a survivor of a family of addiction and
19 alcoholism and it's dangerous to work with people on
20 drugs. Their minds, there's a lot of symptoms, and
21 it's very dangerous to work with people on drugs. I've
22 worked for a guy myself.

1 So I think that, you know, this nation needs
2 to shift in a paradigm as a culture of prevention. You
3 know, with our open marketplace, we are constantly
4 putting products that are dangerous to people's health,
5 and then the employees and employers suffer from it.

6 You know, we're having a lot of violence,
7 workplace violence. What do we see on TV and our 300
8 cable stations? We see violence. We see the
9 glorification of alcohol. We see the glorification of
10 drug use.

11 So we as safety professionals and policy
12 people and bureaucrats and we have to deal -- we have
13 to bandaid something that could have been prevented
14 because we're not a nation of prevention. We're a
15 nation of reaction. So that's something I'd like for
16 everybody to think about.

17 As far as your charge, Michael, I just wanted
18 to make a couple -- Steven, excuse me, a couple
19 suggestions.

20 The Small Business Administration has special
21 programs for women and disadvantaged business owners.
22 So it might be worth inviting them to your next

1 meeting. Also, there's a lot of ethnic Chambers of
2 Commerce, like Hispanic Chamber of Commerce, Korean
3 Chamber of Commerces, Polish. So you can really get --
4 also, there's a lot of economic development offices now
5 in all the states and state commerce offices, as well.

6 Let's see. I think that's it, and I
7 appreciate your time and I wish you the best of luck
8 moving forward and you'll see me in June. And by the
9 way, I worked quite a bit with the Washington Labor and
10 Industries and you guys have a fabulous state plan.

11 MS. SOIZA: Oh, great. Thank you very much.
12 Thank you, Carolyn.

13 All right. So there's nobody else on the list
14 for public input who signed up.

15 Is there anybody in the audience who did not
16 sign up who did want to have a moment with us?

17 (No response.)

18 MS. SOIZA: Okay. Thank you very much.

19 Now we have Committee Business. Is there
20 anything else?

21 MS. WALKER: Just want to make mention -- this
22 is Michelle -- that in re-establishing the committee

1 after three years of inactivity, the NACOSH Regulations
2 require that membership be staggered. So in re-
3 establishing the committee, we appointed half the
4 membership to one-year terms and half the membership to
5 two-year terms. Those members with one-year terms are
6 scheduled to expire in July of next year. So we'll be
7 soon publishing a Federal Register notice seeking
8 nominations to fill those upcoming vacancies. That
9 notice probably will publish by January. So I just
10 wanted to make you aware and encourage those that are
11 interested and eligible to apply for membership on the
12 committee. Thanks.

13 MS. SOIZA: Without anything else -- do you
14 have something else? So just a second. So we need a
15 motion because she can't make a motion. We need a
16 motion to adjourn.

17 DR. LAMBETH: So moved.

18 MS. SOIZA: So John has put forward a motion
19 to adjourn.

20 Is there a second?

21 MS. ROBBINS: Robyn Robbins. Second.

22 DR. FRIEND: Second.

1 MS. SOIZA: Mark Friend and Robyn Robbins both
2 seconded the motion.

3 And any discussion?

4 (No response.)

5 MS. SOIZA: All those in favor, say aye.

6 (Chorus of ayes.)

7 MS. SOIZA: All right. Anybody opposed?

8 (No response.)

9 MS. SOIZA: This meeting is adjourned.

10 (Whereupon, at 3:38 p.m., the meeting was
11 adjourned.)

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