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IN REPLY PLEASE REFER TO

STATEMENT BY

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Before the

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON SCIENCE, SPACE AND TECHNOLOGY

SUBCOMMITTEE ON NATIONAL RESOURCES
AGRICULTURE RESEARCH AND ENVIRONMENT

ON

HR 1530

"INDOOR AIR QUALITY ACT OF 1989"

JULY 20, 1989

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TO DO FOR ALL THAT WHICH NONE CAN DO FOR ONESELF

Mr. Chairman and members of the Committee:

On behalf of the American Federation of Government Employees, I want to thank you for the opportunity to testify on H.R. 1530, "The Safe Indoor Air Act of 1989." AFGE represents approximately 700,000 federal and District of Columbia workers. I have the privilege of serving as the National Vice President for District 14, which represents approximately 50,000 D.C. and federal workers in the Washington Metropolitan area.

AFGE is pleased to support, in principle, H.R. 1530. As you may know, in May I testified before the Senate Subcommittee on Superfund, Ocean and Water Protection regarding S. 657, sponsored by Senate Majority Leader, George Mitchell. S. 657 is the companion bill to H.R. 1530. Although we do have some specific recommendations which I will discuss shortly, we believe these legislative efforts are important in addressing the growing public health problems associated with poor indoor air quality. We hope our comments will help make a good bill even better.

Like most people, it is only recently that I have become aware of the significant health risk indoor air pollution poses to Federal and D.C. workers. Shortly after I was elected to office in May, 1988, I became involved in a number of serious indoor air quality cases affecting AFGE members, both federal and DC employees, in the Washington Metropolitan area. The most serious cases reported so far have occurred at the U.S. Information Agency (USIA), the Environmental Protection Agency (EPA) and the Department of Housing and Urban Development (HUD). I'll discuss these in more detail later.

I have come to know first-hand the devastation that occurs in the lives of the victims of indoor air pollution. Some working men and women, dedicated public servants, have seen their careers -- and their health -- ruined by indoor air-related illness.

No employee should have to place his or her health at risk each time they enter the workplace. Unfortunately, many do. Poor indoor air quality and "sick building syndrome" have created a modern occupational hazard for today's office worker.

Since most physicians know very little about indoor air contamination and the administrators of the Federal Employees Compensation Act (FECA) still cling to the fiction that chemical diseases are compensable only if caused by a single agent (like benzene or asbestos), employees stricken with indoor air pollution-related problems have great difficulty obtaining workers' compensation benefits. This is because, with indoor air pollution,

workers are subject to multiple exposure from a host of substances including, but not limited to, pesticides, solvent fumes and off gasses from paints, rugs and furnishings. Exposure to all these substances is made more dangerous by faulty or inadequate ventilation.

Experts who have studied indoor air quality, including a panel at the National Academy of Sciences and a number of private IAQ analysis firms, agree that poor indoor air is most often a result of inadequate or improper ventilation. The lack of proper ventilation and air filtration can contribute to the growth and distribution of viruses, fungi and toxic vapors. For this reason, we believe H.R. 1530 should call for improved and better maintained ventilation for public and commercial buildings.

Government employees may be even more susceptible than many other workers to the hazards of poor indoor air. Government managers often attempt to cut costs by shutting down ventilation systems and purchasing inferior office materials which emit dangerous chemicals. In addition, it is no secret to the members of this subcommittee that government workers often are crowded into work areas designed for fewer people. This practice pushes ventilation systems beyond capacity and limits the amount of fresh air available for each worker to breathe.

The experiences government workers have encountered with poor indoor air quality are documented in a survey AFGE conducted as part of the Safe Workplace Air Coalition. Over three-quarters of the nearly 2,000 federal and D.C. government employees who responded to the survey believe that poor indoor air quality is a problem at their workplace. More than 90 percent reported experiencing symptoms often associated with poor indoor air quality. The maladies reported ranged from sneezing, coughing and sinus congestion to serious respiratory illnesses. In fact, respondents suffered, on average, eight of the ten symptoms listed in the survey. Survey participants noted that the symptoms disappear when they leave the building -- a clear sign of building-related illness.

In addition, the majority of those surveyed indicated that they believe their ailments hamper their job performance; more than 47 percent say that they have lost time from work because of their symptoms. I have included a final report of the survey results for the record.

Our survey further indicates that this problem is costing the government money. Increased use of sick leave, decreased productivity and large health care and workers' compensation bills create unnecessary expense for government agencies and taxpayers.

The initial expenditure necessary to clean up federal buildings will be insignificant compared to the savings that will result from clean air in federal buildings. H.R. 1530 should direct government agencies not only to quantify the costs of clean up but also to estimate the savings from corrective measures.

The dramatic results of our survey and recent, well-publicized, indoor air quality problems at the EPA, HUD, USIA headquarters, and HCFA provide graphic evidence of the gravity of this problem.

* In early 1988, workers at the Environmental Protection Agency headquarters persistently reported a wide range of physical ailments after the building complex had been remodeled and new carpet and partitions installed. One employee became so ill she had to take a leave of absence and eventually had to be moved to a work station away from EPA headquarters. After several months, the carpet, which had been emitting dangerous airborne contaminants, was replaced. However, the ventilation system -- which contributed so heavily to the conditions at EPA -- has yet to be adequately tested and corrected.

* For years, employees at the U.S. Information Agency have complained of indoor air-related symptoms. Preliminary studies revealed a serious indoor air quality problem in the USIA headquarters. As was the case at EPA, employees were forced to hold public demonstrations and take their story to the media before the agency agreed to deal with the problem. After much intense pressure from AFGE local leaders, GSA agreed to have the building evaluated by independent indoor air quality specialists. Now, however, the owner of the building refuses to allow the testing to go forward.

* One of the most shocking examples is the inability to manage indoor air quality at the HUD headquarters. I understand that last summer HUD was given a rate break by PEPCO if they cut down their energy use. As a result, HUD officials decided to severely curtail the use of air conditioning and ventilation systems. Not surprisingly, full air conditioning was still provided to the office of the political appointees. As a result, in other areas of the building the system had to be completely shut down to reach the energy reduction goals. One attorney at HUD reported drastic weight loss during the summer because he worked past five in the afternoon and on Saturdays when there was no air conditioning or ventilation at all.

* In Baltimore, the Health Care Financing Administration with GSA's approval decided to vacate the Meadows East building due to problems with poor indoor air. AFGE Local 1923 documented

numerous complaints including one employee who had five operations for an inner ear infection and another who had an olive-sized fungal ball removed from her sinus. Over 400 employees signed a petition to be moved out of the building. GSA recently reversed its decision to move employees after the owner of the Meadows East Building hired former Senator Laxalt to represent their interest.

I bring these recent events to your attention so that you might have a greater understanding of the position AFGE takes with regard to H.R. 1530. As I have stated before, we support in principle the "Indoor Air Quality Act of 1989." However, based on our own experiences, we have some recommendations that we believe will improve H.R. 1530 and better address its legislative intent.

At this point I would like to point out that of the many specific issues addressed in this legislation, our union feels that the selection of the agency assigned primary responsibility for indoor air quality is of utmost importance.

The bill assigns responsibility for indoor air quality to EPA. In our experience agencies whose primary mission is the protection of worker health and safety have been capable of protecting employees effectively. Agencies whose primary mission is not occupational health, agencies like DOT, FDA, NRC, DOE, and particularly EPA, historically have trampled worker rights.

Because of OSHA's long-time and well-recognized expertise in occupational safety and health issues, we believe jurisdiction for the elements of the bill that deal with workplace IAQ should be shifted from EPA to OSHA, and the bill should make clear that OSHA has responsibility for all workplaces -- private, public and federal. OSHA is responsible for providing every working man and woman in the country, insofar as possible, with a safe and healthy workplace. It is time that responsibility included not only factories, foundries, and construction sites, but also offices where 50 percent of all employees now work.

For federal employees, the selection of the agency responsible and accountable for the administration of an indoor air program is critical to the success of any program. We suggest that Section 8(a) of the present bill be changed so that the interagency Federal Indoor Air Quality Council created by the bill be required to accept input from employee representatives. In addition, we recommend that OSHA and EPA co-chair the council rather than the bill's present designation of GSA and EPA as co-chairs.

While regrettable, it is true that none of the federal agencies with responsibility for indoor air quality have thus far distinguished themselves.

EPA has tragically underplayed and all but ignored the plight of over 100 of its employees, including some of the agency's top scientists and toxicologists who became ill from off gassing from newly installed carpets. OSHA and NIOSH have treated the issue of indoor air quality with neglect. Their combined efforts in this area can best be summed up in one word: underwhelming.

GSA, the nation's landlord, has had such a singularly bad record in this area that we question giving the agency any role for administering the federal government's indoor air quality program. Mr. Chairman -- placing GSA in charge of the federal indoor air quality program is like asking the fox to guard the hen house.

GSA's failure to adequately address the indoor air quality problems in government buildings is not a new phenomenon. In 1986, GSA virtually banned smoking in most federal buildings and claimed they had solved the indoor air quality problem. But this was only a small part of the problem. By failing to emphasize proper ventilation, GSA did a disservice to federal employees who are concerned about indoor air problems. Meanwhile, GSA permits other contaminants to continue to pollute the workplace.

GSA's most recent strategy has been to shift responsibility to either the agencies or a private building owner and then refuse to act on employee complaints because they claim they don't control the building. To alleviate this problem we ask that the bill require all GSA leases to contain a provision for regular IAQ testing and monitoring. Additionally, the bill should provide that all test questionnaires, raw data and surveys must be made available to unions representing employees and to the public.

In addition, let me comment that in general, occupational health problems have three parameters, all of which we believe are equally important: research, remedy and compensation. Research seeks new knowledge about the problem, remedies apply the results of research to improve the workplace and compensation pays for the victims for whom research and remedy came too late.

While the search for new knowledge about the causes and health effects of IAQ is necessary, our members would like to see H.R. 1530 present a more balanced approach to the problem with equal emphasis on all three areas.

Toward that end, we recommend the emphasis and the authorization for funding in the bill be adequately apportioned among these three

areas. Research on indoor air quality -- including the federal workplace -- should be conducted by NIOSH and EPA. We recommend that protections be included so that research is done as part of an ongoing project and not contracted out. At the same time existing knowledge should be applied to remedy "sick" buildings. These activities must be combined with efforts from the compensation and rehabilitation systems to find creative solutions to employ sick and chemically sensitized workers, and adequately compensate workers who cannot be rehabilitated in a timely fashion.

AFGE supports enactment of legislation to make the federal government a model employer; setting the pace for the rest of the nation in addressing and correcting indoor air quality problems. A national federal building indoor air quality survey of employees should be conducted as a priority item, with the results of the survey used to designate the sickest buildings within each federal region.

While the research continues, the clean up should begin. We support an extensive program of demonstration projects in federal buildings in Washington D.C. and across the country within the next two years. Based on our experience, we suggest such projects begin at USIA, HUD, DOL, Census Bureau, HHS at Parklawn, Defense Mapping and EPA.

We also urge that the Federal Occupational Safety and Health unit of OSHA share responsibility with NIOSH for testing programs in federal buildings. OSHA and NIOSH officials understand this issue and the importance of the threat poor IAQ poses to the health of government workers. They know how to respond to employee complaints and how to take corrective actions to those problems. GSA is simply not willing or able to do this. However, due to recent budget cuts and shifting priorities, this branch of OSHA has been reduced to only seven full time professionals where previously there were 23. OSHA will have to address the resource issue of the agency if it is to have a credible role in this program.

OSHA officials should be asked to demonstrate to the Committee how they would allocate resources in order to meet the responsibilities of this Act. Currently, the Office of Federal Agency Programs (OFAP) has only 7 professionals and 11 vacancies. As the agency charged with enforcing workplace health and safety regulations, OSHA should have the ability and resources to protect workers from this latest threat. Monies for the indoor air quality program should be used to enhance OSHA and NIOSH resources in this area.

Similarly, in Section 9 of the bill, we are concerned that the state agencies given federal IAQ grants will specifically address

the IAQ concerns of workers. Only with the participation of state and local OSHA offices can we be assured that only those state programs which specifically protect workers will be supported.

At this point I would like to add that I strongly support the intent of Section 9 to promote and assist state and local IAQ management programs. AFGE represents several thousand District of Columbia employees. From their responses to our survey, I know there are serious problems in many D.C. buildings. I hope the District is classified as a state under Section 9 and will be eligible to participate in the IAQ program. In addition we wish to see Section 9 clarified so that there is no doubt that it pertains to both federally owned and leased property.

We at the American Federation of Government Employees are doing all we can to secure the right to a safe and healthy workplace for all the workers we represent. We are working hard to assist those whose health, lives and livelihoods have been disrupted by IAQ-related illnesses; to obtain workers' compensation and/or job restructuring through the Rehabilitation Act of 1973 which requires agencies to try and accommodate the special needs of handicapped workers. We appreciate your concern and interest in the welfare of federal and D.C. workers.

Our brothers and sisters in the labor movement representing workers in the private and public sector, share many of our concerns about how an indoor air quality program will affect their workplaces. I know you will be hearing from them too and will find that their concerns parallel ours.

I commend the Chairman, the Committee and Congressman Kennedy, the bill's sponsor, for the work they are doing. I am confident that if we work together, we can make significant progress in dealing with this important issue. Thank you for the opportunity to appear before you to present AFGE's views on this important issue. I will be glad to answer any questions.