

**RECENT THRUST IN OCCUPATIONAL HEALTH AND
SAFETY PROGRAM FOR SMALL BUSINESSES
IN THE U.S.A.**

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ABSTRACT

The paper describes the present situation in the sphere of occupational health in small industries in the U.S.A. The protection of health of small business workers has been neglected even in the highly industrialized nations. In the U.S.A., no particular attention has been focused on the occupational health programs for the small businesses except sporadic projects conducted by some private and governmental groups. However, a nation-wide program to encourage and assist state and local governments to provide occupational safety and health services for small businesses has been introduced recently.

Although the occupational health and safety problems began with the time when mankind knew how to work for a living, from the period of Ramazzini up to the dawn of industrial revolution, there were no large health and safety programs for the workers. Since the industrial revolution, the emphases were on the improvements of work environments, recognitions and treatments of occupational diseases for the big industries. The protection of the health of small business workers has been neglected even in the highly industrialized nations.

In the United States of America, no national attention was focused on the occupational health programs for the small businesses except sporadic projects conducted by some private and governmental groups until the early nineteen forties.

However, more serious concern for the occupational health problems in the medium and small size businesses was seen in recent years as reported by this author at the First International Meeting on Occupational Health held in Lisabon, Portugal in October 1977. The Scientific Committee on Small Industries of the Permanent Commission and International Association of Occupational Health has taken a very important leading role in this direction since its establishment under the chairmanship of Dr N. Pardon. Besides several committee meetings held in Paris, a meeting on the Organization of Health Care for Small Industries was held in Khartoum, Sudan in February 1978 which set forth many valuable recommendations on the definition of "small industries",

delivery of occupational health care and health center's occupational health services.

Although the United States government did regularly call for the need to provide the on-the-job employee health services for the federal employees (practically all are of small employee sizes), no official decrees had demanded such services from the private small businesses except on safety prevention and workmen compensation until the passage of National Occupational Safety and Health Acts of 1970. Since then the provisions for the protection of workers' health in the private small businesses, including the federal employees' began to take hold. Many small-sized industries and government agencies (federal, state and municipal) started to provide such services.

In 1970, for the first time the U.S. Civil Service Commission submitted a report to the President of the United States on Federal Employee Occupational Health Program. The report described a nation-wide survey of the employee occupational health services provided in that year by all federal agencies to their employees. Among two and a half million federal employees there were still 370 000 employees without access to occupational health facilities. Two thirds of these employees fall into the category of small groups size of less than 300 employees.

Following this, an Executive Order #11807 was issued in September 1974 by the U.S. President to follow-up the previous order in 1971. It was based upon the authorities granted by the Federal Occupational Safety and Health Act of 1970 to provide exemplary safe and healthy working conditions for employees devoted to public services.

As the result of such call from the National Leader, many federal agencies were setting up own employee health programs or participating in the Employee Health Units operated by the U.S. Public Health Services throughout the United States.

The Government of the District of Columbia, a special federal city for the nation's capital, had expanded its Employee Health Clinics both in quantity and quality.

A Conference on Occupational Safety and Health of Municipal Workers, funded by the National Institute for Occupational Safety and Health was held in 1977 to promote more nation-wide interest in and shed light on various pertinent on-the-job health problems of the municipal workers who form the largest public workers union in the U.S., totaling 750 000.

In 1973, a demonstration project to coordinate all local occupational health resources for the use of small businesses in the District of Columbia were jointly operated by the D. C. Government and the National Institute of Occupational Safety and Health for all types and sizes of small businesses. The outcry for such program stimulated the Occupational Safety and Health Administration of the Labor Department to extend emphasis on this group of businesses.

The Project aimed to achieve the following objectives:

1. to improve the health of the workers of private small businesses and provided safe working conditions;

2. to help minimize the health and safety cost;
3. to improve work efficiency;
4. to increase productivity;
5. to assist small businesses to understand legal requirements of Federal Occupational Safety and Health Act.

All community resources were mobilized and coordinated by the Occupational Health Program of the D. C. Government to provide the small businesses with the following services:

1. Health education for groups of employees by specialists in the field.
2. Selected health appraisals of employees with indicated referrals.
3. Periodic disease detection programs for diabetes, hypertension, cancer, glaucoma, tuberculosis, defective hearing and vision.
4. Interpretation of test findings with appropriate follow-ups.
5. Provision for primary emergency services to employees becoming ill or injured on the premises and first aid classes for selected employees.
6. Individual counseling to employees with specific health problems including dietary counseling and consumer education.
7. Supplemental foods to persons eligible (prenatal, post partum, and preschool age groups).
8. Survey of working environmental and consultation to assist (them) in controlling health and safety hazards.
9. Protection for selected groups through preventive immunizations.
10. Assistance in complying with recent federal and local health and safety regulations. Upon the request of employers, visits are made by the community occupational health nurse, industrial hygienist, nutritionist, and other health professionals.

In 1977, the National Institute of Occupational Safety and Health, Department of Health Education and Welfare contracted with nine universities throughout the U.S. to set up Occupational Health Resources Centers to train various types of occupational health and safety personnel for national needs, including the goal of counseling and educating the small businesses in the area of occupational safety and health. This is the first time that a big scale program has been introduced to increase both quality and quantity for such personnel shortage.

During the same year, a nation-wide program to encourage and assist state and local governments to provide occupational safety and health services for the small businesses by the Occupational Safety and Health Administration of the U.S. Department of Labor has started.

This program is also to assist key educator, labor, employer, and related organizations to plan and to develop their training competency and capabilities in the goal of the new program. It will also provide: job safety and health training and services for employers and workers in high-risk target areas; services to target populations with no comparable services available to them; and training and services to employers and workers who will then be able to train

others. The program is intended to help institutions assume an increased share of the cost of the project; and ultimate goal (in most cases) is the organization's assuming complete financial responsibility. Because of the limited resources and the need to focus the resources and energies where they will do the most good, OSHA's grants will be offered on a competitive basis.

The program will offer three types of grants: (1) planning awards, to assist institutions that can demonstrate potential for meeting the objectives of the program but need to assess capabilities, needs, and objectives before beginning development; (2) developmental awards, to assist institutions which have an organizational structure, long-term financing plans, or other capabilities; and (3) combined planning and developmental awards to assist institutions which have a general capability but need help before developing a program.

It may be concluded that the emphasis on the provisions of occupational and safety services for the small businesses in the United States of America is on the thrust keeping pace with the accent on such area as reflected in the activities of the International Occupational Health Congress to organize the Scientific Committee of Occupational Health in Small Industries, which has also stimulated several such conferences for the last few years.