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Delta's drug-testing problems raise questions about validity testing

Airline drops a major lab, leading to investigation

A controversy over drug testing for airline pilots that led Delta Air Lines to pull its business from a major laboratory was followed quickly by a government investigation of all certified drug testing labs, raising questions about the validity testing that is used across the country.

The Atlanta-based Delta Air Lines previously used LabOne, based in Lenexa, KS, for the pilot testing required by the Department of Transportation. The airline recently announced that it was pulling its testing work from the lab because of a dispute with the pilots' union over the accuracy of validity testing, and specifically regarding the testing of one particular pilot. LabOne reported that the pilot's urine sample had been substituted.

> *"We are following all the correct policies and procedures, and there is no reason for me to think that there is any widespread problem. This situation may have raised fears that are unfounded."*

The dispute caught the attention of federal regulators, who quickly launched a survey of all DOT-certified laboratories to determine whether they are using the most current procedures and standards for validity testing.

That investigation called into question the accuracy of the laboratories used by employers and occupational health providers across the country,

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but an executive at LabOne says there's no need to worry.

Michael Peat, MD, president of the substance abuse testing division at LabOne, tells *Occupational Health Management* that the company's validity testing is reliable and complies with federal regulations. He says there is no reason to fear that employees will be falsely accused of substituting or adulterating urine samples.

"We are following all the correct policies and procedures and there is no reason for me to think that there is any widespread problem," Peat says. "This situation may have raised fears that are unfounded."

Delta says it doubts substitution charge

Peat says the whole controversy with Delta is a product of the difficulties the airline is having with the pilots' union. Along with the flight attendants' union, the pilots' union has fought the airlines for years regarding substance abuse testing requirements and specifically the validity testing that can reveal when a subject attempted to cheat by substituting someone else's urine or adulterating the urine sample.

Airlines in the United States have randomly tested flight crews for drug use since 1989. The airlines began using the validity tests in 1998 even though the DOT does not require them.

The issue came to a boil recently when the unions challenged Delta's decision to dismiss one pilot and four flight attendants based on LabOne's reports that they had substituted urine samples in an effort to pass the test. The unions alleged that LabOne used improper testing procedures and even falsified documents. After some debate, the airline gave in and decided to reinstate the pilot and flight attendants.

At the same time, Delta announced that it was pulling its business from LabOne because of concerns about the reliability of its testing. In addition, the Delta announcement said the company would require that samples thought to be substituted be sent to an independent lab for confirmation.

Soon after that announcement, Peat confirmed that Delta had informed the lab of its decision to pull its business, but the airline still was using the lab while it searched for a new one.

In a memo distributed to Delta employees, executive vice president of human resources **Bob Colman** said the company's investigation raised "some questions about the lab's processing of samples found to have been substituted." The

memo did not explain the details of what was wrong with the testing, but the pilots' union contended that LabOne's window of accuracy for creatinine was too wide.

In response to the Delta controversy, federal investigators at two agencies launched investigations into LabOne and all other DOT-certified drug-testing laboratories. The DOT and the U.S. Department of Health and Human Services (HHS) looked into the specific allegations against LabOne but also surveyed all 65 laboratories certified by the government.

Lab stands by original report

Four inspectors from the HHS visited the LabOne headquarters to determine whether the company is complying with federal standards for validity testing.

"We haven't heard anything from them to indicate that they didn't like what they found," Peat says. "As far as we know, they were satisfied with their visit."

The DOT and the HHS did not return calls seeking comment on the findings of their inspections.

Peat says the controversy centers on the updating of a federal standard that outlines how validity testing must be conducted in DOT-certified labs. On Sep. 28, 1998, HHS issued National Laboratory Certification Program Directive 35, known as PD 35, which outlined the specific requirements for certified labs. And then on July 28, 1999, the HHS updated those requirements by issuing PD 37. The newer version changed some directions for validity testing in an effort to ensure accuracy.

The Delta pilot in question produced the specimen in July 1999. The LabOne facility received the updated federal standard on July 29, 1999 — one day after it was issued. Peat says it took several months to update its policies and procedures to comply with PD 37, but the new standards were in place at LabOne by January 2000. The survey of DOT-certified labs focused on whether they were in compliance with PD 37, Peat says, and he suspects most labs are.

Peat says occupational health providers may wish to confirm with their testing labs that they are in compliance with PD 37, but he suggests that few will report they still use PD 35.

"The government apparently was concerned that the labs had not implemented the directive, but that was partly because they issued it without any implementation date," Peat says. "For this case, the directive didn't change anything anyway. We received PD 37 on July 29 and the specimen came in on July 31. We obviously had not implemented the document in just two days."

But more importantly, Peat says the disputed sample would not have tested differently under the new directive. **(For more on the directives, see story, below.)** PD 37 changes the manner in which some test results are reported, but the cutoffs for creatinine and specific gravity are not changed.

"The pilot in question produced a specimen with creatinine of 0 and specific gravity of 1.000. We defined it as substituted according to PD 35," he says. "There is no reason to think that the sample would test differently, and we would still declare that it was substituted under PD 37. We stand by our results that the specimen was substituted." ■

Updated directive makes parameters clearer

The recent investigation of drug-testing laboratories by the federal government centered on whether the labs were complying with the most current version of the federal standards for testing samples.

The U.S. Department of Health and Human Services issued National Laboratory Certification Program Directive 35, known as PD 35, on Sept. 28, 1998. That directive outlined the specific manner in which certified labs would test urine samples and the parameters under which the lab may declare a sample adulterated or substituted. The requirements were updated on July 28, 1999, with PD 37.

Unlike many federal standards and regulations, PD 37 did not come with a deadline for implementing the changes. As a result, federally certified labs could update their procedures at their own pace. In the recent dispute with Delta Air Lines, LabOne in Lenexa, KS, contends that it updated its procedures as quickly as possible, complying with PD 37 in January 2000.

Regarding the possible adulteration or substitution of urine samples, PD 37's significant change is that the lab must test two aliquots of the urine sample. Other changes address the manner in which results are reported, but the specific cutoffs for determining when a specimen

is substituted were not changed. These are excerpts from PD 35 and the updated PD 37:

PD 35: "A laboratory may determine for each specimen (i.e., from either a single specimen collection or the primary specimen [Bottle A] from a split specimen collection) the nitrite concentration, creatinine concentration, specific gravity, and pH. These tests shall follow scientifically suitable methods and produce results, which are accurately quantified."

The sample is defined as "substituted (i.e., the specimen does not exhibit the clinical signs or characteristics associated with normal human urine) if the creatinine concentration is ≤ 5 mg/dl and the specific gravity is ≤ 1.001 or ≥ 1.020."

PD 37: "Specimen validity can be determined by establishing parameters that are consistent with normal human urine and/or by testing for the presence of abnormal or foreign substances in the urine. Specimen validity testing may be conducted on Bottle A and must be conducted on Bottle B if Bottle B fails to reconfirm for the requested drug/analyte."

"For substituted specimens, at a minimum, creatinine must be measured by at least one quantitative procedure on two different aliquots both utilizing the specified cutoff of ≤ 5 mg/dL. At a minimum, specific gravity must be performed on one of these aliquots utilizing the specified cutoffs of ≤ 1.001 or ≥ 1.020.

"Truncating a quantitative value has been acceptable with ≥, >, and < decision points or cutoffs. However, truncating a quantitative value is not acceptable with ≤ decision points or cutoffs. In ≤ scenarios, truncating would change the result from acceptable to unacceptable (e.g., truncating a pH reading of 3.2 to 3 or a creatinine reading of 5.4 mg/dL to 5 mg/dL).

"Values from tests for creatinine (≤ 5 mg/dL) or pH (≤ 3) should contain one significant decimal place more than that specified in the stated decision point.

"For specific gravity (≤ 1.001), the method must measure to the third (3rd) decimal place. This will require refractometry because spectrophotometric and 'paper/stick' procedures are not sensitive enough to accurately discriminate in that range." ■

Study of medical claims reveals most expensive

The Institute for Health & Productivity Management (IHPM), a nonprofit research and development organization, has released the results of a first-of-its-kind national study of more than 4 million medical claims across eight specific industries. The cost was highest for treating patients with coronary artery disease, while more workers sought medical treatment for ailments of the ears, nose, and throat than other diseases and medical conditions.

The study results were discussed during the IHPM's recent meeting in Toronto. An analysis of the top 10 conditions for all industries combined, ranked by prevalence, indicated that 628,141 patients (15%) were treated for ear, nose, and throat conditions, at an average payment per patient of $216.

Other most prevalent conditions were:

- sinusitis;
- skin and subcutaneous diseases and disorders;
- hypertension;
- nonstreptococcal pharyngitis;
- gastrointestinal disorders;
- back disorders;
- nutritional, immune, and metabolic disorders;
- inflammation or infection of the middle ear;
- trauma to the spine and the spinal cord.

An analysis of the top 10 conditions for all industries combined, ranked by total payments, revealed that medical claims totaling $467,067,000 for medical treatment sought by 100,682 patients with coronary artery disease without prior cardiac bypass surgery topped the list.

Other most expensive conditions were:

- gastrointestinal disorders;
- hypertension;
- vaginal delivery;
- osteoarthritis;
- back disorders;
- ear, nose, and throat conditions;
- diabetes mellitus;
- cerebrovascular disease;
- cholecystitis (inflammation of the gallbladder);
- cholelithiasis (interruption in bile flow).

The study data reflect both the most frequent and expensive medical conditions for each specific industry group and for all industries combined. Together, the data are intended to become a standard for comparison that companies may use when beginning analyses of their medical cost and utilization experience.

The study also reveals that frequency and cost of medical conditions vary widely by industry. For

example, breast cancer ranks as the third most costly condition for the retail trade industry, while not appearing in the top 10 for manufacturing.

Sean Sullivan, IHPM president, says the data support IHPM's case that disease management must be done on an industry-specific — if not company-specific — basis and address the particular needs of each work force.

"This study provides purchasers, providers, and health plans with their first comprehensive information on condition-specific medical and health care costs segmented by industry," he says. "It will help focus attention on the most prevalent and costly diseases for employers and show business leaders from different industries how to concentrate resources on health conditions most relevant to their employee population. Targeting interventions this way will pay off in better overall health and productivity in the workplace."

Data drawn nationally

The study, titled Industry-Specific Medical Care Utilization and Expenditures, was conducted by the MEDSTAT Group, a Medical Economics company, and funded by an unrestricted grant from Schering Plough Corporation. The data for the study was drawn from the MEDSTAT Group's Marketscan private pay fee-for-service database, which represents the inpatient and outpatient health care service use of individuals nationwide covered by over 160 noncapitated benefit plans.

The plans are offered by 61 large employers across the country in the following eight industries: oil and gas extraction and mining; manufacturing / durable goods; manufacturing / nondurable goods; transportation; communication and utilities; retail trade; finance, insurance, and real estate; services; and the government sector.

The nonprofit IHPM is dedicated to establishing the value of employee health as a business asset and investment in corporate success. The institute works with all the major stakeholders in health care for this purpose — employers, providers, health plans, insurers, and employees — to assemble and analyze databases; develop and refine key metrics and measurement tools; organize pilot projects to build the business case for health and productivity; and carry the message and the evidence to all stakeholders.

The IHPM operates from offices in Dallas and Richmond, VA. ■

Congressmen say OSHA blocked GAO investigation

Several prominent members of Congress wrote to the Department of Labor (DOL) criticizing what they call the agency's delay of an investigation by the General Accounting Office (GAO) of Occupational Safety and Health Administration's use of paid expert witnesses in the proposed ergonomics rule-making process.

The letter was sent jointly by Senate Governmental Affairs Committee chairman **Fred Thompson** (R-TN), and chairmen **James Jeffords** (R-VT), **Christopher "Kit" Bond** (R-MO), and **Michael Enzi** (R-WY). According to the Senators' letter, OSHA and the DOL Solicitor's Office withheld certain essential documents from the GAO investigators.

"Our citizens have a right to know how their money is being spent," Thompson said in an announcement after sending the letter. "As the eyes and ears of Congress, GAO has been conducting an objective investigation of the apparent payment and coaching of witnesses in the ergonomics rule-making process. The DOL allowed GAO investigators to operate for months under the misimpression that they had all pertinent information. The investigators should have had access to these documents much earlier. Before we can consider this matter resolved, we need to know whether the DOL is acting in good faith."

Enzi, chairman of the Subcommittee on Employment, Safety and Training, which has oversight authority over OSHA, said he was disappointed by the agency's behavior.

"In early July, I asked for the full body of information on this issue, and OSHA has continually kept the information under wraps. OSHA's efforts to keep this information hidden would be better spent making the workplace safer. The public needs to have access to the facts on the ergonomics rule, and we will make sure they get it," states Enzi.

Bond, chairman of the Senate Committee on Small Business said, "OSHA's tactic of hiding and omitting data requested by Congress and the GAO is another blow to the agency's credibility on ergonomics. Apparently, OSHA has no interest in giving a fair hearing to the concerns raised by Congress and no interest in playing by the rules when it comes to implementing an ergonomics regulation."

The GAO investigators were preparing to close out their investigation when the omission of the documents was disclosed. The DOL has only recently granted GAO access to the documents. The Senators' original request to GAO was triggered by findings of Rep. David McIntosh's (R-IN) ongoing investigation of OSHA's use of contractors in the ergonomics rule-making, which has revealed that about 70 contractors were paid nearly $2 million to work on the proposal.

The following is an excerpt from Thompson's letter:

"It is our understanding that, on several different occasions, GAO investigators asked staff from OSHA and the Solicitor's Office to confirm that the GAO investigators had been given access to all documents relevant to the investigation. On each of these occasions, DOL staff told the GAO investigators that they had indeed been given all relevant information. On one such occasion, GAO specifically requested in writing certain missing documents and was told that the DOL did not have the documents. In fact, the DOL did have some of the missing documents. The DOL's failure to disclose to GAO the full body of relevant information led GAO investigators to operate for months under the misimpression that they had seen all pertinent documents.

"We expect that any further delay to GAO's investigation will be avoided and that the DOL will provide GAO with all documents necessary for the investigators to complete their inquiry. We ask that you notify us immediately whether or not any other documents, correspondence, or other information responsive to GAO's July 6 request have been withheld from GAO for any reason." ■

Back treatment delayed due to work fears

A majority of physicians (87%) reported that patients with acute lower back pain waited three or more days before seeking medical help, according to a recent Internet survey of 378 primary care physicians. Furthermore, physicians indicated that the primary reasons for patients seeking help were that the condition interfered with their ability to work, to conduct daily activities, and because over-the-counter treatments (OTC) were ineffective.

The survey was sponsored by Pain.com, a Web site devoted to pain and its management for pain professionals and sufferers. **Larry Vervack**, executive director of the Dannemiller Memorial Educational Foundation in San Antonio, which sponsors the site, says the results were surprising.

"Acute lower back pain might be more of a national problem than we originally thought," he says. "It was especially surprising to learn that so many people waited for days before getting the help that they needed. People need to know that they don't have to delay seeking help for their pain."

The survey was conducted via the Internet among 378 office-based primary care physicians by Market Measures Interactive. The survey was designed to determine how primary care physicians treat acute lower back pain. **John Dombrowski**, MD, director of the Center for Pain Medicine at Sibley Memorial Hospital in Washington, DC, says the survey results show that physicians should encourage patients to seek prompt treatment of back injuries.

"Most lower back pain sufferers will first try [OTC] analgesic drugs and bed rest. But for the majority, these self remedies will not provide the relief that they need," he says. "Lower back pain sufferers should see their physicians within the first 24 to 48 hours for proper diagnosis and treatment. The sooner they get help, the faster they will get relief. This translates into fewer missed worked days and needless spending on OTC drugs."

Patients unable to work

Additional survey results showed that more than half (54%) of all first-time visits to a primary care physician for acute lower back pain were because the patient was unable to work (29%) or conduct daily activities (24%). Twenty-five percent of patients visited a primary care physician because OTC treatments were ineffective.

The survey also found a strong connection between diet, exercise, and lower back health. Physicians reported that for nearly half (45%) of their patients with acute lower back pain, the pain was either caused by or aggravated by excessive weight. Prescription non-narcotic analgesics (70%) and muscle relaxants (66%) were the top treatment choices of physicians. Other recommended therapies included exercise (62%), heat therapy (59%), and/or rest (50%).

Virtually all physicians (98%) considered pain

reduction one of their first three treatment goals, followed by reduced inflammation (59%), and relief of stress and/or muscle relaxation (40%). The survey was funded by an unrestricted grant from Elan Pharmaceuticals, a division of Elan Corporation, PLC. ■

Give epidural injections sooner rather than later

If you're going to administer epidural corticosteroid injections for lower back pain, it's much better to give them sooner rather than later. That's the conclusion of a study by William Ackerman, MD, and Mahmood Ahmad, MD, of Integrative Pain Medicine of Arkansas in Little Rock.

They say epidural corticosteroid injections administered four weeks or more after onset of lower back pain give less and shorter-lasting relief than when given earlier.

The doctors presented the findings at the recent American Society of Anesthesiologists annual meeting. They retrospectively studied 80 patients who had received epidural injections of triamcinolone within 16 weeks of the onset of radicular pain associated with L5 to S1 disc herniation. All patients had herniation confirmed by magnetic resonance imaging and failed conservative therapy.

Patients scored relief on scale

After the injections, nurses asked the patients to score their pain relief on a scale of one to 10 and to estimate how long it lasted. Relief was defined as a greater than 75% improvement in the analogue score after the injection.

Seventeen of 20 patients (85%) who had injections within four weeks of pain onset reported relief that lasted up to 92 days. That was significantly better than the other three groups of patients who had later injections, Ahmad says.

About 60% of those who received injections within five to eight weeks had relief lasting 51 days. Sixty percent of the third group — those who received injections within nine to 12 weeks — reported relief, but it only lasted 18 days. Only 10 of 20 patients who received injections 13 to 16 weeks after pain onset had relief, and it lasted only nine days. ■

Botulism toxin helps in back relief pain

The same deadly toxin often associated with botulism food poisoning can, in very low doses, safely bring enduring relief to patients suffering from chronic low back pain, researchers at Louisiana State University's (LSU) Health Sciences Center in Shreveport reported recently at the annual meeting of the American Society of Anesthesiologists.

Injected into a localized area and in extremely low concentrations, the potent toxin botulinum A blunts the nerve endings responsible for muscle spasms. For patients receiving treatment at the LSU Pain Management Service, researchers found that this therapy significantly decreased patients' muscle pain, increased their range of motion, and improved their ability to perform routine activities such as washing and dressing.

The medication derived from botulinum has been used for several years to treat writer's cramp, tremors, eye muscle problems, and other conditions marked by muscle spasms. The medication is used by some plastic surgeons to minimize wrinkles as well.

Pain management specialists also reported success with botulinum for chronic low back pain, but few clinical studies have been done, says professor and chair of anesthesiology **Randall Cork**, MD, PhD. The LSU study included 19 patients, nine of whom received two injections of botulinum toxin into both sides of the lower back and 10 patients who had not received treatment for their back problems.

All patients completed questionnaires regarding the intensity of their pain and the impact of that discomfort on their ability to function. The researchers also rated range of motion and severity of muscle spasms in the experimental group before treatment. The group receiving botulinum reported significant reductions in pain, improvements in their ability to function, and fewer muscle spasms. The other group reported an increase in pain and no improvement in muscle spasms.

"Unlike acute back pain, which tends to resolve on its own, chronic back pain tends to worsen over time due to a vicious, self-perpetuating cycle of muscle spasms," Cork says. "This study shows botulinum effectively breaks that cycle."

Botulinum injections begin working in two to three days, but their effects can last for months,

Cork says. One drawback is the medication's tendency to become less and less effective with repeated injections as the body builds up antibodies to the toxin.

"But most patients never need another injection," he adds. Anesthesiologists at the LSU pain service may administer up to three injections for patients whose pain persists.

This technique also shows promise in the treatment of neck and shoulder pain and other conditions marked by muscle spasms, Cork says. ■

More people willing to administer CPR

Results of a national survey indicate that public awareness campaigns on cardiopulmonary resuscitation (CPR) and the use of automatic external defibrillators (AEDs) are having a positive impact on the American public, because people are less fearful than previously believed about helping someone, even a stranger, in the event of an emergency.

Mary Newman, executive director of the new National Center for Early Defibrillation (NCED) at the University of Pittsburgh, recently released new statistics on public awareness, attitudes, and experiences related to resuscitation at the Emergency Cardiac Care Update International Educational Conference in San Diego.

Researchers who studied CPR in the past found resuscitative training was ineffective and poorly targeted.

Additionally, the effectiveness of CPR training depended on the quality of the instructor as well as the confidence and competence of the student. Fear of disease transmission was another factor why many Americans in earlier surveys said they were afraid to perform CPR.

Curiosity about the current status of public awareness and experience related to resuscitation prompted the study, which was conducted from June 9-13, 1999. More than 1,000 people were randomly selected to participate in a national telephone survey. Questions were intended to gauge the amount of exposure to CPR and AED training, and people's willingness to take a CPR-AED class, to use CPR or an AED in an emergency, and to help strangers, friends, and family members. People also were asked why they would or would not use CPR or an AED on strangers, friends, and family members.

Newman, principal investigator of the study, says results of the study indicate most adults have been trained in CPR and one in nine Americans have used it. Most are willing to use CPR to help known victims as well as strangers, and concerns about disease transmission and legal liability are rare.

"It is encouraging to know that so many laypersons have taken the time to learn CPR, and that contrary to popular perceptions, most people would not hesitate to use it, even on strangers," she says. "It is also exciting to know [AED] is becoming a familiar concept to many Americans. Our hope is to help make defibrillation a household word." ■

Small companies took a hit for health costs in 1999

Small and mid-sized employers' health benefits costs grew more steeply than those of larger employers in 1999, and the disparity is expected to widen this year, according to recently released data.

Employers with 10 to 999 employees saw their health benefits costs rise 8.5% last year, vs. a 7.2% increase for employers with 1,000 or more workers, the report said. The smallest businesses, employing fewer than 50 workers, shouldered 13% increases.

Marsh, a unit of the giant insurance brokerage Marsh & McLennan Companies (MMC), prepared the report, which is based on an annual survey by the benefits consulting firm of William M. Mercer, another MMC unit.

On average, mid-sized employers' total health benefits costs rose to $3,836 per employee in 1999. Costs were highest in the Northeast, averaging $4,500 per employee, and lowest in the West, at $3,490 per person. Prescription drug costs shot up 14.5% among employers with 500 to 999 employees.

As the report notes, mid-sized employers have less bargaining clout with health plans than Fortune 1000 companies. In a flourishing economy, many cannot afford to trim back their health care benefits. In fact, employers sweetened benefits packages in 1999 to attract and retain workers, the report indicates.

Sixty-two percent, for example, offered dental

coverage last year, compared with 58% in 1998.

With little opportunity to shed expenses, mid-sized employers are expecting their health benefits costs to rise by an average of 7.1% this year.

"In this environment, mid-sized employers need to sharpen their focus on cost-management tactics that don't result in benefit reductions from the employees' perspective," says **Roger Edgren**, head of Marsh's employee benefits operations.

He says employers should be reviewing vendor choices, funding alternatives, and making subtle design changes, such as encouraging the use of generic prescription drugs. The report shows growth in HMO offerings and enrollment in 1999. HMO coverage cost an average of $3,055 per person, by far the least expensive option available to mid-sized employers, according to the report.

Half of all mid-sized employers in the survey offered preferred provider organizations in 1999, up from 48% in 1998. Point-of-service plans, by contrast, were offered by just 21% of employers, down from 23% in the prior year.

Another report says that despite rising costs and daily management hassles, few employers are prepared to pull the plug on their health benefits programs. The conclusion comes from benefits human resources firm William M. Mercer. Just 5% of the 276 major employers surveyed by Mercer's consulting business say they have a high interest in getting out of the practice of providing health benefits. Merely 4% say they are highly likely to implement an exit strategy.

Rather, employers are embracing strategies to make their plans run more efficiently. Ninety-one percent of respondents are interested in Web-based "self-service" applications, such as using the Internet to help employees enroll in a health plan or choose a physician group. Almost all of them say they are likely to implement a self-service solution.

Yet many employers remain wary of "defined contribution," one of the most talked-about strategies in health benefits today. Only 45% of survey respondents are interested or moderately interested in such a strategy, while merely 8% report a high level of interest. Perhaps employers are hesitant to move ahead because of their lack of clarity on the issue, Mercer suggests. Survey respondents gave widely differing definitions of the term "defined contribution."

Some said the term describes an Internet-based health plan that includes an employer-funded savings account and catastrophic coverage. Others say it is a contribution strategy that gives employees a flat dollar amount to use with an employer-sponsored plan or to use as a voucher to buy coverage from an independent plan. Still others indicated that the strategy means limiting employers' duties to managing and administering plans and allowing employees to buy their own plan. ■

United Nations calls job stress a global problem

Stress related to jobs and the loss of them is an increasingly recognized problem as globalization threatens job security and makes ever-growing demands to improve results, according to a United Nations study released recently.

One in 10 adults in the United States suffers from a depressive disorder every year, a problem that "significantly impacts the bottom line" of business, the International Labor Organization (ILO) study said.

"The incidence of mental health problems and the costs related to them have risen during the past decade," said the 235-page report, titled "Mental Health in the Workplace" and comprising separate studies on the United States, Britain, Germany, Finland, and Poland. Although the studies gave no overall comparison to back up the assertion that the percentage of affected workers is growing, they did note how different countries were increasingly recognizing the problem.

"As the United States evolves toward a more information-based economy, increased pressure is placed on a company's employees to supply a competitive edge," the report said. But, it added, employers of all sizes are improving their approach as they realize the importance of the problem. The World Health Organization (WHO), which worked with the ILO on the study, called for greater efforts to remove the stigma from work-related depression, noting that only half of those who suffer from it are believed to seek help.

Benedetto Saraceno, WHO's director of mental health, insists that "The key problem is not absenteeism." When people with depression or other mental problems go to work, "they require much more effort to function as required."

American workers' counterparts in Europe faced more direct threats from unemployment, above all those in Poland, where the transition to a market economy turned many out of work, but

also in Germany and Finland, hit by recession in the 1990s. More than half the Finnish work force experiences stress-related symptoms ranging from physical pain to sleep disorders, the study found. It added that 7% of the country's workers suffer from "severe burnout."

Three out of 10 British employees suffer mental health problems each year, while at any given time one in 20 working-age Britons suffers major depression, the report said. In Germany, depressive disorders account for nearly 7% of premature retirements. ■

Chronic back pain might get better with air bed

Sleeping on an adjustable airbed instead of a conventional innerspring mattress reduces pain for some patients who are being treated for chronic nonspecific back pain, according to new research.

Matthew Monsein, MD, of the Sister Kenny Institute Chronic Pain Rehabilitation Program in Minneapolis, and colleagues recruited 90 patients, 30 from each of three centers, with severe chronic back pain. The air pressure in the adjustable bed is controlled with a pump, and the air chamber and layers of foam are designed to minimize areas of excessive skin pressure, the researchers explained. With their own mattress serving as control, the patients slept on the airbed for 28 days, then on their own mattress for the next 14 days. The results appear in the Sept. 11, 2000 on-line journal *Medscape General Medicine*.

Pain as reported on a visual analog scale decreased an average of 32%, and sleep quality increased 75%, after 28 days of using the airbed. On the SF-36 health status survey, more than 87% of the patients reported improved bodily pain and 81%, increased physical functioning.

After the patients reverted to their own mattresses, 68% reported increased pain, and 78% reported poorer sleep. Results were similar for differing pain etiology groups — physical injury, herniated disc, and degenerative disc disease. ■

OSHA Actions

Fatal accident to cost manufacturer $93,600

The Occupational Safety and Health Administration cited Joelson Concrete Pipe Company and proposed fines totaling $93,600 following a fatal accident at the company's Kissimmee, FL, plant.

According to **Lawrence Falck**, OSHA's Tampa area director, the accident occurred on March 27 just before quitting time at the plant, which manufactures precast sound walls and steel reinforced concrete piping.

Falck says that the manufacturing process for concrete piping involves three stations rotating like a carousel table around a pit. On the table's first turn, a casing is lowered over a core, already in the pit; on the next turn, concrete is poured into the casing and core and, on the last turn, the concrete is pressed to form a pipe.

"To save time at the end of the day, workers would enter the 7-foot-deep pit and start cleaning the rotating table while piping was still being manufactured at the other two stations," Falck says. "This practice conflicts with the manufacturer's prohibition against employees being inside the pit while the equipment is in operation. As a result, a worker's head was crushed when he was caught between pinch points created by the rotating carousel table."

Following investigation of the accident, OSHA cited the company for one willful violation for failure to enforce its lockout policy and to train workers about lockout/tagout procedures, which render a machine inoperable during maintenance and repair.

Grouped with this violation, another was cited for not developing and implementing equipment-specific lockout/tagout procedures. The willful citation carries a $63,000 penalty.

Nine additional serious violations will cost Joelson Concrete Pipe Company another $30,600. The serious citations include: failing to protect employees from falling into a permanent floor opening or from open sided platforms; exposing workers to hazards associated with climbing stairways with risers higher than 10 inches; machine guarding deficiencies; electrical hazards, and permit-required confined space deficiencies.

"This company was aware that its employees were not protected from moving machine parts," Falck says. "The equipment manufacturer had

provided training to the employer and there were appropriate warning signs on the equipment. When a hazard is known, the employer has an obligation to protect workers who might be affected. Being proactive prior to an OSHA inspection can alleviate expensive penalties and, more importantly, can prevent accidents and save lives."

The company, which does business as Joelson Taylor Concrete Products, employs about 68 workers at the Kissimmee location. ▼

Second inspection, fines for construction company

A Florida-based construction firm was cited for the second time this year by the Occupational Safety and Health Administration for knowingly exposing workers to potentially fatal fall hazards at a bridge near Elizabeth, NJ. OSHA is proposing penalties totaling $217,500.

OSHA cited Damalos & Sons, a company specializing in abrasive blasting and bridge painting, for 14 violations, including two alleged willful violations for lack of fall protection. Another alleged willful violation was issued against the company for allowing employees to leave the work site wearing lead-contaminated clothing and not providing a functioning shower facility. Employees were preparing a bridge over the Rahway River near Elizabeth, NJ, for repainting.

Charles Jeffress, OSHA administrator, announced the penalties and said the employer was resistant to safety measures. "We cited this company for the same violations at the same job site in April," he said. "Still, the owner continued to ignore repeated warnings from OSHA personnel and paint inspectors and engineers that he needed to provide fall protection. His indifference to safety regulations and his reckless disregard for the safety of his employees is intolerable. He must be held accountable."

The citations resulted from an investigation begun last April after OSHA received information that employees at the site were working again at a height of 40 feet over water on suspended cable work platforms without independent safety tie-off cables to protect them from potentially fatal falls. At the time of the inspection, workers were abrasive blasting the bridge to remove old paint containing lead.

Of the 14 violations cited, two were alleged willful violations for not providing personal fall arrest systems for employees working on suspended cable scaffolds. OSHA is proposing $98,000 in penalties for those violations alone. An additional alleged willful violation for not ensuring that employees who are exposed to high lead levels shower at the end of the work shift is being proposed with a penalty of $38,500. Four alleged serious citations were also issued, with $9,000 in penalties, for defective forklift trucks, respirator violations, lack of clean protective clothing, and allowing employees to eat while wearing clothing that had not been cleaned of surface lead dust.

Damalos & Sons, based in Tarpon Springs, FL, does bridge work throughout the eastern United States.

The company employs 50 workers; six of those were working at the New Jersey bridge site. OSHA cited the company on April 25, 2000, for nine

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alleged willful violations for exposing workers to fall hazards at the same job site and proposed penalties of $456,000. The company formally contested those citations. ▼

OSHA launches Web partnership page

The Occupational Safety and Health Administration launched a new page on its Web site that highlights successful safety and health partnerships and encourages new voluntary partnerships in order to reduce workplace injuries and illnesses.

Under the banner of "Partner with OSHA: New Ways of Working," the new site describes nearly 80 current partnerships. Many of these joint ventures focus on areas addressed in OSHA's Strategic Plan. The site also provides valuable information on public/private collaborations and a step-by-step guide on how to initiate new partnerships.

Program partners may receive outreach, training, technical assistance, and on-site consultation services. Partnerships also benefit employers and employees by reducing workplace injuries and decreasing workers' compensation premiums.

OSHA incentives offered to partnering employers include focused inspections limited to only the most serious hazards, reduced fines, no penalties or citations for other-than-serious violations and new opportunities to share safety and health program expertise and resources.

The new partnership page is available on OSHA's Web site: www.osha-slc.gov/fso/vpp/partnership/index.html, under the What's New and Outreach pages. ▼

Paint brush factory penalized $300,000+

After a targeted inspection, the Occupational Safety and Health Administration cited American Brush Co., of Claremont, NH, for several very serious alleged violations of the Occupational Safety and Health Act, and proposed penalties totaling $301,050 for those alleged violations.

According to **David May**, OSHA area director for New Hampshire, the citations are the result of both safety and health inspections of the company's plant. May explained that the plant, which manufactures paint brushes, was selected for inspection because of its extremely high injury and illness rate under OSHA's Site Specific Targeting Inspection Plan.

Employees exposed to dangers

"What our compliance officers found revealed the reasons for those high rates," May says. "We found employees being exposed to all sorts of hazardous, unguarded machinery. We found employees being required to perform maintenance work on machines that were not properly locked and tagged to prevent their accidental start up. Both the numerous instances of unguarded machinery and the lack of a lockout/tagout program have contributed to employees experiencing lost-time injuries."

May stressed that the company is being cited for several alleged willful violations. The plant has been inspected several times in the past, and the employer has been cited previously for a number of similar violations, he says.

"Consequently, as the employer has apparently decided to ignore those requirements, we are alleging that American Brush Company is willfully exposing its employees to numerous hazards we found there," May adds. ■

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