

National Aeronautics and
Space Administration
Office of the Administrator
Washington, DC 20546-0001



APR 8 1996

The Honorable Robert B. Reich
Secretary of Labor
Washington, DC 20210

Dear Mr. Secretary:

NASA shares the concerns which you expressed in your November 29, 1995, letter relative to the rapidly increasing Federal injuries and illnesses and their related compensation costs. We are providing charts which depict injury and illness experiences of NASA for Fiscal Year (FY) 1995 and the preceding 5 years (see enclosure 1). There has been a gradual increase in total case rates (cases per 100 employees); however, the lost time case rate (LTCR) has remained fairly constant. It was 0.61 in FY 1990 and 0.63 in FY 1995. Our LTCR's of 0.61 and 0.84 for FY 1990 and FY 1994, respectively, were significantly lower than the reported Federal Governmentwide LTCR's of 2.4 and 3.1 for those years.

Continuation of Pay cases and costs have declined considerably within NASA during the past 5 years. Our total compensation costs have been increasing, but our rate of increase has been significantly less than that experienced Governmentwide. The NASA total compensation cost increase during the last decade (FY 1984 to 1994) was less than 20 percent, while the Federal Governmentwide costs were reported to have doubled during this period.

The chargeback cost increase during FY 1995 was due to several large "schedule awards" and to the settlement of several pending cases.

The completed survey forms which you requested are provided as Enclosure 2.

Sincerely,

A handwritten signature in cursive script that reads "Daniel S. Goldin".

Daniel S. Goldin
Administrator

2 Enclosures

**ANNUAL REPORT OF THE
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION
OCCUPATIONAL SAFETY AND HEALTH PROGRAM**

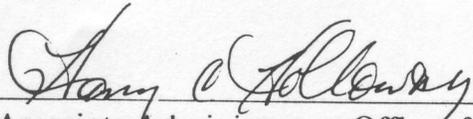
-FISCAL YEAR 1995-

SUBMITTED BY:

**Occupational Health Office (Code UO)
Safety and Risk Management Division (Code QS)
NASA Headquarters
Washington, DC 20546**

SUBMITTED TO:

**Secretary of Labor
U.S. Department of Labor
Washington, DC 20210**



**Associate Administrator, Office of Life and
Microgravity Sciences and Applications**

**Harry C. Holloway, M.D.
Designated Safety and Health Official
(202)358-0122**

ANNUAL OCCUPATIONAL SAFETY AND HEALTH REPORT

Fiscal Year 1995

Name of Agency: National Aeronautics and Space Administration
(NASA)

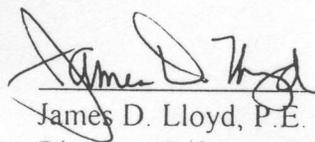
Address: NASA Headquarters
300 E Street, S.W.
Washington, DC 20546

Number of work years covered by this report: 20,871

Names of individuals responsible for the Occupational Safety and Health Programs covered by this report:



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INJURY AND ILLNESS EXPERIENCE

OWCP INJURY AND ILLNESS CASES

Category	FY 90	FY 91	FY 92	FY 93	FY 94	FY 95
Total Injury/Illness Cases	288	311	339	333	301	297
Fatalities	0	3	1	0	0	0
Lost Time Cases	149	180	197	201	191	139
Number of Employees	24,566	25,741	25,956	24,039	22,103	20,871

OWCP RATES OF INJURIES AND ILLNESSES PER 100 EMPLOYEES

Category	FY 90	FY 91	FY 92	FY 93	FY 94	FY 95
OWCP Total Case Rate	1.17	1.21	1.31	1.38	1.36	1.42
OWCP Lost Time Case Rate	0.61	0.70	0.76	0.84	0.86	0.67

SOURCE OF DATA: NASA Headquarters (Code UO) OWCP/ Workers' Compensation Data Base.

WORKERS' COMPENSATION CHARGEBACK DATA

Category	CBY 90	CBY 91	CBY 92	CBY 93	CBY 94	CBY 95
a. Cases Having Chargeback Costs*	544	585	593	577	588	594
b. Total Cost	\$6.0M	\$6.0M	\$6.4M	\$6.3M	\$6.7M	\$7.3M
c. Cost Per Case (b. divided by a.)	\$11K	\$10.3K	\$10.8K	\$11K	\$11.4K	\$12.3K

* Includes all cases on chargeback bills (long-term disability, medical, and survivor benefits)

CONTINUATION OF PAY (COP)

Category	FY 90	FY 91	FY 92	FY 93	FY 94	FY 95
a. COP Cases	132	141	157	166	179	122
b. COP Cost	\$127,483	\$141,223	\$167,948	\$169,542	\$138,469	\$110,212
c. COP Days Off (calendar days)	1,546	1,852	1,652	1,603	1,342	1,171
d. Avg COP Days Off (c divided by a)	12	13	11	10	7.5	10

ChargeBack Year (CBY) is July through June. Fiscal Year (FY) is October through September. The NASA COP reporting system is based on the Fiscal Year.

DATA Analysis

OWCP INJURY/ILLNESS CLAIMS BY MONTH FOR FY 94 AND FY 95

FY 1995	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Rate/100 Employees
OWCP Table 2	17	30	26	18	15	34	36	31	24	22	19	25	
Claims to Date	17	47	73	91	106	140	176	207	231	253	272	297	1.42
FY 94 Claims	17	43	65	83	117	149	162	190	218	251	278	301	1.36

Data Source: NASA Occupational Health Office Injury/Illness Data Base.

Note: Annual incidence rates calculated using total eligible civil service population of 22,103 in FY 1994 and 20,871 in FY 1995.

**FEDERAL AGENCY
OCCUPATIONAL SAFETY AND HEALTH PROGRAM
ASSESSMENT**

- FISCAL YEAR 1995 -

DEPARTMENT/AGENCY NAME: National Aeronautics and Space Administration (NASA)

Official who is authorized to answer follow-up questions about this survey:

Occupational Health

Safety

Name(s):

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1. At what organizational level is your Department's/Agency's Designated Safety and Health Official (DASHO)?

- A. Assistant Secretary/Administrator
- B. Deputy Assistant Secretary/Administrator
- C. Office Director or equivalent
- D. Division Director or equivalent
- E. Branch Chief or equivalent
- F. Section Chief or equivalent

2. What percentage of time does the DASHO spend on safety and health?

- A. 0-1%
- B. 2-5%
- C. 6-10%
- D. 11-20%
- E. over 20%

3. At what organizational level is your Safety and Health Manager for the National Safety and Health Program Office (HQ)?

- A. Office Director or equivalent who reports directly to DASHO
- B. Division Director or equivalent who reports through one supervisor for access to DASHO
- C. Branch Chief or equivalent who reports through two supervisors for access to DASHO
- D. Section Chief or equivalent

NOTE: NASA's Safety and Health Program may be unique in that we have a Health Manager who reports to the DASHO (Associate Administrator for Life & Microgravity Sciences & Applications) as indicated above and a Safety Manager who reports to the Associate Administrator for Safety and Mission Assurance who is at the same organizational level as the DASHO. The areas of responsibility and overlap between the safety and health functions are well defined and a solid working relationship is maintained.

4. Has your Department/Agency Head delegated appropriate authority to the safety and health staff to establish and implement a Department/Agency-wide safety and health program?

A. <input checked="" type="checkbox"/> Yes. Go to next question.	
B. <input type="checkbox"/> No. Explain authorities	

5. Is your Department's/Agency's national safety and health office a line or staff function?

A. <input type="checkbox"/> Line. Go to next question.	
B. <input checked="" type="checkbox"/> Staff. Describe.	The National Aeronautics and Space Administration's national office is a staff function, responsibilities as indicated in item 3b Note above. Both the Associate Administrator for Life & Microgravity Sciences & Applications and the Associate Administrator for Safety and Mission Assurance report directly to the NASA Administrator.

6. Does your safety and health staff provide input for major changes in the working conditions of employees (e.g., performs exposure assessments of changes in work procedures, reviews organizational changes to determine impact on safety and health program, analyzes facility closures and consolidations, etc.)

A. <input type="checkbox"/> No. Go to next question.	
B. <input checked="" type="checkbox"/> Yes. Explain the process.	Safety and health staffs at NASA installations are involved in the planning stages of projects, in review/approval of engineering plans, purchase requests, contracts and various other preventative type efforts pertinent to safety and health conservation, however, review of organizational changes and analysis of facility closures and consolidations have not been covered. A recent update of NASA Functional Management policy now permits involvement in organizational changes.

7. Has your Department/Agency appointed "DASHOs" at major field organizations (regions)?

A. <input type="checkbox"/> No. Go to next question.	
B. <input checked="" type="checkbox"/> Yes. Explain.	All field installations have officials designated to be responsible for safety and health program activities; however, the DASHO term is not universally used.

8. Does your Department/Agency employ safety and health staffs at field locations (region/local)?

A. <input type="checkbox"/> No. Go to next question.	
B. <input checked="" type="checkbox"/> Yes. Explain general qualifications, authorities, and whether they are a staff or line function.	All field installations have safety and health programs staffed by well trained and experienced personnel who have sufficient authority to recognize, evaluate, and control potential safety and health problems. Staff positions include safety and health managers, safety specialists, safety engineers, fire protection specialists, industrial hygienists, health physicists, chemists, sanitarians, physicians, nurses, technicians, etc. A high percentage of the staff members have advanced degrees/certifications in their areas of speciality. Both civil service and contractor personnel are utilized. During FY 1995, NASA trained over 2,000 Safety, Health, Quality Assurance, and Program personnel in 39 safety and health courses through the NASA Safety Training Center traveling training programs. This program helps ensure that safety and health requirements are understood both by staff and line personnel and that professional proficiency is maintained in a high state of application. Generally these individuals operate in a staff advisory capacity to line executive management and possess the authority to direct corrective action to processes deemed unsafe/unhealthful or to issue stop work orders.

9. Has your Department/Agency established a national Labor/Management Safety and Health Committee?

A. <input checked="" type="checkbox"/> No. Skip to next question.						
	<input type="checkbox"/> Yes. Rate the following characteristics as they relate to your situation.	Fully Describes	Mostly Describes	Generally Describes	Does not describe	N/A
B.	Membership is 50/50 management and representatives of employees					
C.	Committee reviews and approves Department's/Agency's budget and resource allocation					
D.	Committee reviews and approves the annual plan of operation for safety and health program					
E.	Committee reviews and comments on audits, inspections, injury/illness data, and exposure assessments					

10. Has your Department/Agency established local Labor/Management Safety and Health Committee?

A. () No. Skip to next question.						
	(X) Yes. Rate the following characteristics as they relate to your situation.	Fully Describes	Mostly Describes	Generally Describes	Does not describe	N/A
B.	Membership is 50/50 management and representatives of employees.			X		
C.	Members have received training to participate in safety and health decisions.		X			
D.	Committee reviews and approves the establishment's budget and resource allocation.				X	
E.	Committee reviews and approves the annual plan of operation for safety and health program.		X			
F.	Members are members of safety and health inspection teams and are trained to conduct inspections.			X		
G.	Committee reviews and comments on audits, inspections, injury/illness data, and exposure assessments.		X			

11. Please provide the employment numbers (staffing levels) for your safety and health program.

PROGRAM LEVELS		FY-92	FY-95	Projected FY-96
A. No of employees (FTEs) in Department/Agency?		25,956	20,871	17,900
B. No of Safety and Health professionals(FTEs) employed in the Agency's National Headquarters Safety and Health Program Office (HQ)?	Occupational Health*	13	4	4
	Environmental Health*	4	2	1
	Safety**	5	5	5
	Total	22	11	10
No of Safety and Health professionals employed other than at HQ?				
C. Regional/Intermediate		NA	NA	NA
D. Local/Area/Establishment (NASA Centers)	Occupational Health*	370.5	325	293
	Environmental Health*	152	126	122
	Safety**	119	111	101
	Total	641.5	562	516
E. No of personnel assigned safety and health duties as a collateral assignment?	Occupational Health*	2	2	2
	Safety**	1,754	1,830	1,843
	Total	1,756	1,832	1,845

* Includes contractors and civil service personnel and mission support efforts. Does not include GOCO personnel and FTEs supporting other on site agencies. Occupational Health covers physicians, nurses, technicians, administrators, clerical workers, industrial hygienists, health physicists, chemists, etc. Environmental Health covers industrial hygienists, health physicists, chemists, and administrative and clerical support.

** Includes all qualified/professional safety personnel (Civil Servant FTEs) executing occupational safety responsibilities.

12. Please provide the following budget information.

FUNCTION	FY-92	FY-95	Projected FY-96
A. Department/Agency-wide Congressional budget	14,316,050,000	14,300,000,000	13,800,000,000
B. Department/Agency-wide Safety and Health budget			
Occupational Health*	27,200,000	25,600,000	22,800,000
Environmental Health*	11,160,000	10,700,000	9,500,000
Safety**	4,800,000	4,900,000	4,300,000
Total	43,160,000	41,200,000	36,600,000

* Includes mission support, equipment, supplies, analytical costs, salaries, fringe benefits, overhead, etc.

** Includes salaries of all qualified/professional safety personnel (Civil Servant FTEs) executing occupational safety responsibilities.

13. At what level within your organization does the primary responsibility for the following safety and health activities reside?

ACTIVITIES	Cabinet Department or Administrative Agency	Regional or District Office	Establishment or Local	Not Performed
A. Policy and program documentation	X		X	
B. Planning and budgeting	X		X	
C. Research and development			X	
D. Training/learning (employee awareness)	X		X	
E. Program auditing/assessment	X		X	
F. Remedial and corrective action plans			X	
G. Inspections and IH surveys			X	
H. Injury/illness recordkeeping	X		X	
I. Medical surveillance			X	
J. Safety and health committee			X	
K. Emergency response planning	X		X	
L. Information tracking	X		X	

14. How do you rate your Department's/Agency's internal annual/periodic inspections and IH surveys? Place an "X" in the appropriate column for each inspection issue.

AGENCY INSPECTIONS	Excellent	Above Average	Acceptable	Poor	Inadequate	N/A
A. Implementation of a systematic plan for inspecting workplaces at least annually		X				
B. Sufficient number of qualified inspectors to perform inspections, IH surveys, and recommend abatements?		X				
C. Employees and/or their representatives are given an opportunity to point out unsafe conditions during inspections and IH surveys	X					
D. Inspectors use proper equipment and follow approved protocol	X					
E. Findings are contained in written reports which cite applicable regulatory references		X				
F. Abatement is timely		X				
G. Notices of unsafe/unhealthful conditions are posted to convey to employees the seriousness of hazards and regulations/standards violated			X			

15. Within your Department/Agency, what organizations/functions are the primary safety and health customer?

A. Customer 1	Employees
B. Customer 2	Programs/Missions/Management
C. Customer 3	Public

16. Rate the significance of safety and health issues for your Department/Agency

Issues	Extremely Important		Important		Unimportant
	1	2	3	4	
A. Two years ago	X				
B. Today	X				
C. Near future	X				

17. Has your Department/Agency Head assigned or allocated sufficient professional safety and health staff to properly implement your safety and health program nation-wide?

A. <input checked="" type="checkbox"/> Yes. Go to next question.	Adequacy of staff varies from installation to installation and due to budget constraints, reinventing government, and downsizing, staffing has been reduced somewhat during the past two years. It is near impossible to obtain the staff increases needed to conform to all of the increasing requirements. The occupational health staff at NASA Headquarters has been severely reduced; however, efforts are underway to obtain some additional support. Some installations have also lost critical staff support; however, generally most of the staff needed to maintain effective programs has been retained. It is expected that future reorganizations and downsizing will result in considerable reductions in safety and health programs and program effectiveness and regulatory compliance may be compromised.
B. <input type="checkbox"/> No. Explain deficiencies	

18. Has your Department/Agency recently published and distributed to all employees a formal safety and health "Policy Statement" signed by the Agency Head?

A. <input checked="" type="checkbox"/> Yes (Date Signed)	NMI 8710.2A, "NASA Safety and Health Program", December 1991 NHB 2710.1, "NASA Safety and Health Handbook", August 1982
B. <input type="checkbox"/> No. Explain deficiencies	

19. What is the status of the safety and health program within your Department/Agency? Check one column heading.

A. <input type="checkbox"/> Emerging	B. <input type="checkbox"/> Developing	C. <input checked="" type="checkbox"/> Advanced
1. Little or no guidance 2. Little or no coordination with other functions 3. Site-specific support	1. Basic guidance materials and training 2. Heavy oversight 3. Integrated into some processes	1. Highly specialized technical support 2. Performance monitoring 3. Integrated into daily processes

20. Should Federal agencies be penalized for noncompliance with safety and health regulations to the same extent as the private sector?

A. <input type="checkbox"/> Yes. Go to next question.	
(X) No. If not, why not? Please check all that apply.	A. <input type="checkbox"/> Cannot mobilize as rapidly
	B. <input checked="" type="checkbox"/> Older facilities cannot meet new standards
	C. <input checked="" type="checkbox"/> Less funding flexibility
	D. <input checked="" type="checkbox"/> Less control over resources
	E. <input checked="" type="checkbox"/> Other: Exchange of funds between agencies and administrative procedures would be burdensome. The police type approach historically used by OSHA creates adversarial relationships and is not believed to be the best or most effective approach. It is felt that OSHA should use a consultative/supportive approach for resolving safety and health problems and that the penalty approach should be used only when an employer refuses to make needed corrections/abatement. The "nonpolice" type program has been proven to work quite effectively.

21. How comfortable are you that (place an X in each row)

ISSUES	Extremely Comfortable		Comfortable		Not Comfortable
	1	2	3	4	5
A. The safety and health risks of your employees are well understood and there is a plan in place to deal with these risks?		X			
B. Your Agency is in compliance with Federal safety and health regulations?			X		
C. Your Agency has access to adequate staff resources (internal or external) to address your safety and health program and risks?				X	
D. Employees have access to a formal channel for reporting unsafe or unhealthful working conditions?		X			
E. Identified unsafe and unhealthful working conditions are promptly abated?			X		
F. Your Agency has a formal system for investigating alleged acts of reprisal and/or coercion for the reporting of safety/health hazards.			X		

22. Has your Department/Agency developed a safety and health program in accordance with the requirements of Section 19 of OSHA, Executive Order 12196, and 29 CFR Part 1960?

- A. Yes
- B. No

23. Select the level that best describes the current approach of your organization's safety and health program.

- A. Proactive; manages risk and compliance
- B. Compliance based; meets existing regulatory requirements
- C. Reactive; focuses on problems as they arise

24. Does the Department/Agency have a structured safety and health training program for:

CATEGORY	YES	NO
A. Management officials	X	
B. Supervisors	X	
C. Safety and health specialists	X	
D. Safety and health inspectors	X	
E. Collateral Duty safety and health personnel	X	
F. Members of certified safety and health committees	X	
G. Employees	X	
H. Employee representatives	X	

25. Please rank the factors that influence your specific safety and health programs/response. Use "1" as the most influential. Indicate factors that do not influence your programs with "NA."

- A. (11) Lawsuits/criminal prosecution
- B. (6) News media attention
- C. (12) Citizen complaints
- D. (5) Laws/regulations
- E. (8) Employee/union action
- F. (9) Public awareness
- G. (7) Congressional interest
- H. (10) Safety and health group pressure
- I. (2) Future cost avoidance
- J. (3) Secretary Level interest
- K. (1) Right thing to do
- L. (4) Causal data

26. What benefits are you finding with respect to safety and health management? Check all that apply.

- A. (X) Reputation for safety and health
- B. (X) More efficient operations
- C. (X) Improved/lower workers' compensation cost
- D. (X) Reduced liability
- E. (X) Reduced operations costs
- F. (X) Improved employee morale
- G. (X) Other Specify Prevention is less costly than correction

27. Which of the following characteristics apply to your organization's written safety and health program? Check all that apply.

- A. (X) Goes beyond compliance to reduce unacceptable risks
- B. (X) Covers specific objectives as well as general goals
- C. (X) Mandates compliance with laws and regulations
- D. (X) Requires top management sign-off
- E. (X) Developed with consensus of key organizational units
- F. (X) Communicated strategically throughout the organization
- G. (X) Reviewed and revised periodically
- H. (X) Distributed to all employees (available to all employees)
- I. (X) Addresses roles and responsibilities of managers
- J. (X) Addresses roles and responsibilities of employees

28. How does your organization ensure that subordinate units have effective programs to comply with the organization's safety and health policies? Check all that apply.

- A. Perform periodic audits
- B. Develop prototype procedures in response to (some) new regulations
- C. Share procedures across organization
- D. Review corrective action plans
- E. Conduct training
- F. Conduct organization-wide safety and health meetings
- G. Annual formal and frequent informal facility inspections
- H. Provide expert technical and/or management resources
- I. Develop generic or model programs (some Centers are pursuing VPP)
- J. Other: Review of self assessment summary reports, staff visits, spot checks, reviews by outside organizations.

29. How would you describe your organization's safety and health program? Please check all that apply.

- A. Fully funded
- B. Meets requirements
- C. Insufficient resources
- D. Leading-edge approach
- E. Praised by regulators
- F. Trusted by public
- G. Senior management support
- H. Equal to other operating programs (in other agencies)
- I. Keeps operating programs out of trouble
- J. Employees have taken ownership of programs
- K. Criticized by public
- L. Criticized by regulators
- M. Other: NASA safety and health programs have historically been quite effective.

30. As the Department/Agency responds to budget decreases, how will the safety and health budget be determined? Rank the factors according to their influence on the budget decision (*1 is most important*).

- A. (1) Percent decrease
- B. (5) Laws/regulations
- C. (8) Future cost avoidance
- D. (7) Response to lawsuits/criminal prosecution
- E. (6) Employee/union action
- F. (9) Congressional interest
- G. (10) Safety and health group pressure
- H. (3) Secretary/Administrator level interest
- I. (4) Causal data
- J. (2) Other: Availability of Agency funds and mission support needs

31. What are the most frustrating challenges for safety and health management professionals? Please check all that apply.

- A. () Too much technical information required
- B. (X) Too many unnecessary administrative requirements and burdens
- C. () No baselines for comparing Federal programs to the private sector
- D. () Inability to use private sector management options
- E. (X) Frequency of changes in regulations and the frequency of new regulations
- F. () Political considerations that need to be addressed when developing corrective action plans
- G. (X) Not enough funding (annual rather than long-term budgets) to do the job right
- H. () Senior management is not supportive
- I. () High costs of gathering data versus problem solving
- J. () Employees are not supportive
- K. (X) Level and number of administrative approvals for safety and health decisions
- L. () Conflicting interpretations of requirements
- M. () No authority delegated to safety and health staff to order changes in working conditions
- N. () Media considerations
- O. (X) Not enough technical staff and contractor support to do the job right
- P. () Extent of approvals/data required by regulators
- Q. (X) Increased requirements without increased human/financial resources to accomplish job
- R. (X) Other: Lack of unified, common tools that would be interoperable across all agencies, such as data collection, investigation teaming, and joint agency evaluations

32. Does your performance appraisal system evaluate individual performance in meeting safety and health goals for the following employees? Check all that apply.

- A. Senior managers
- B. Middle managers
- C. Safety and health professionals
- D. General staff

33. How does your Department/Agency measure the performance of the safety and health program?

Mission success, OWCP data, mishap investigations, audits, self appraisals, OSHA reports, Mishap Reporting and Corrective Action System statistical data, DOL chargeback billings.

34. How does your Department/Agency Administrator instill a culture of safety and health throughout the organization?

The NASA Administrator is a strong advocate for safety and health conservation in all Agency operations/missions/activities. This past year the Administrator participated in "Safety Awareness Day" activities and appeared in a video broadcast to all NASA installations that reaffirmed his support for the NASA safety and health program. The Administrator includes "Safety" in all of his addresses to employees, congress, and the American public.

35. How is your Department/Agency Administrator informed of safety and health issues and successes?

By reports, news papers, investigation findings, annual integrated program assessments, special briefings, etc.