



Proceedings of the First Hispanic Forum on a Safe and Healthy Environment

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**National
Safety
Council**



Pan American Health Organization

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PROCEEDINGS OF THE FIRST HISPANIC FORUM ON A SAFE AND HEALTHY ENVIRONMENT
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The regional integration that is reshaping the social, political, legal, and economic landscapes of the Americas is creating both threats and opportunities in the improvement of environmental, health, and working conditions for Hispanics across the Western Hemisphere. With borders that cannot be controlled, the concept of domestic issues is no longer relevant, and there is often a dichotomy between the source and the point of impact of pollution, diseases, and other environmental and/or health problems. Against this background, the *First Hispanic Forum on a Safe and Healthy Environment* recently brought together representatives of national, international, and community-based organizations to learn from each other and to identify common challenges, forge partnerships, and collaborate in the development of model strategies.

Held October 18th to 19th, 2000, in Orlando, Florida, the Hispanic Forum was attended by more than 150 participants from the public and private sectors representing a number of countries and Puerto Rico.* The Hispanic Forum provided a bipartisan arena for debates and discussions and gave participants the opportunity to share their views as members of the Hispanic community and of society as a whole, and to formulate strategies to work together.

To design the Forum, three distinct but complementary subgroups joined their efforts and shared their resources. The groups worked in concert to discuss problems and potential solutions to the environmental and occupational safety and health issues that Hispanics face throughout the hemisphere. For each of the following overarching topics, the subgroups selected three to four issues of concern and provided background and potential actions that were reviewed during the Forum:

- **Occupational Safety and Health:** *A Safer, Healthier Workplace for a Diverse Workforce*
- **Environmental Health:** *Healthy Children, Living in a Safe Environment*
- **International Workers' Health:** *Protecting Worker Health: Forging a Common Agenda for the Americas*

The Forum provided ample room for presentations on each of these themes. Moreover, the participants were organized into small breakout groups, to further define and expand the individual issues and to generate a fruitful exchange of ideas, experiences, and opinions. This open and participatory process resulted in a broad list of ideas to address issues of concern to the Hispanic community. These ideas were captured and consolidated into model strategies designed to allow all stakeholders to move forward and to continue their drive to expand existing partnerships, to foster new partnerships, and to build the capacity to work together to better address problems. The model strategies are presented in this document to stimulate ongoing, broad-based dialogue on these important Hispanic issues.

Sponsors of the Hispanic Forum on Environmental and Occupational Safety:

- U.S. Environmental Protection Agency
- Pan American Health Organization
- National Safety Council
- National Alliance for Hispanic Health

Please Note: The ideas expressed in this document do not necessarily represent the views of the sponsors or other participating organizations. They reflect the individual opinions of those who participated in the Forum as public and private citizens, as members of the Hispanic community, as constituents of the Americas, and as representatives of civil society as a whole.

- Argentina (8), Brazil (1), Chile (1), Colombia (3), Costa Rica (1), Panama (1), Peru (3), Puerto Rico (2), Switzerland (1), United States (140), Uruguay (1), and Venezuela (1).

OCCUPATIONAL SAFETY AND HEALTH ISSUES

Background

Hispanic Women and Occupational Health

Though much more research is needed in this area, available research appears to show that Hispanic women face greater risk of occupational injury and illness than non-Hispanic white women. This is due in large part to the disproportionate representation of Hispanic women in high-hazard industries and occupations. In addition, many jobs held by Hispanic women are in “informal” industries, where safety and health laws may not be routinely followed or where normal social supports may be absent.

One of the major areas of concern is musculoskeletal disorders (MSDs). Women suffer more MSDs in large part because of their disproportionate representation in the manufacturing and service occupations, where a greater risk of these events exists. Injuries related to overexertion are a major problem for women, especially in the healthcare industry, where lifting patients or equipment can cause back injuries or other problems. In addition, women are the victims in three of every five nonfatal assaults on the job.

Lack of routine medical care, residence in areas with environmental hazards, and individual health issues can increase susceptibility to occupational illness or injury, as well as blur the work-relatedness of certain exposures. Many of the occupations and industries in which Hispanic women are currently employed will be among the fastest growing during the next 10 years. The projected growth of such occupations makes it essential to focus on the associated health issues and the Hispanic women who will assume a large number of these jobs.

Pesticides

Virtually all migrant and most seasonal farmworkers are Latino. Pesticide exposure poses one of these farmworkers’ greatest challenges, because they suffer from the heaviest exposure to toxic chemicals of any worker or consumer group, while often enjoying only minimal protection from that exposure. In addition to the workers themselves, their children are exposed to these hazards. Child labor compounds this problem.

The Worker Protection Standard (WPS), pursuant to the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), provides entry restrictions for farmworkers working in pesticide-treated areas, mandates that employers provide specific information about the pesticides they are applying, requires farmworkers to receive training in pesticide safety, and requires employers to provide a variety of items for decontamination.

The Food Quality Protection Act (FQPA) amended many of the pesticide registration requirements of FIFRA to provide stronger protections. Several states have laws that complement the WPS and FQPA, and, in principle, many provide farmworkers with even more protection than federal law. But while federal and state protections are in place, lackluster enforcement, weaknesses in current law, and lack of adequate training of workers and applicators undermine their intended effect.

An overarching problem is that there is a paucity of reliable data regarding the connection between farmworker pesticide exposure and resulting illnesses. This absence makes it harder to argue for tightened regulation in the face of resistance from employers, applicators, and chemical companies.

Hispanic Workers in the U.S. Construction Industry: Falls as a Specific Risk

Construction is now second only to agriculture as the workforce sector with the highest percentage of Hispanic workers. Construction has a high overall fatality rate compared to other sectors, such as manufacturing and services. Between 1996 and 1997, the fatality rate for Hispanic construction workers appeared to be about twice that expected from their increasing presence in the industry. Further work is needed to examine fatality rates and create more recent statistics to evaluate this issue in more detail.

Falls constitute the single largest cause of construction fatalities, both for the United States workforce in general and for Hispanic construction workers. No studies were found that specifically target the increase in falls for Hispanic workers. A number of possible factors, however, provide a starting point for examining falls and other types of hazards that are of concern to Hispanic workers:

- Fall hazards might be greater in the specific trades (e.g., roofing) that are attracting the most Hispanic workers.
- Language, literacy, and communication problems may contribute to the risks faced by Hispanic workers.
- The competitive nature of the construction industry, and a shortage of trained workers, might be leading to conditions in which safety is compromised. The smaller employers that predominate in the construction industry are less likely to have safety and health experts on staff.
- Safety expectations based on native country work practices, combined with unfamiliarity with worker/immigrant rights, might also play a role. One example is workers from Mexico, who constitute approximately half of all Hispanic construction workers in the formal sector. These workers bring expectations, training, and experiences with them, and these work culture influences might include acceptance of higher-risk work practices.

Model Strategies

The Occupational Safety and Health Issues subgroup generated a number of specific model strategies for participants to act on regarding occupational safety and health related to women, pesticides, and construction.

Then, as a second step, the subgroup identified several functional strategies into which the specific strategies fit. Following are the functional categories with a few examples of the specific strategies associated with each one.

- **Build coalitions.**
 - Identify and create a lead group/coalition to create a stronger, broader nationwide network; facilitate nationwide education campaigns, and educate and engage government.
 - Build local worker organizations of Hispanic workers and communities.
- **Improve occupational safety and health data.**
 - Launch a project to identify accurate statistics and demographics for injuries, illnesses, and fatalities in construction.
 - Apply pressure for funding nationwide research on the link between pesticide exposure and illness.
 - Assess and research the occupational health and safety needs of women.
- **Engage and educate sources of funding.**
 - The government as a construction owner (25 percent of all construction in the United States)
 - Private foundations
 - Congress
 - Federal agencies
- **Develop or improve culturally appropriate safety and health training.**
 - Develop safety and health training for construction workers that is both in the Spanish language and developed with the involvement of Hispanic workers to ensure cultural appropriateness.
 - Support employers to provide access to training in English as a Second Language.
 - Ensure that safety and health training on pesticides and other hazards such as asbestos and lead is effective and delivered as required under various laws.
- **Work with existing organizations.**
 - Hispanic advocacy groups
 - Unions
 - Employer organizations
 - Community-based organizations

ENVIRONMENTAL HEALTH ISSUES

Background

Asthma and Hispanic Children

Asthma has reached epidemic proportions in the United States, affecting 17 million people of all ages and races, particularly children. It is disproportionately prevalent among poor, inner-city dwellers, many of whom include Hispanic families. In fact, the rate of asthma among Hispanic children is 22 times higher than the asthma rate among whites – and more than 12 times that of African American children.

The occurrence of the disease in Hispanic children appears to be related to a number of risk factors, including exposure to outdoor air pollutants and indoor air allergens. Social factors, including language barriers, cultural views, emotional anxiety, and comparatively limited access to health care also appear to contribute to the prevalence and lack of control of the disease. Approximately 69.2 percent of Hispanic children live in areas that exceed the 0.88-parts-per-million ozone standard, while 50.8 percent of white children live in such areas. Ninety-one percent of Hispanics live in urban settings, and many of them in substandard housing. Exposure to other common allergens such as dust mites, animal dander, secondhand smoke, ozone, volatile organic compounds, and excess moisture are more common in these environments.

Comparative access to health care and cultural views on illness also factor into the high rate of asthma in Hispanic children. Thirty percent of Hispanic children in the United States do not have health insurance. These children are less likely to be diagnosed or have the appropriate tools (nebulizers or inhalers) and information to control and manage their asthma. Also, a study of Hispanic families in San Diego, California, found that parents who speak only Spanish have significantly more misconceptions about asthma than English-speaking Hispanic parents. These misconceptions lead to a lack of diagnosis and treatment of asthma symptoms.

The U.S. government, health professionals, and community-based organizations are working to educate Hispanic communities about asthma, study its high incidence, and help control its effects. Projects undertaken in the Hispanic community have shown that a multidisciplinary approach that includes measurement of lung function, environmental measures, patient education, and medication work well. Positive results have occurred when a healthcare team of community clinics, schools, and community-based organizations partners with children and their families to jointly develop a treatment plan.

Lead Poisoning and Hispanic Children

Lead poisoning is one of the most serious environmental health problems for children today. Lead can harm nearly every system in the body, particularly the nervous system, kidneys, blood, and the reproductive system. Children are especially vulnerable to the effects of lead because their nervous systems are still developing.

Lead poisoning is entirely preventable. Yet in the United States, more than 4 percent of all children under age 6—nearly 1 million children—have blood lead levels high enough to cause irreversible damage to their health (10 µg/dL or higher). Children in low-income, minority, and inner-city populations are at even greater risk. Poor nutrition, deteriorating housing, lack of access to medical care, poor literacy, and language barriers all place poor and minority children at greater risk for lead poisoning.

Hispanic children age 1 to 5 in the United States are nearly twice as likely to have elevated blood lead levels compared to white, non-Hispanic children (4.0 percent vs. 2.3 percent). Sources of exposure for Hispanic children in the United States differ significantly from that of their Caucasian and African American counterparts. In Latin America, adequate data on blood lead levels are not available; however, in studies that have been conducted, blood lead levels are alarmingly high.

In the United States, the focus of federal agency activities is the continuing threat of exposure from lead paint. Many states and metropolitan areas have childhood lead poisoning prevention programs, most of which carry

out a wide range of community-based activities to identify and prevent lead poisoning. In Latin America, activities that prevent lead from entering the environment have proven highly effective in preventing childhood lead poisoning.

Hispanic Farm Children and Pesticides

More than 70 percent of field workers in U.S. agriculture are Hispanic, and a large portion of this workforce is migrant. Most migrant Hispanic workers do not have enough annual income to raise their families out of poverty. Economic necessity is the main reason migrant Hispanic children work in agriculture. Often, child labor is not recorded on payroll or other documents by employers, allowing them to avoid the provisions of some government regulations, such as the Fair Labor Standards Act (FLSA), by technically lowering the number of employees.

One serious work hazard concerns the short- and long-term effects of exposure to pesticides, which are used extensively in U.S. agriculture. In a seven-year period ending in 1992, the U.S. Environmental Protection Agency (EPA) recorded more than 750 cases of reported exposure to pesticides involving people under 18 years of age.

Tracking and monitoring pesticide-related illnesses is difficult. It is widely believed that such illnesses are under-reported because many farmworkers have only limited access to health care. If workers do seek medical attention, health care professionals providing treatment may be unfamiliar with the symptoms of pesticide-related illnesses.

The Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) regulates pesticides by:

- Encouraging the adoption of integrated pest management practices that reduce or eliminate the use (and therefore the potential risk) of pesticides.
- Promoting the development and use of lower-risk pesticide products.
- Assessing the dietary risk to infants and children when registering and re-registering uses of pesticides on food.
- Controlling use of registered pesticides to improve safety for workers and children.
- Expanding worker and community right-to-know activities through required training and community outreach to improve individuals' ability to protect themselves.

Consumer Product Safety

Each year there are about 29 million injuries and 22,000 deaths related to consumer products. Many are preventable. Many families – and especially children – can be at risk from consumer products used in their homes, schools, and recreation, including:

- Toys, bicycles, and children's sleepwear.
- Cribs, strollers, baby walkers, and other nursery equipment.
- Appliances, furniture, clothing, sports and recreational equipment, computers, lawn mowers, and cigarette lighters.
- Household products, such as toasters, hair dryers, extension cords, and smoke detectors.
- Toxic household cleaners, prescription medicines, and some over-the-counter remedies not in child-resistant containers.

In 1999, the Consumer Product Safety Commission (CPSC) obtained more than 300 recalls or other corrective actions involving about 75 million units of consumer products. About 95 of these corrective actions were for some 60 million toys and children's products. Unfortunately, some consumers do not learn about CPSC's recall announcements and continue to use potentially unsafe products that pose risks for serious injury or death.

Model Strategies

In addition to brainstorming and consolidating model strategies in the areas of asthma, lead, pesticides, and consumer product safety, the Environmental Health Issues subgroup developed strategies for Hispanic community-based organizations to build the capacity to address some of these issues:

Asthma and Hispanic Children

- Research the links between asthma and air toxins and hazardous air pollutants.
- Hispanic-serving, community-based organizations must play a key role in collaborative efforts to include outreach, education, research, and advocacy for stronger regulations and enforcement of laws pertaining to pollutants.

Lead Poisoning and Hispanic Children

- Exploit mandatory pediatric exams as a point of intervention for blood-lead testing and work with community-based organizations to make results meaningful and comprehensive to parents.
- Conduct more studies with highly susceptible populations and improve enforcement of CHIP/well-baby exam provisions and doctors' responsibility to test for lead in areas of multiple source exposures in "at risk" populations.

Hispanic Farm Children and Pesticides

- Provide education and outreach designed by community, stakeholders, and government agencies (including those involved with enforcement and compliance and assurance) in urban, rural, and agricultural settings.
- Improve protections under child labor laws (FLSA), work protection standards (WPS), and risk assessment methodologies for farmworker children and provide education and outreach to farmworkers' families regarding occupational safety and environmental health risks.

Consumer Product Safety

- Provide targeted and proactive outreach and education regarding consumer rights and recall initiatives that are culturally, linguistically, and educationally appropriate for the Hispanic population.
- Create a coalition of stakeholders (e.g., faith-based groups, labor unions, community-based organizations, consumers, government officials, and suppliers) to:
 - Develop consumer awareness (e.g., consumer reports in Spanish, targeted to low literacy level).
 - Partner with other businesses to market alternative products.

Capacity Building for Community-Based Organizations

- Create "how-to" guides and training for proposal writing and grants:
 - Getting resources, funding.
 - How to communicate with key constituencies at the federal, state, and local level.
 - How to do community-based assessments.

INTERNATIONAL HISPANIC WORKERS' HEALTH ISSUES

Background

Agricultural Sector

The shift from subsistence farming to an export-based economy has resulted in the displacement of small farmers and in the increased migration of farmworkers. As a result, there has been an increase of agricultural workers who do not have adequate protection from health and safety hazards in the workplace. The specific challenges for occupational health among agricultural workers, especially in developing countries, include: gaps in the legislative and/or enforcement capabilities of all countries in the Americas; lack of government controls, occupational safety and health services, independent labor movement, and labor rights tradition; few occupational safety and health experts, inspectors, and enforcement; low literacy rates; high malnutrition, illness, and child labor rates; extreme weather, long shifts, and chemical exposure; and little investment in personal protection equipment, machinery, tools, and maintenance.

In the developing countries of the Americas, a large portion of the labor force works in agriculture, and in the developed countries, a large portion of the agricultural workforce is Hispanic. Hispanic agricultural workers often have poor access to health services, even though there is a wide range of potential physical, biological, chemical, and other risks encountered in agricultural work. Pesticides are a special category of concern for agricultural workers because of the large spectrum of health effects and the under-reporting of poisonings that occurs.

There are various types of legislation that impact agricultural work. However, many countries or regions within a country exempt farmworkers from workers' compensation programs. Pesticide and agricultural regulations are often administered and enforced by different governmental agencies than those concerned with workers' health or workers' compensation. Also, the lack of resources for inspection activities may limit the effectiveness of existing protective labor laws.

Manufacturing Sector (Maquiladoras)

A maquiladora can be loosely defined as a foreign-owned company operated with special tariff concessions mostly in Mexico, Central America, and the Caribbean. Maquila operations involve the importation of foreign merchandise into the home country on a temporary basis, where it is assembled, manufactured, or repaired and then exported, either to the country of origin (often the United States) or to a third country.

The maquiladora sector greatly increased during the 1990s in Mexico and in much of Central America. The majority of maquila workers are women in their prime reproductive years – between the ages of 16 and 28. Other characteristics of the maquila sector include low wages, few benefits, little job security, low level of educational attainments of workers, weak independent union movement, and high exposure to toxics.

Controversy exists as to whether the maquiladoras contribute to Latin American countries' development and to the health of its population. While some workers may experience positive effects of their employment in manufacturing plants related to increased earning power or social support, they are often simultaneous with adverse health effects from chemical and physical exposures.

The high concentration of hazardous industries creates many risks of accidents and deaths in maquilas across the region. In addition, environmental health hazards are responsible for a double pattern of exposure that adversely affects the health of the working population. Even when appropriate laws are in place, the lack or ineffectiveness of enforcement by public authorities hinders compliance.

It is important to recognize that economic development is a political priority in the region and foreign investments directed at the creation of new manufacturing are often viewed as a way to transfer technology, upgrade workers' skills, and increase the demand of goods produced at home. Hence, there is often a gap between economic objectives and occupational health and safety objectives.

Informal Sector

The informal sector is one in which the (generally urban) working population is engaged in activities that go unrecorded from an economic and legal standpoint, even though it contributes to the formal economy. Informal sector workers are excluded from social security, health protection, and from other enjoyments of labor and human rights that can normally be afforded in the formal sector. The informality of this sector is rooted in a workplace setting where there are no official labor relations between employees and employers (public or private), and hence there are no rights or obligations for either parties.

This sector involves mainly non-waged and unorganized workers engaged in precarious work processes and labor arrangements in business, which in many cases are largely unregulated and unregistered, falling outside of state regulations and control. In most cases, they lack institutional support and advocacy because they have poor channels of communication with the relevant institutions.

Poor working environments – including inadequate premises and often very unsatisfactory welfare facilities – as well as practically nonexistent occupational health services are causing large human and material losses that burden the productivity of national economies and impair the health, general well-being, and the quality of life of informal workers and their families.

Construction Sector

The construction industry typically employs males with lower educational attainment – many of whom are immigrants – on a part-time basis. As construction sites constantly change, the labor force must be mobile by definition. Consequently, the construction industry has a long tradition of employing migrant workers who work in precarious conditions, with little or no legal protection against occupational hazards. Numerous accidents and deaths occur in this sector, due to the lack of safety and health training, machismo, and discriminatory practices.

Construction workers face chemical, physical, biological and psycho-social hazards. Chemical hazards are usually airborne (in the form of dust, smoke, vapor, and gas) or are present in liquid or semi-liquid forms (glue and solvents). Occupational diseases that are prevalent in this sector include silicosis, asbestosis, bronchitis, allergies, and neurological disorders. Physical hazards include noise, heat, cold, radiation, and vibrations. These hazards are often intrinsic to this sector, which uses heavy machinery and conducts much of the work in open areas. Falls are very common, as well as musculoskeletal disorders, which can result from repetitive movements and heavy lifting.

Biological hazards, though less frequent than physical or chemical ones, are due mostly to exposure to infectious microorganisms and to chemical substances of biological origin. For example, due to the high turnover in the workforce and the proximity between workers, some may get contagious diseases, while others may suffer from environmental health problems as a consequence of their exposure to their surroundings. Lyme disease, malaria, and yellow fever are prevalent when work takes place in areas where organisms or insects carrying these diseases are frequently found.

Finally, because the level of activity, the pattern of work, and employment in the construction sector depend on many factors that are outside the control of the workers themselves (such as the state of the economy, the climate, the geographical location, and the duration of work), the labor force suffers from psycho-social consequences such as stress, alcoholism, and social isolation.

Construction workers normally comprise between 5 percent and 10 percent of the economically active population (EAP) in industrialized countries. While the economic importance of this sector varies from one country to another, this sector consistently carries a disproportionate burden of occupational fatalities. For example, while the construction sector employs 5 percent to 6 percent of the EAP in the United States, this sector accounts for 15 percent of all occupational fatalities. Overall, occupational diseases and injuries in the construction sector are very costly. In the United States, recent studies show that such costs are estimated to average around \$25 billion annually.

Model Strategies

The International Workers' Health Issues subgroup brainstormed and consolidated the following model strategies on the agricultural, manufacturing, and informal sectors, as well as the construction sector.

Agricultural Sector

- Empower the community at a local level and connect with similar community organizations in other countries – an international network. At the international community level, have a similar mission throughout the Americas, have a common standard, and develop a database to be used among the community groups.
- Educate all sectors – workers, growers, consumers, children, medical community, government, and commodity groups.
- Demand that industry be more responsible (i.e., safer products, proper education, lower costs of personal protective equipment, and recycling of empty pesticide containers).
- Change foreign policy – eliminate double standard. Pesticides banned in the United States should not be allowed to be manufactured in the United States and then exported.

Manufacturing Sector (Maquiladoras)

- Identify and mobilize resources – information, education, applied research, and on-site investigation (for enforcement improvement); improve public awareness and participation in the decision-making process; and establish formal trans-boundary mechanisms and institutions to address the above strategies.
- Support and encourage international collaboration and understanding to improve: economic, health, and environmental conditions; the rights of women, children, and others; and laws and safety with due respect for the sovereignty of individual countries.

Informal Sector

- International trade/commerce must protect quality of life at work and must obey and respond to an internal state public policy on the matter.
- A network must be constructed that is multi-sectoral, multi-institutional, and multi-disciplinary to help in the strategies.
- Strengthen the social protection mechanisms by integral and gradual models of implementation and support for the strategies through applied research and pilot programs.

Construction Sector

- Training aimed at “professionalizing” construction work that also addresses risk prevention.
- Enforcement of existing legislation in each country and generating creation and implementation of legislation in areas where none exists.
- Define, standardize, and publicize basic safety requirements in critical areas.

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