OCCUPATIONAL HEALTH RISKS AND ACCIDENTS IN MEXICO.

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Occupational health in Mexico is one of the least developed medical fields. In work centers as well as in medical institutions disease receives more attention than health. However, the costs that occupational diseases produce are impacting very heavily on Mexico's public health status.

In 1992 there was a total of 619,935 events at the workplace in an exposed population of 11,499,094 mexican workers (Incidence Rate (IR): 5391.1 per 100,000). 519,024 were classified as accidents (IR: 4500 per 100,000) 39% of them due to no observance of safety measures. Deaths due to risks in workplace have increased 50% from 1,124 in 1989 to 2,127 in 1992.

Using the data base from the Statistical Year Book 1981-1992, National Consultive Commission on Safety and Health, an analysis of the main variables was performed for the total number of risks, type of industry where more risks and accidents occurred, age of workers that suffered accidents at the workplace, number of workdays lost and the type of injuries and disabilities produced by the accidents occuring at the workplace.

The epidemiological profile of risks in the workplace in Mexico in a 10-year period includes rates, trends and projections that can promote the enforcement of safety and health regulations in workplace and to promote research in occupational health.

OCCUPATIONAL DISEASE IN A LOW INCOME WORKING URBAN POPULATION.

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Very little appears in the occupational medicine literature about occupational disease in low income urban workers, possibly because they may have less access to clinical occupational medicine services than other workers. The Occupational & Environmental Medicine Clinic at Bellevue Hospital in New York City was established to provide clinical and preventive occupational health services to the population that uses the NYC public hospitals for medical care.

This presentation will characterize the occupations, environmental exposures, disease outcomes and sources of referral of patients seen in the clinic. Preliminary analyses indicate that 38% of all patients seen had definite, work-related disease. An additional 42% of the total had "maybe" work-related disease. The group of patients with definite or "maybe" work-related disease is a group which needs access to diagnostic, treatment and preventive occupational medicine services. For this group, the most frequent categories of work-related disease were upper extremity cumulative trauma disorders, occupational lung disease (including asthma), and upper respiratory disorders. The most frequent sources of referral were physicians, employers, unions and community media (mainly newspaper articles). Demographically, about half were women, and 60% were people of color. In summary, the kinds of occupational diseases seen in this low income, ethnically diverse, working population are similar to those seen in EOM clinics serving other populations, and practical means of providing access have been developed.

CONSTRUCTION WORKERS IN LEBANON: PERCEPTION OF RISK AND POLICY IMPLICATIONS.

Imàn Nuwayhid, MD, DrPH; Mona Kambris, MPH- American University of Beirut.

A study is in progress to identify the most common hazards in the construction industry in Beirut, to determine the availability and extent of use of preventive measures, to assess the perception of hazards and risks among construction workers, and to identify avenues for intervention. Falls from elevation is the leading cause of death among construction workers. It is estimated that an average of one worker falls to death or suffers a chronic disability per construction site. The majority of construction workers refer to eye injuries, falls from ladders, slips, trips, and fall of objects on feet as "normal" events of their work that cannot be prevented. The use of head, ear, hand, or respiratory protection is deemed cumbersome and inefficient. In contrast, the use of safety boots, life lines, and scaffold rails is welcomed. However, personal protective equipment (PPE) and engineering control are rarely provided. More than 80 percent of the construction workers are non-Lebanese, provided with sub-optimal living conditions on the construction site. They are paid daily but allowed to work off-site if not needed on-site. Foreign workers are not protected by the Lebanese Labor law. Except for accident insurance, construction workers receive no benefits. Moreover, construction safety rules and regulations are not implemented. Developers pay less than $ 5,000 in compensation for the death of a worker on the job. Consequently, developers are willing to take their chances rather than investing in PPE, training, or safety engineering. Another obstacle in the face of construction H&S regulations is a governmental policy that favors productivity (meeting deadlines) at the expense of safety. The Union is ineffective and perceives foreign labor as competitive. Public pressure, especially on large projects, might seem as the only option to implement H&S regulations.

MORTALITY ANALYSIS OF AFRICAN-AMERICAN AND WHITE WAITRESSES

James T. Walker, Carol A. Burnett.

A mortality study of 20,217 deaths occurring among women employed as waitresses in 27 states is described. Race-cause-specific proportionate mortality ratios (PMRs) were computed, using the corresponding 27-state mortality as the comparison. White female waitresses had excess mortality due to HIV, cancer of the oral cavity and pharynx, esophagus, larynx, trachea, bronchus, and lung, and bladder. Mortality was also elevated among white female waitresses for chronic obstructive pulmonary disease (COPD), chronic liver disease and cirrhosis, and homicide. A similar pattern was seen for black female waitresses with elevated mortality for cancer of the oral cavity and pharynx, esophagus, larynx, and lung. Black females also had excess mortality due to malignant neoplasms of female genital organs, while HIV mortality was not elevated. Mortality for COPD, liver disease, and homicide were also elevated among black females. This study suggests public health intervention on behalf of waiters and waitresses to prevent or control occupational exposure to environmental tobacco smoke and to educate about health risks from smoking and consumption of alcohol.

ORGANIZING TO STOP THE EXPORT OF HAZARD

Barry S. Levy, M.D.

Much occupational and environmental illness occurs, mainly i developing countries, as a result of the export of banned or restricted substances and materials from developed countries developing countries. This export, for example, accounts for thousands of cases of pesticide poisoning in Africa, Asia, a Latin America. The author will draw on his extensive experie in developing countries and in Central and Eastern Europe to illustrate the impact of the export of hazard. He will then outline various approaches to organizing health professional workers, environmentalists, and others to stop this tragedy. He will specify measures related to policy development and implementation, public awareness and education, and data collection and analysis, and will outline ways in which APHA facilitate these efforts.

IMMIGRANTS ARE DYING FOR WORK

Janice Windau, Bureau of Labor Statistics

There has been much interest lately surrounding health and safety issues of immigrants coming to the United States to work. Often the jobs they find are the least desired and the most dangerous.

This report discusses job-related injury fatalities of persons born outside the United States. Information on place of birth for fatally injured workers was compiled, primarily from death certificates and news articles, in the Bureau of Labor Statistics, Census of Fatal Occupational Injuries. Areas to be discussed include the circumstances surrounding the fatal event as well as the industry, occupation, and demographic characteristics of the deceased.

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SAFE WATER & SANITATION FOR HOMELESS WORKERS IN SAN DIEGO COUNTY

Gil Muñoz, MD and Louis C. Adamo

Low-wage jobs are available year-round in the agriculture, landscape, construction, restaurant, and domestic service industries of North San Diego County. High costs and "Not-In-My-Backyard" attitudes have prevented the development of decent, safe, affordable housing for these workers.

A labor surplus due to the proximity of the Border eliminates pressure on employers to provide housing or any other benefits. As a result an estimated 15,000 workers, some with families, live near their jobs in makeshift encampments that fail to meet health and safety standards. The camps' record for contagious malaria, for example, is appalling. Lacking resources, laws and regulations that apply to these abusive situations are enforced only when complaints are filed. When a camp is "abated" in response to complaints, the workers relocate to new or other camps.

A program to intervene with safe water, sanitation, and healthcare education has been carried out in three camps. Conditions have been substantially improved for about 250 workers and 80 families. This program is a model for responsible interim action, while steps towards a permanent solution are defined and implemented.

This presentation describes the process of implementing the model community-based program, and discusses the obstacles to wider adoption. While the program has not yet been adopted for implementation, in post Proposition 187 California the response of the community has been remarkably constructive to proposals to move families out of the encampments and to develop on-the-farm housing for employees. At the same time a State agency has declared one large camp a *de facto* labor camp; it fined the landowner and recommended that the employer fund health and safety measures in the camp, such as provided by the model program.

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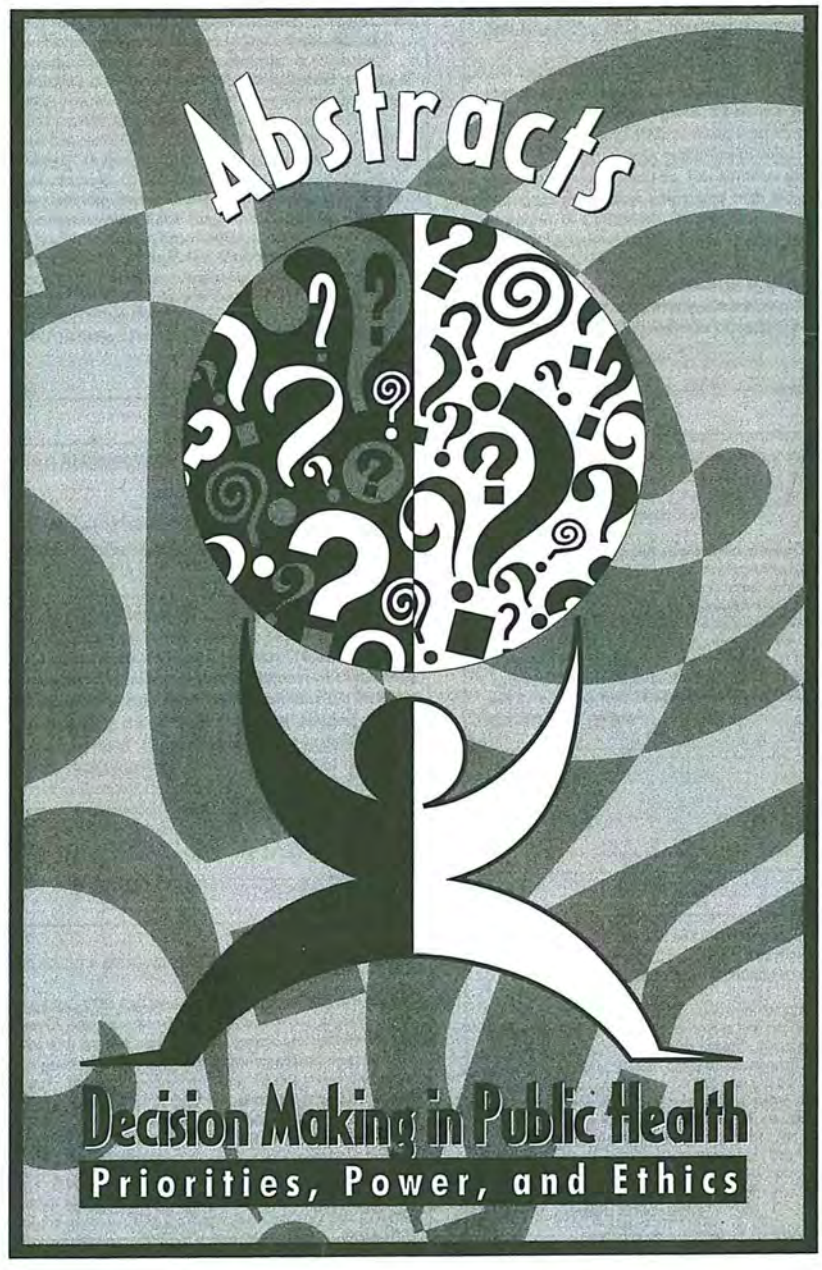
HEALTH AND SAFETY TRAINING FOR *MAQUILADORA* WORKERS ALONG THE U.S. - MEXICO BORDER [PANEL PARTICIPANT]

Emily Merideth, MPH, Trainer, *Maquiladora Health and Safety Support Network*

The "Maquiladora Health and Safety Support Network" brings together health and safety professionals from a variety of disciplines to provide services, training, and technical assistance to *maquiladora* workers, border organizations and U.S. support groups. Since its inception in 1993, Network members have provided training and assistance to a variety of grassroots initiatives to educate workers on health and safety hazards.

A multidisciplinary training team has conducted several health and safety trainings with *maquiladora* workers and Mexican professionals in Nuevo Laredo and Tijuana over the past two years. This presentation will describe the training model used to provide workers with basic information about the occupational health and safety hazards encountered in maquiladora plants and with important skills that have allowed them to educate co-workers and organize for better working conditions. A model for training professionals, such as physicians, to increase their knowledge of occupational health and develop their technical skills will also be presented.



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