
EDITORIAL

For the last three years, the staff of *Public Health Reports* has struggled to make the journal as engaging and readable as possible. We have searched for a variety of articles to appeal to every part of the public health world, hoping that we will inspire our readers to dip into pieces beyond their own specialties.

We have taken advantage of our alliance with the Association of Schools of Public Health to redesign the magazine's look. Glenn Pierce at the Magazine Group has produced new layouts for our cover, features, scientific contributions, and departments. And Bill Ravanese has joined our staff as a photo consultant.

As always, we welcome comments and suggestions at <phr@nlm.nih.gov>. ■

LETTERS

Youth Employment Versus Exploitative Child Labor

I was pleased to see the article "Child Labor: Still with Us after All These Years" by Landrigan and McCammon [*PHR*, Nov./Dec. 1997, p. 466-73]. Dr. Landrigan continues to play a critical leadership role in bringing this important topic to the attention of the public health community.

I believe, however, that the issues of health and safety for working children and adolescents would be better served by more clearly differentiating between illegal and exploitative employment of children in conditions such as sweatshops and what I have come to call youth employment. These two types of child labor differ in their root causes, magnitude, and impact on children's health and well-being. Further, strategies for prevention, while overlapping, are distinct.

Exploitative child labor involves comparatively small numbers of young people—most frequently children and adolescents of color—who work out of economic necessity. Sweatshop-type labor is typically hidden from our view: in illegal garment shops, in the fields where migrant workers harvest crops.

Youth employment, on the other hand, is the norm in American society. According to U.S. Bureau of Labor Statistics employment estimates for 1996, approximately 43% of 16- to 17-year-olds are in the labor force at any single time. As Landrigan and McCammon cite, 80% of youth in this country are employed at some point before they leave high school. While economic need is a factor for a substantial portion of these youth, survey findings suggest that the large majority of adolescents, 70% to 80%, work for spending money. And, whereas sweatshop labor is typically invisible,

youth employment is in full view. We expect young workers to serve us French fries and bag our groceries. Each summer, public jobs programs work to place teenagers in jobs and nationwide school-to-career initiatives promise to place more students in the workplace as part of their academic learning experience.

Failure to clearly distinguish between child labor in sweatshop-like conditions and employment of young workers in standard jobs enables the general public to distance themselves from the problem—to point the finger at sweatshops in New York and California fields—while sending their own children off to work without awareness of the potential risks.

Yet most of the statistics cited by Landrigan and McCammon pertain to youth working in these standard jobs. In Massachusetts, where we conduct surveillance of work-related injuries to young people, over 60% of all injured teens are employed in five industries: restaurants, grocery stores, department stores, retail bakeries, and nursing homes.

While young workers employed in these industries are often in violation of child labor laws—particularly laws pertaining to hours of work and work permits¹—most of the injured youth in Massachusetts appear to be employed in jobs that are legal though not necessarily healthful and safe. Examples include a 15-year-old boy pumping gas for seven hours in zero-degree weather who suffered second- and third-degree frostbite on all of his fingers and several toes and a 17-year-old nursing home assistant who temporarily lost sight in her eye when a chemical she was using to wash dishes splashed in her face. Notably, the two most recent occupational fatalities among children and adolescents in Massachusetts were boys who died while working for family businesses—one run over by a street sweeper while working after school at his father's asphalt

company, the second killed in a trench cave-in while working for his father's construction company. Recent Massachusetts incidents of youth exposure to health hazards on the job included teens using insulation materials containing isocyanates and a young work crew exposed to lead while scraping house paint—both examples involving publicly funded jobs programs.

The appropriate societal response to exploitative child labor is straightforward: eliminate it and meet the economic needs of individuals forced to work under such conditions in other ways. Intense surveillance to identify egregious employers, rigorous enforcement of labor laws, education of the public, and political action should be brought to bear to end sweatshops and other forms of exploitative child labor.

The societal response to youth employment is necessarily more complex because it is widely recognized that youth work experiences can contribute to psychosocial development and the acquisition of work skills. The question that arises is not whether adolescents should work but under what conditions and how much. The challenge we face is to provide young people with the opportunity to work while assuring that they are protected from health and safety hazards on the job and that the hours of employment are limited so that work does not interfere with educational and developmental needs. Surveillance and research, enforcement, education, and advocacy must likewise be brought to bear to accomplish this task.

Accompanying this challenge is the opportunity not only to protect today's teens but also to prepare workers and employers of the future to be lifelong advocates for safe and healthful work. New alliances within the public health community—among experts in occupational health, injury control, adolescent and school health—and among education, labor and public health agencies

at all levels of government must be forged to meet this challenge.

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Reference

1. General Accounting Office (US). Child labor: increases in detected child labor violations throughout the United States. Washington: GAO; 1990. Pub. No.: GAO/HRD-90-116. ■

Update on "Racial" Classifications

Interested readers may want an update on my "Viewpoint" ["'Racial' and Ethnic Classification: Two Steps Forward and One Step Back?" *PHR*, Nov./Dec. 1997, p. 477-80]. On October 29, 1997, the Office of Management and Budget (OMB) issued a decision on new standards for classification of race and ethnicity in Federal data.

After four and a half years of research, testimony, and debate, the OMB decided against creating a "multiracial" category but ruled that people should be allowed to identify themselves in one or more racial category(ies). Another major change is the subdivision of the "Asian or Pacific Islander" category.

Five minimum categories will now exist for Federal reporting of "race": "American Indian or Alaska Native," "Asian," "Black or African American," "Native Hawaiian or Other Pacific Islander," and "White." Ethnic categories will be "Hispanic or Latino" and "Not Hispanic or Latino."

For more detailed information, look for the Federal Register heading at the World Wide Web address www.whitehouse.gov/wh/eop/omb.

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ERRATA

Two Laws Passed

A reference in the article on female genital mutilation/female circumcision (FGM/FC) in the September/October 1997 issue may have been confusing. Two laws were passed by the 104th Congress on the subject of FGM/FC: P.L. 104-208, Section 645, 110 Stat. 3009, 708-9, the Federal Prohibition of Female Genital Mutilation Act of 1995, makes performance of FGM/FC illegal in the United States. P.L. 104-140, 110 Stat. 1327, directs the Secretary of DHHS to compile data on the number of females living in the United States who have been subjected to FGM/FC.

Asthma Figure

On page 510, Vol. 112, November/December 1997, the key for Figure 1 in Robert Morris et al., "Childhood Asthma Surveillance," was reversed during typesetting. The broken line should be for "Non-inner-city" and the solid line for "Inner-city." ■