

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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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." ■