

More Protection for Farmworkers Needed

Shelley Davis, JD and Amy Liebman, MPA, MA

The Environmental Protection Agency (EPA) is proposing changes to the Worker Protection Standard (WPS), the agricultural worker regulation intended to provide basic workplace protection for millions of farmworkers. The purpose of the current regulation is to reduce the risk of illness and injury from occupational exposure to pesticides on farms and in forests, nurseries and greenhouses.

The regulation originally was developed to provide agricultural workers with the same basic workplace protections that are provided to workers in industrial settings. The increased use of agricultural pesticides, especially the more acutely toxic organophosphate and carbamate pesticides, required a strengthening of the original (1974) agricultural worker protection regulation. A major change in the regulation was proposed and a strengthened regulation was issued in 1992 and went into full effect in 1995.

Despite the changes in the 1990s, the EPA believes the WPS needs additional changes to reduce risks to farmworkers, strengthen the program and make it more efficient.

Migrant Clinicians Network and Farmworker Justice are participating in an EPA work group to improve the WPS. The work group includes a broad range of stakeholders in addition to farmworker advocates.

MCN and Farmworker Justice along with other advocates have compiled a listing of recommendations to the EPA for better worker protection. The recommendations call for improvements for 1) farmworkers who may be exposed to pesticides after they are applied (e.g. harvesters, pruners etc.); 2) farmworkers who handle and apply pesticides; 3) procedural protections; 4) broader coverage (e.g. landscape workers); and 5) protection from drift. Outlined below is a list of the problems that farmworker advocates believe need to be improved through regulatory change.

I. Post-Application Workers

Pesticide Training Is Inadequate

One short pesticide training session every five years offers virtually no protection to field workers and others who work in treated areas following a pesticide application. Workers often fail to understand the dangers associated with pesticide use and exposure to themselves or their family members, fail to recognize pesticide-related illnesses, are unaware of the chronic effects associated with pesticides, are not knowledgeable about their rights, do not know how or where to report illnesses or WPS violations, and do not know what steps they can take to reduce exposure to themselves

and their children. Compared to farmworkers, workers in non-agricultural industries are entitled to much more extensive training and chemical exposure information under OSHA's Hazard Communication Standard.

Hazard Communication and Worker Notification of Applications Is both Limited and Ineffective

Workers do not know the names of the pesticides used at their worksites or the short- and long- term health effects associated with exposure to these products. Nor are workers adequately warned or notified about restricted entry intervals (REIs) applicable to the fields in which they labor (or must cross). The central pre-requirement has not proven to be an effective way to inform all workers about pesticide applications at their worksite because many fieldworkers do not congregate at central farm locations, and often growers merely keep the information in their offices. Central posting also lacks information about health effects and fails to provide information to offsite workers affected by pesticide drift (one of the principal causes of poisonings) and to drift-affected near-farm communities—many of which are low-income communities of color.

Early Entry Exceptions Should Be Strictly Limited

Workers engaged in hand labor activities prior to the expiration of an REI are at risk of overexposure and existing protections are inadequate. The required use of Personal Protective Equipment (PPE) is usually not practical for early entry workers, especially for those engaged in harvest or other piece rate activities, for workers who have not been adequately trained in proper use of PPE or when ambient temperatures are high (e.g., 90 degrees or above). Moreover, "no contact" exception, for example, is a myth because there may be inhalation exposure (which does not dissipate in four hours) and tractor drivers often get down from their equipment to make a repair in the middle of a treated field. As a consequence, early entry into areas under an REI should be prohibited except in true emergency situations (e.g., unexpected freeze.).

"Take Home" Exposure

Workers often return home from the farm with clothing and shoes that are contaminated with pesticides and then embrace their children. This leads to contamination of private vehicles and homes and ultimately to exposures to children and other family members. One way to reduce take home exposure is to require that workers have an area to change

Visit www.migrantclinician.org/excellence/environmental for a more detailed review of the WPS and proposed detailed recommendations to improve WPS and to sign on to a letter detailing the specific recommendations to the EPA

clothes, wash and store clothing. WPS must address the exposure of the workers' families.

II. Pesticide Handlers

Lack of Medical Monitoring to Help Protect Pesticide Handlers from Highly Toxic Organophosphate and N-methyl Carbamate Insecticides

Pesticide handlers should receive cholinesterase monitoring to provide for early detection of overexposure incidents from Toxicity Category 1 and 2 organophosphates and n-methyl carbamates. Exposure to these products causes both immediate and long-term adverse health effects. Cholinesterase monitoring programs have been implemented in California for over 20 years and Washington State for two years.

Lack of Label Specification for Respirators, Respirator Fit Testing and Medical Evaluation

Many pesticide labels, including labels for the Toxicity Category 2 organophosphate chlorpyrifos, include the statement: "Avoid breathing spray mist" rather than a specific requirement for use of a respirator. This results in workers being denied needed respiratory protection. In addition, under OSHA's standard, workers who are required to wear respirators must be "fit tested" using proscribed protocols to determine if the respirator fits properly. Workers must also complete a medical evaluation questionnaire which is reviewed by a physician to determine whether a worker has any medical condition which would make wearing a respirator unsafe. Pesticide handlers, using respirators, should have these same protections. When respirators do not fit properly, pesticides leak around the face seal and workers are not protected.

"Take Home" Exposure and Handlers Need for Showers and Clean Change Areas

Handlers get prolonged exposure to pesticides and may become ill or may expose their families because they cannot shower before leaving work.

continued on page 6

Over 280 Cancer Care Resources Just a Click Away

Gabriela is a 46 year old woman who recently learned her last mammogram was abnormal. She now needs a biopsy, but does not qualify for Medicaid or any other state assistance program. She is worried; her mother died of breast cancer a few years ago, but has no money to pay for her biopsy...Does this case sound familiar to you? Have you ever been faced with finding specialty care for a patient that has limited income to pay for services? Have you ever wanted to help a patient find services but did not have enough time to do so? You now have at your fingertips the opportunity to easily find the resource you need for your uninsured or underinsured patient. You will be able to save time and access new sources of care for your patients.

MCN has recently increased its database of cancer care resources for uninsured and under-

Cancer Care Resources for Vulnerable Populations		
Breast Cancer (29)	Financial Assistance for Cancer Patients (42)	Medial Supplies (5)
Cancer Clinical Trials (21)	General Cancer (46)	Pharmaceuticals (14)
Children (15)	Legal (9)	State Cancer Programs (61)
Education (6)	Lung Cancer (3)	Transportation (6)

served populations, linking you with over 280 organizations that provide diverse services to vulnerable populations. The database is also searchable by key word. Here you will find organizations that can help you get a wheel chair, organizations that can help your patient pay for her next mammogram or help a family pay for utilities while a family member goes through cancer treatment. You can now find different options for getting medications from pharmaceutical companies. You may also find links to free legal advice on what to do when your patients insurance will not pay for service,

and many more practical services.

This database was made possible thanks to a grant from the Lance Armstrong Foundation. We hope you will take some time to explore this database, make it your home page and take advantage of this wonderful tool. If you do not have access to the web you can request a printed copy of the resources. Please feel free to contact us if you know of additional resources that should be added or if you have any comment about this database. You may contact us at acaracostis@migrantclinician.org or at 512-327-2017.

■ More Protection for Farmworkers Needed continued from page 5

Handlers' Need for Closed Mixing and Loading Systems

Pesticide handlers mixing and loading Toxicity Category 1 liquids and wettable powders are injured due to spills and splashes and blowing powder.

Handler Training and Information Is Inadequate

Handler training is also inadequate to ensure that handlers have the information they need to protect themselves, other people and the environment.

III. Expand Coverage of the WPS

WPS is currently limited to farms, nurseries, greenhouses and forests. WPS coverage of live-stock operations is needed because of significant pesticide use and growing numbers of migrant and seasonal farmworkers employed in this sector. Pesticides for fly control, including DDVP are used frequently in enclosed or semi-enclosed areas. Sodium hypochlorite and other antimicrobials which are skin, eye and respiratory irritants are used to disinfect large areas. Antifungal foot treatments and other pesticides are used to treat problems in the animals.

WPS coverage should also be expanded to include maintenance gardeners and landscapers as this is a growing industry and workers use herbicides in hand-held and backpack sprayers.

IV. Procedural Protections

Workers are afraid to file complaints for fear of retaliation. When complaints are filed, investigations often take place weeks later, when the worker may have moved on to another farm. In addition, complaint investigations are often inadequate and disputes between growers and

workers are almost invariably resolved in favor of the grower. When violations are found, fines are too low, often because the state does not keep accurate records of repeat offenses.

V. Pesticide Drift

Growers, workers and their families, and rural, agricultural community members are often exposed to pesticides through drift. There are

currently no regulatory guidelines to prevent drift in order to minimize human exposure. Moreover, there no regulations aimed at protecting workers in one field from being exposed to pesticides that are being applied in an adjacent or nearby field. Clearer labeling, improved training as well as infrastructural changes are needed to address the severe problem of pesticide drift.

MCN Statement of Commitment

In November of 1996, in response to changes in welfare legislation, MCN issued a statement affirming an obligation to the people served by our clinician members. In light of the current environment of rising anti-immigrant sentiment expressed throughout the country, we feel that the time has come to reissue our statement of commitment.

From this day forward, we at MCN proclaim that we will serve all people in need, providing comprehensive health care to farmworkers and their families and our communities regardless of race, religion, gender, nationality, immigration status or sexual orientation.

MCN Streamline Volume 2, Issue 6 November/December 1996

We have received numerous anecdotal reports of raids, ruses, and road blocks that have impeded many migrants and immigrants from receiving the health care services they need. This action has created an atmosphere of fear so wide-spread that critical health services, essential medications and food staples are neglected by many in need whether they are undocumented or not. MCN is saddened and angered that those who work so hard to meet our needs for food, service and infrastructure should be denied unfettered access to basic health care.

In an effort to more fully understand the magnitude of these actions, we ask that you tell us about activity in your community that bars migrants from clinics and other service providers. We know that Medicaid and CHIP are not available to undocumented immigrants. It is important to note however, that there is nothing in current law that denies access to health care services provided by a migrant and community health center to any person or group because of immigration status. Additionally, there is no affirmative requirement to report an undocumented person to federal immigration services who presents for care. Now more than ever it is critical that these services be provided to the most vulnerable. If you have questions about restrictions to or possible punishments for providing care, please contact MCN so that we may provide you with the most accurate information available.

Please take heart and stand firm in your commitment to provide quality health care to those in need. To contact us please call 512-327-2017 or email at dgarcia@migrantclinician.org.