

The Health Hazards of Agricultural Child Labor

By Susan H. Pollack, MD, Project Director, Department of Community Medicine, Mount Sinai School of Medicine, Philip J. Landrigan, MD, MSc, Department of Community Medicine, Mount Sinai School of Medicine, and David L. Mallino, Legislative Director, Industrial Union Department, AFL-CIO

According to provisional data from the U.S. Department of Labor, more than four million children in the United States were legally employed in 1988.¹ Illegal child labor is also widespread. Despite the popular belief that this problem was remedied long ago, illegal child labor has persisted in the United States and appears to be on the rise.

The Fair Labor Standards Act was enacted in 1938 and remains the major federal legislation governing child labor today. Under the Fair Labor Standards Act, no child under the age of 16 years may work during school hours, and a ceiling is set on the number of hours of employment permissible for each school day and school week. Employment in any hazardous non-agricultural occupation is prohibited for anyone less than 18 years old. In agriculture, where restrictions are much less stringent, hazardous work is prohibited only until age 16, and all work on family farms is totally exempted. According to the law, however, no child under age 16 working on a non-family farm is allowed to drive a tractor with an engine over 20 horsepower or to handle or apply Category I or II pesticides and herbicides (i.e., those most acutely toxic).

There are many positive aspects of work for children, but there are also significant hazards. These fall into two categories: (a) threats to education and development, and (b) risks of injury, illness, and toxic exposure.

One of the principal hazards of child labor is interference with school performance. Employed children often have inadequate time for school homework and increased fatigue on school days; teachers have noted declines in the academic performances of previously adequate students. Health providers have documented children working more than 60 hours per week, with some working 80 or more hours.

Agricultural work poses the same hazards for children as for adults. Small physical size and inexperience may superimpose additional risks for young workers. Agriculture has come to surpass mining as the most dangerous occupation, accounting in 1980 for 61 fatalities per 100,000 workers. Injuries are the leading cause of death in children over the age of one year, and they account for 45 percent of all mortality in 5-14 year old children in the United States. Approximately 10,000 children die from injuries each year.² The risks of injury, illness and toxic exposure associated with child labor appear to pose a significant public health problem, but they have only begun to be explored.

Data on injury in agricultural workers are provided by a 1985 paper by Dr. Frederick

Rivara:³ "Nearly 300 children and adolescents die each year from farm injuries, and 23,500 suffer non-fatal trauma. The fatality rate increases with age of the child; the rate for 15- to 19-year-old boys is double that of young children and 26-fold higher than for girls. More than half [of those injured] die without ever reaching a physician; an additional 19.1 percent die in transit to a hospital, and only 7.4 percent live long enough to receive in-patient care. The most common cause of fatal and non-fatal injury is farm machinery. Tractors accounted for one half of these machinery-related deaths, followed by farm wagons, combines, and forklifts."

Interviews with Mexican-American farmworker children working in New York State revealed that at least 20 percent, the youngest of whom was age 12, had driven tractors as part of their work.⁴ Although none of these children reported being injured while working on a tractor, gruesome tractor fatalities have befallen migrant farmworker children in the central Washington area, including a 16-year-old who died at the scene after rolling a tractor he was driving, a 14-year-old who died from complications of severe crushing head injuries sustained in a tractor accident, and another 14-year-old who fell asleep while working late hours in a hop field and died when a tractor ran over his head, crushing it.⁵

Cogbill et al point out that federal and state laws required all 14- and 15-year-olds hired as farm employees to have completed a safety education course prior to operating machinery, but they add that these regulations do not apply to children working on family farms.⁶ These laws are also poorly enforced. Although one must have both a license and an inspected and registered car to drive on public roads, a farm vehicle need not have a certificate of inspection and can be driven on the road by anyone, including a child too young for a license.

Even less is known about the incidence and severity of illness than about injury in working children. Although it is recognized that young workers are exposed occupationally to substances known to be hazardous to adults, including pesticides in agriculture, almost no studies have been done to explore the possibility that young workers may have heightened susceptibility to these agents due to metabolic differences and increased body surface area compared to adults. Nor have possible risks in regard to causation of diseases of long latency been explored—a matter of concern, given that young workers have many more years of potential exposure. For migrant farmworker children who may spend early years playing in the same fields where they later work, this is a matter of even

more grave concern.

Because acute pesticide poisoning is seen relatively rarely in the U.S. compared to Central America and other parts of the world, pesticide exposure tends to be an invisible issue. However, in recent interviews we conducted with Mexican-American migrant farmworker children who work in New York State, 48 percent reported having worked in fields still wet with pesticides, 36 percent had been sprayed either directly or indirectly by drift while working in fields or orchards, and one said that he was sprayed while eating. The camps where 34 percent of the children lived had been sprayed in the process of spraying nearby fields or orchards. People from the eastern shore of Virginia have told similar stories. Perhaps more amazing was the fact that four boys under the age of 18 had mixed pesticides and three had applied pesticides.⁴ Clearly, pesticide exposures occur and should be considered in the differential diagnosis of sick working migrant farmworker children.

In summary, it is clear that working migrant farmworker children incur substantial risks to their education, health and safety. The exemptions for agriculture that currently are granted under federal and state labor laws contribute to this problem and should be rescinded. It is difficult to justify how machinery too dangerous for young teens to operate in any other industry could be safe for adolescents on the farm.

We as health providers can help to reduce the toll of farm-related deaths by working to change the law. There are complex issues involved, and clearly until adult farmworkers are paid a living wage there will be little reduction in migrant child labor. However, important contributions can also be made by educating teens who come for health care, sports or work permit physicals; enquiring about work as an etiology when caring for injured children; and documenting machinery and pesticide-related health problems. Such documentation will help to educate others about the magnitude of the problem and the need for better prevention.

References

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MCN Completes Resume Bank Design

Starting July 1, the National Migrant Resource Program will begin to phase in MCN's newly-revised Resume Bank. The Resume Bank will accept resumes from prospective employees and position opening notices from migrant health centers and other providers, identifying potential clinicians and assisting candidates through the job search process to help them secure a position in migrant health.

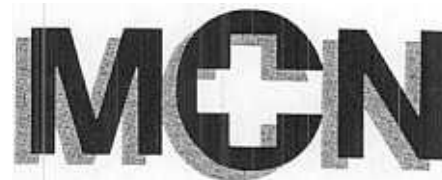
For candidates interested in job hunting, we request a current resume. Potential employers may notify MCN of any open positions, in the same way as they did for the Job Bank.

Based on candidate requests and employer requirements, MCN will match job candidates as closely as possible to the available positions. For clinicians interested

in certain locations, fields, and preferences, MCN will direct candidates accordingly, providing information on clinics and providers in the areas of interest, and contacts at employer locations. Where possible, MCN will make initial contacts for the candidate to set up interviews. Further contact will be made directly between the candidate and the provider.

The Resume Bank will be updated on an on-going basis, rather than bi-monthly as was the Job Bank. In this way, we can begin to recruit for open positions as soon as they become available, and assist candidates in placement when they start their job search. This responds to the needs of our constituency more immediately than was possible on a bi-monthly publishing schedule.

While MCN cannot guarantee place-



ment, the staff will do its best to make a mutually beneficial match. Future plans include working with candidates placed on a continuing basis, to help ensure their success and satisfaction with their position. The success of the renovated Resume Bank depends upon the support of those using it, by helping to keep all information current. Please let MCN know if a position has been filled or a candidate has been placed.

If you are interested in placing your open position or resume on file in our Resume Bank, please send the information to Cindy Rosen Tarsi, Migrant Clinicians Network, 2512 South IH-35, Suite 220, Austin, TX 78704. For more information, contact Mrs. Tarsi at (800) 447-0770.

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- minimum wage.
2. Agricultural employers are exempt from paying any overtime.
3. Hazardous work is prohibited in farming only until the age of 16 (compared to age 18 in non-agricultural occupations), and all work on family farms is totally exempted. A 1974 amendment to the Fair Labor Standards Act set age 12 as the legal limit to do farm work, but exemptions for 10- and 11-year-olds were granted shortly thereafter. In all other industries, the legal age limit is 16. Under the Fair Labor Standards Act, 12- and 13-year-old children may be employed on any farm with the consent of their parent in a non-hazardous activity. (Hazardous activities include such work as operating heavy machinery, driving tractors, climbing ladders, and handling or applying toxic pesticides.) Minors younger than 12 years may be employed outside school hours in non-hazardous activities either on a farm owned or operated by their parent or on a small farm (i.e., one exempted from FLSA coverage) with the written consent of their parent.

The U.S. Congress has consistently and severely limited farmworker coverage under federal workplace health and safety standards by granting exemptions for employers with ten or fewer workers. As a result, the Department of Labor estimates that only 36 percent of the farm labor force is guaranteed the right to drinking water, toilets, and handwashing water in the fields. This limited right was finally established in 1987—after 15 years of litigation.

Migrant and seasonal farmworkers live in a chronic survival mode; a "take it or leave it" workplace reality with few rights or protections. Despite the difficulty, danger, and importance of their work, and their will-

ingness to endure such conditions, farmworkers' annual wages average only about \$4,600.⁷

The unequal protection of farmworkers under current labor and health and safety laws is unacceptable. The double standard for children in agriculture is particularly shameful.

References

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3. Fuentes, J.A. "The Need for Effective and Comprehensive Planning for Migrant Workers," *American Journal of Public Health* 64(1): 2-4, 1974.
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ment provided for the agricultural employment of 11- and 12-year-old children in hand-harvesting of short-season crops when, "without 10 and 11 year olds, the industry would suffer severe economic disruption."

Child farm labor creates conditions which are reminiscent of the last century. The time has come for a change in our attitudes, our laws, and our treatment of the children of rural America.

Hazards

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