

- and physical education teachers, of adequate diagnosis, treatment, family or caregiver, and patient education, equipment, and case management systems, including implementation of the National Heart Lung and Blood Institute asthma treatment guidelines;
9. Intervention trials designed to help to identify causal factors for the increased rate of asthma and establish cost-effective measures to relieve the burden of asthma on the population;
 10. Collaborative efforts among housing, transportation planners, land use planners, education, environmental, public health, labor and employer representatives and health care professionals to combat the rising rates of asthma;
 11. Effective education and training of public health and health care professionals and the public about the prevention and treatment of asthma, including attention to the environmental and occupational triggers associated with asthma;
 12. Rigorous evaluation of existing intervention strategies and programs, including those of the U.S. Department of Education and the U.S. Department of Housing and Urban Development, and wide dissemination of results; and
 13. Effective evaluation of existing prevention and intervention strategies to determine the most effective population-based approaches.

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200013: Maximizing Public Health Protection with Integrated Vector Control

The American Public Health Association,

Noting that integrated pest management is a combination of educational, cultural, biological, physical, chemical, and legal measures to control pests and that the application of pesticides is reduced by the use of pest parasites, pathogens, pheromones, predators, and resistant crops, thus reducing the unnecessary exposure of humans to harmful chemicals; and

Observing that numerous arthropods and rodents serve as the vector of serious human diseases such as viral encephalitis, Rocky Mountain spotted fever, Hantavirus, and malaria;¹ and

Noting that hazard surveillance (monitoring environmental conditions to identify conditions that may contribute to the emergence or re-emergence of vectors), disease health surveillance, laboratory identification, vector management and medical intervention continue to be important factors in preventing morbidity and mortality from vector-borne disease;² and

Recognizing that recent experience with West Nile encephalitis and Hantavirus indicate that efforts to combat vector-borne diseases are becoming more complex and difficult to manage and can have transnational implications;^{3,4} and

Noting that public health agencies in health and environmental departments in state and local government have primary responsibility for management of vectors;⁵ and

Noting that the capacity of local and state health and environmental agencies to conduct basic functions such as hazard surveillance for the purpose of early identification of vector borne outbreaks has been seriously eroded or eliminated over the past several decades; and

Recognizing that integrated vector management that seeks to minimize unnecessary health and environmental side effects of vector control activities while assuring maximum protection to the public and workers is a long-standing and well established public health principle and practice;^{6,7} and

Noting that in the U.S. in 1996 under the Food Quality Protection Act (FQPA) the Congress mandated that the Department of Health and Human Services assess vector control needs as part of Environment Protection Agency's review of pesticides, including insecticides and rodenticides; furthermore, the FQPA allows for public health benefits to be considered in weighing the risks of public health pesticides as part of EPA's regulatory process;⁸ and

Recognizing that in the U.S., despite the 1996 mandate of the FQPA, the DHHS has no evident activities in this area, leaving state and local vector control agencies with great uncertainty about what tools will be available to them for managing public health vectors; and

Noting that while pesticides can and do play an important public health role, the use of IVM (integrated vector management) can decrease the problems associated with pesticides and difficulty controlling disease outbreaks;⁹ and

Observing that the public has become more concerned about any use of a pesticide in populated areas even when the intended use is for public health vector control;¹⁰ and

Recognizing that the public health use of pesticides constitutes only a very small fraction of the total pesticides manufactured and used in the US and further recognizing that some pesticides used for public health vector control may become unavailable due to actions taken to protect public health by reducing the uses of some highly toxic pesticides in agriculture, homes, and other commercial markets;¹¹ and

Noting that debates over the use of pesticides for public health vector control have sometimes divided the public health and environmental communities at the local, state, national and international levels at a time when maximizing public health and environmental protection requires close coordination and mutual trust between those communities, therefore, encourages and supports

1. Efforts to expand the use of integrated vector management techniques and to minimize the unnecessary use of toxic pesticides in vector control while maximizing public health protection from vector-borne diseases;
2. Aggressive environmental and disease surveillance and early identification of conditions that promote the growth or introduction of vectors, as well as vector borne disease outbreaks, to prevent morbidity and mortality and to ensure that outbreaks can be controlled when they are small, thus minimizing the potential need for pesticides;
3. Increased federal funding to CDC to help support the efforts by the CDC, states and local government to strengthen efforts in laboratory identification, vector management, and nationwide surveillance of vectors and vector-borne disease with the goal of an integrated surveillance effort;
4. Efforts by and the provision of resources to the Centers for Disease Control and Prevention to establish the needed capability to carry out toxicology and vector management assessments of pest control agents as required by the 1996 Food Quality Protection

- Act, such efforts including evaluation of non-pesticide alternative means of vector control;
5. Promotion and funding by federal, state and local public health and environmental health agencies of the use of integrated vector management techniques to control public health pests;
 6. Funding to state and local governments for larvicides and other preventive measures should be available to state and local health departments along with resources and the ability to act quickly when necessary;
 7. Efforts by the Centers for Disease Control and Prevention in coordination with state and local agencies, involvement of stakeholders in decision making, risk communication and education to bring the public, states and others together to address this issue;
 8. Efforts by HUD and state and local agencies to assure healthier home environments through appropriate prevention and management of vectors;
 9. Increased health communication and education efforts regarding risks, concepts of integrated vector management, personal protection actions, and individual efforts that can decrease transmission through outreach and advocacy programs for the general population and populations at risk; and
 10. International efforts by the World Health Organization, United Nations Environment Program, Food and Agriculture Organization and the US government, in support of the treaty negotiations on Persistent Organic Pollutants and other efforts to reduce pesticide risks internationally, to rapidly identify effective methods of vector control that do not rely on highly hazardous pesticides while recognizing the current important public health role of pesticides.

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200014: Protecting OSHA’s Jurisdiction over Home Workplaces

The American Public Health Association,

Considering that a fundamental goal of public health is to protect the health and well-being of the US workforce in manufacturing as well as other types of industry; and

Recognizing that working at home can be a positive option with benefits that include reduced commuting time and increased flexibility; and

Considering that due to cost-saving strategies and/or use of new technologies, private households are becoming hazardous worksites for contingent, flexible, or non-standard arrangement workers in the manufacturing and services sectors of the economy;¹ and

Considering the violations identified by the US Occupational Safety and Health Administration (OSHA) following a complaint from home manufacturing workers in California;² and

Considering that the Federal Occupational Safety and Health Act³ covers private sector employees in businesses of two or more workers, regardless of where employees are carrying out the work (with certain exceptions such as family farms and nuclear workers); and

Acknowledging that current economic projections from the US Bureau of Labor Statistics predict growth in “home work” occupations such as home assemblers, garment laborers, home care personnel, and clerical workers;³ and

Acknowledging that OSHA’s lack of enforcement in the traditional workplace leaves the door open for abuses in the home;⁴ and

Acknowledging that OSHA does not cover self-employed persons and primarily enforces in response to a complaint, which raises practical issues in the implementation when the employer may be a family member or a neighbor; and

Recognizing that home assembly workers are exposed to lead, acid, and fluxes, solvents, and solders that may endanger their health as well as that of their family members though systemic poisoning and other mechanisms;^{3,5-7} and

Considering that these assembly workers are often vulnerable populations such as pregnant or immigrant women that work at home without proper ventilation, respirators, or protective clothing,^{2,3,5-7} or that children may be in, or working in these homes; and

Noticing that home office workers, in particular, female home-based clerical workers, who are

characterized by employers as “independent contractors,” are most vulnerable to gender-based discrimination and to health risks such as low wages, quota systems, lack of health benefits, lack of safety coverage, and increased job insecurity;^{3,7,8} and

Considering that home clerical workers are also at greater risk of ergonomic injuries such as repetitive motion injuries, because they often work under piece rate or quota systems, systems that are experiencing a comeback among US industries;⁷ and

Whereas that home work weakens the capacity of these workers to organize and defend their health rights in the workplace due to forced isolation, therefore

1. Urges that OSHA regulations be enforced among employees, employers, or contractors in home offices and home workplaces, including requirements for employee training and reporting of homework injuries and illnesses on the OSHA log 200 forms, while respecting the privacy of individual homes;
2. Calls upon Congress, the Secretary of Labor, and the secretary of Health and Human Services to designate National Institute of Occupational Safety and Health (NIOSH) as the federal agency in charge of developing a national and ongoing occupational injury and illness surveillance system for “home work.” “home offices,” “work at home,” and similar non-standard workplace arrangements;
3. Urges the federal government to increase its financial support for NIOSH to pursue the aforementioned home workplace occupational and injury surveillance system; and
4. Calls upon the members of the Congress to actively oppose legislation that will severely limit OSHA’s inspections of home offices and would not hold employers accountable for occupational injuries in home workplaces.

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