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U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

NATIONAL OCCUPATIONAL RESEARCH AGENDA

BE IT REMEMBERED that pursuant to the National Occupational Research Agenda and on the sixth day of December, 2006, beginning at the hour 1:30 P.M., thereof at Intercontinental Hotel, Atlantic Ballroom, 5961 Isla Verde Avenue, San Juan, Puerto Rico, the meeting was held.

COPY

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25 AÑOS DE EXPERIENCIA ES NUESTRA GARANTIA

APPEARANCES

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Mr. Víctor Skerrett, CHCM
Vice Chairperson

Mr. José Carpena
OSHA Area Director

Ms. María Maldonado
Chairperson

Mr. Sidney Soderholm, PhD
NORA Coordinator

Ms. María Lioce-Mata, MD
Senior Scientist

Ms. Christy Forrester, MS
Senior Scientist

Mr. Jorge Ramos

Ms. Ilene Garner

Ms. Lida Orta, PhD

Mr. José Flores

Ms. Rosa Rosario, PhD

Mr. Roland González

Ms. Carmen Vázquez

Eng. Erlinda González

Mr. Carlos Santiago

Eng. Miguel Rubio

Ms. Cruz Ma. Nazario, PhD

Mr. Roberto Rosado

Eng. Samuel Rodríguez

Mr. Pedro Villanueva
Martínez & Arroyo

MR. SKERRETT:

"Con el permiso, buenas trades, señores".
Good afternoon. First of all, the first announcement we do have on simultaneous translation for--if anybody feels that needs translation based on the presentation, we will have it available. So at this moment you could just, before we start in a couple of seconds, you have time to go back and pick up your equipment, you earpiece. And make sure that if you want a--if you really need or if you feel that you would feel more comfortable with simultaneous translation, I'm just going to give you a couple of minutes, to go back and pick up your equipment right now.

Second, this is very important, this is going to be recorded, so I would appreciate that you take a couple of seconds to put your cellular phones at least either silent mode or vibrator mode. Please, take a couple of seconds to do that right now, because this is very important, this is being recorded. And we--in respect to all the other persons that are talking during this afternoon, we would

appreciate that you do that right now.

If you don't have an emergency and you do receive a phone call during the silent hall, you need to step outside the room to take care of the call. We would appreciate that. And then, José has a couple of extra announcements before we get on. This is very important what we're going to be talking about now, the presentation, the order and the persons that will have powerful presentations. Okay. José.
MR. CARPENA:

Good afternoon. First of all, I'd like to welcome the representatives from NIOSH to Puerto Rico. We have been given a good opportunity here today, to talk about issues that a lot of times, either we hear a lot about it as an aid directed in Puerto Rico. We hear about a lot of safety and health issues.

A lot of those that we think have been taken care of through regulations and others that have not. This is an opportunity that was offered thinking maybe that we would not get enough speakers on different subjects of occupational safety and health. And

surprisingly we've got quite a few.

So, we're starting a little late with this, but this again is a great opportunity to talk about problems that you feel are out in the occupational safety and health field. You will be speaking to NORA representatives, you will be speaking to us, everything will be recorded. As Víctor mentioned, there are some time limitation and what we'll try to do, is to identify those that not have powerpoint presentations, so that we can bring those that do not, but are just going to be speaking all some notes.

First, in order to get a good idea about-- you know, that the remaining time that we will have for those that do have powerpoint. So, as Víctor calls the speakers, please if you have a powerpoint then you will probably be, you know, dropped back in the order a little bit. So, we could get those out first and then we will have a better idea, because we don't like to see, you put time and effort into your presentation and we wouldn't like to get those. Okay.

So, this is a last minute change, so we'll

ask for your indulgence in all this and hopefully we can get this done. Again, a great opportunity and please take advantage of it.

MR. SKERRET:

Okay. And then, those of you—whether they're CD's or pen drives, make sure that you have them ready. Whenever--after we take care of the persons that do not have a powerpoint presentation, we'll go immediately to the rest of you. And we'll be calling out the orders right here, at this particular moment, we would like to call professor Jorge Ramos, from the University of Puerto Rico. ¿Is he here?

MR. CARPENA:

No, not yet.

MR. SKERRETT:

¿Not yet?

MR. CARPENA:

Not yet.

MR. SKERRETT:

Okay.

MR. CARPENA:

I thought we would have the NIOSH representatives first.

MR. SKERRETT:

That's important.

MR. CARPENA:

They keep on the agenda, so, María, do you have any words for, please?

MS. MALDONADO:

Yes, I certainly do. "Me voy a quedar aquí, muy buenas tardes a todos ustedes en el día de hoy. Es un placer tenerles con nosotros. Y de parte de ustedes mi compromiso de que ustedes estén dispuestos a estar aquí en un tiempo personal de ustedes. Para ustedes traer ante este foro tan importante, las preocupaciones que ustedes tienen en el área de salud y seguridad ocupacional.

Es el compromiso de personas como ustedes, la responsabilidad de personas como ustedes, las que levantan un 'issue', que llegan a un sitio donde importa. Porque esta iniciativa, que es una iniciativa en buen español, de 'research', se va a utilizar esta información para llevarlo--para evaluarlas. Y estas son las cosas que a la larga, logran que hayan los cambios que benefician a nuestros trabajadores.

Nosotros nos reiteramos como organización 'non-profit', voluntaria para seguir apoyando cualquier iniciativa que tenga NIOSH en esta área. Ya que para nosotros es bien importante, yo no sé si ustedes sabe que nosotros, el concilio federal, el cual yo presido hace diecisiete años, es una organización que está afiliado a OSHA Federal. Nosotros no somos empleados del OSHA, nosotros somos empleados de otras agencias federales. Para quienes la salud y la seguridad ocupacional del trabajador es muy importante para nosotros.

Nosotros damos de nuestro tiempo. Nosotros estamos aquí en el día de hoy en nuestro tiempo también. Así que nuestro respeto para ustedes, así que les exhorto a que traigan todas sus preocupaciones en la tarde de hoy. No se sientan desalentados si han traído un presentación que usted se esmeró en preparar, porque aquí lo importante es lo que usted tenga que decir. Y les puedo asegurar, que independientemente, o sea, de que sea en un papel que alguien escriba algo o que se registre a nivel de nuestro 'court reporter',

que tenemos aquí, que está, pues grabando todo lo que se hable en la tarde de hoy. Esa va a ser tan efectivo y va a tener el mismo impacto que cualquier presentación de todo los puntos que ustedes traigan.

Ciertamente, después de su deposición, ustedes pueden hacernos llegar en papel, cualquier documento que ustedes quieren, se les pone como parte del expediente. Pero realmente aquí lo que nosotros queremos es escucharlos a ustedes. Y eso va a tener el mismo peso y mayor peso que ninguna otra cosa que se pueda hacer en la tarde de hoy. Así que nuevamente, bienvenidos y muchas gracias por estar aquí con nosotros".

(TRANSLATION)

MS. MALDONADO:

Yes, I certainly do. "I'm going to stay here. Good afternoon to you all on this day. It is a pleasure having you with us. And on your behalf the commitment that you all be here on your personal time for you to bring before this important meeting the concerns that you have in the area of health and occupational

safety.

It is the commitment of persons like you, the responsibility of persons such as you who raise the issue, who come to a place that is important. Because this initiative which is an initiative in good Spanish of research, this information is going to be taken and to be evaluated. And these are the things that in the long run make it possible that there be changes that benefit our workers.

We reiterate as a non-profit organization, voluntarily to continue supporting any initiative that NIOSH has in this area which is very important. I don't know if you are aware, the federal counsel which I have presided for seventeen years is an organization that affiliated to Federal OSHA. We are not employees of OSHA, we are employees of other federal agencies, for which the health and occupational safety of the workers is very important for us.

We contribute our time. We are also here on this day on our own time. Therefore our respects to you and I encourage you to bring

all your concerns on this afternoon. You need not feel discouraged if you brought a presentation that you made because what is important here is what you have to say. And I can assure you that apart of it being written on a paper or something registered with our court reporter who is here who is recording everything that is said here today. That is going to be as effective and will have the same impact as any presentation of all the matters that you bring.

Certainly, after your deposition you can bring to us a paper, any document that you wish, it will be made part of the file. But really what we want here is to hear you. And that will have the same and more weight than any other thing that can be done today. So again, welcome and thanks for being here with us."

MS. LIOCE-MATA:

"Bueno, muchísimas gracias, María y muchísimas gracias, José. Buenas tardes a todos y el público presente que se encuentra hoy día. Para mí es realmente un placer

visitar nuevamente esta hermosa Isla, con gente tan cálida como su clima. Y realmente quiero agradecerles la presencia en esta tarde a cada uno de ustedes, por compartir su tiempo en esta décima tercera emisión de este foro nacional abierto de NORA, que se está llevando aquí a cabo en Puerto Rico. Quiero darles la bienvenida a nombre del doctor John Howard quien es el director de NIOSH por compartir con nosotros sus clientes en esta tarde. Y hablarles un poco sobre lo que es NIOSH y lo que es NORA, de una forma muy breve.

NIOSH, es el Instituto Nacional de Salud y Seguridad Ocupacional. Es una pequeña agencia federal que forma parte del centro para el control de enfermedades--prevención y control de enfermedades, CDC. Cuya función más importante es la realización de recomendaciones e investigaciones de todo lo que son accidentes y enfermedades relacionados al trabajo. NIOSH tiene una importante labor, desde el punto de vista de servicios, pero el ochenta por ciento, tanto de sus recursos como de su personal están dedicados principalmente al área de la

investigación.

Vamos ahorita a mencionar un poco sobre lo que es los antecedentes de NORA, que es la agencia Nacional de Investigación Ocupacional. Y vamos a hablar un poco de su historia, como se inició. Alrededor del año 1994, la agencia pasaba por tiempos muy duros, así que a eso del año 1995, parte de los líderes que forman nuestra institución, decidieron reunirse con un grupo de personas que también estaban relacionadas al área de salud y seguridad. Y decían que tenían que hacer algo nuevo, algo diferente. Algo para poder dar respuestas a la amenaza que se presentaba en ese momento en la agencia. Y decidieron escuchar.

Así como lo había mencionado María, escuchar las ideas y propuestas, no solamente de los organismos sindicales y de los socios tradicionales que venían trabajando. Sino también a todos aquellos individuos, trabajadores, organizaciones gubernamentales, instituciones laborales, organismos laborales, universidades. Y todos aquellos que de alguna u otra manera estaban comprometidos con el área

de salud y seguridad laboral.

Ese fue como el inicio de este proceso. En ese momento se utilizaron, se hicieron cuatro foros abiertos, que se realizaron alrededor del territorio nacional y dieron respuesta aproximadamente quinientos individuos e instituciones. Y le dieron respuestas, acortaron con sus presentaciones, con sus ideas, abordaron los diferentes problemas a los cuales ellos pensaban que deberíamos prestarles atención.

Uno de esos ejemplos, que se mencionan en estos foros fue en Washington, hace como diez años aproximadamente. Se aparecieron al igual que ustedes en este momento, tres enfermeras con un paciente y manifestaron que era importante que la agencia estudiara el efecto-- la alergia del látex que estaba afectando a los trabajadores del sector salud, que utilizaban guantes de látex. Y que inclusive, llegaban a incapacitarlos para realizar su trabajo.

En ese momento se consideró este aporte, de esta presentación y casi inmediatamente se realizaron las investigaciones al respecto.

NIOSH realizó una publicación que se conoce 'Los Alertas'. Estas alertas, fue distribuido a nivel de todos los centros hospitalarios, a nivel de los Estados Unidos. En donde se explicaban las causas por las cuales se podía enfermar una persona que utilizara ese tipo de guantes. Y también cuáles eran las medidas de prevención que se debería de tener.

Esto es solamente un pequeño ejemplo de lo importante que es el aporte de ustedes. Esta es la semilla que inició NORA. NORA, que significa 'National Occupational Research Agenda'. Hasta su nombre tuvo proceso de evolución para llegar al mismo. No es solamente la agenda nacional ocupacional de una agencia, es la agenda de todo ocupacional, de todo el país. Que eso es importante que quede claro y mencionarles por lo tanto, que todas las ideas, todas las que ustedes nos van a aportar, van a ser evaluadas, van a ser estudiadas y van a ser consideradas.

La primera década de NORA permitió diseñar una serie de investigaciones y permitió en ese momento recaudar fondos para poder llevar a

cabo este programa. Este programa fue muy exitoso, no solamente en todo el área salud y ocupacional, sino que fue reconocido que esa forma de asociaciones positivas con las diferentes agencias, fue valorado también por las agencias gubernamentales. El programa de NIOSH no exigió en aquél momento reconocimiento de la--de diferentes fundaciones y universidades. Al igual que así los líderes de nuestra organización que llevaron a cabo ese programa.

Una vez que ya hemos pasado esos diez primeros años, vamos a iniciar nuestra segunda década. La segunda década de la agenda ocupacional de investigación. Y por eso, quiero decirles que esta es la décima tercera versión de esta nueva etapa de NORA. A las cuales ustedes están formando parte. Todo lo que ustedes van a decir, así como les explicó Maria y José, va a ser grabado y va a ser transcrito. Y va a ser publicado en nuestra página web.

Y eso hablaba bastante de la transparencia de este proceso. El doctor Sid Soderholm va a

hablarles en detalles de lo que es la segunda década de NORA, pero principalmente nosotros estamos aquí es para escucharlos a ustedes, porque ese es el gran cambio, lo que realmente es la esencia del programa NORA. Es escuchar la opinión de ustedes. El programa no solamente es determinado por nuestra institución, sino por la participación de todos y cada uno de ustedes.

Quiero agradecer nuevamente a Maria Maldonado, a Víctor Skerrett del Consejo de Salud y Seguridad de Puerto Rico, al igual que a Madeline Medina y a José Carpena de OSHA. Los cuales nos ayudaron a realizar la lista de los participantes en este foro. E invitarlos nuevamente a participar, porque ustedes de nosotros escucharán muy poco. Lo que nos interesa es escucharlos principalmente a ustedes. Bueno, muchísimas gracias y los dejo con el doctor Sid Soderholm, que les hablará brevemente sobre la segunda etapa de NORA. Gracias".

(TRANSLATION)

MS. LIOCE-MATA:

"Well, many thanks María and many thanks José. Good afternoon to all and the public present here today. For me it is a great pleasure to visit again this beautiful island with its people as warm as its climate. And I really want to appreciate the presence this afternoon to each one of you for sharing your time on this thirteenth occasion of this national forum of NORA that is taking place here in Puerto Rico. I want to welcome you in the name of Dr. John Howard who is the director of NIOSH for sharing with us his clients on this afternoon and also to talk a little about what NIOSH is and what NORA is, in a brief form.

NIOSH is the National Institute of Health and Occupational Safety. It is a small federal agency that forms part of the center for the control of diseases--prevention and control of diseases, CDC, whose most important function is the realization of recommendations and investigations of all accidents and diseases

related to work. NIOSH has an important labor from the view point of services, but eighty percent of its resources of its personnel are dedicated principally to the area of investigation.

We will mention a little about what are the antecedents of NORA which is the National Agency of Occupational Investigation. And we will speak a little of its history, how it was initiated. Around the year 1994 the agency went through some hard times, thus around the year 1995 some of the leaders who formed our institution decided to meet with a group of persons who were also related to the area of health and security. And they said they had to do something new, something different, something to be able to respond to the threat that was presented at that moment in the agency. And they decided to listen.

As Maria has mentioned, listen to the ideas and proposals not only of the union organizations and to the traditional members that had been working, but also to all those individuals, workers, government organizations,

labor institutions, labor organizations, universities. And all those who in one way or another were concerned in the area of health and labor safety.

That was the beginning of this process. In that moment they were used, there were four forums opened that were around the national territory and approximately five hundred individuals and institutions responded. And they gave answers, contributed with their presentations, with their ideas, approached the different problems to which they thought should be given attention.

One of those examples which are mentioned in the forums was in Washington, approximately ten years ago. They appeared the same as you in this moment, three nurses with a patient and manifested that it was important that the agency study the effect--the latex allergy that was affecting the workers in the health sector who used latex gloves and that were becoming incapable of realizing their work.

At that moment it was considered the contribution of this presentation and almost

immediately investigations were realized regarding this aspect. NIOSH sent out a publication known as 'Los Alertas'. These alerts were distributed at the level of hospital centers at the level of the United States where it was explained the causes that could make a person sick who utilized this type of gloves and also what were the measures of prevention that should be made.

This is only a small example of the importance of your contribution. This is the seed that initiated NORA. NORA signifies 'National Occupational Research Agenda'. Even its name had an evolution process to arrive at the same. It is not only a national occupational agenda of an agency, it is the agenda of all occupations of the whole country. That is important and its importance be made clear and mentioned that all the ideas, all the ones you will contribute, will be evaluated, will be studied and will be considered.

The first decade of NORA permitted the design of a series of investigations and permitted at that moment to gather funds to

make possible this program. This program was very successful not only in the whole area of health and occupation but also recognized that form of positive associations with the different agencies was evaluated also by the government agencies. The NIOSH program did not demand at that moment recognition of the different foundations and universities, the same as also that the leaders of our organization should take on that program.

Once having passed those first ten years, we initiate our second decade, the second decade of the agenda of occupational investigation. And thus I want to tell you that this is the thirteenth version of this new stage of NORA, to which you are forming part of it. All that you will be saying, as explained by Maria and Jose, will be recorded and will be transcribed and will be published in our web page.

And that speaks a lot of the transparency of that process. Doctor Sid Soderholm will speak to you in detail of what is the second decade of NORA. But we are here principally to

listen to you because that is the big change, what really is the essence of the NORA program, which is to listen to your opinions. The program is not only determined by our institution, but by the participation of each and every one of you.

I want to appreciate again to María Maldonado, to Victor Skerrett of the Counsel of Health and Safety of Puerto Rico, as well as to Madeline Medina and to José Carpena of OSHA, who have helped us to have a list of the participants of this forum, and to invite you again to participate because you from us will hear very little. What we are interested in is principally to listen to you. Well, many thanks and I leave you with doctor Sid Soderholm who will speak briefly to you about the second stage of NORA. Thank you."

MR. SODERHOLM:

Thank you, María. I will use this microphone instead of the wireless microphone, in case that- - Oh, I'm very pleased to be here, as people mentioned, my name is Sid Soderholm, I'm a NORA Coordinator in NIOSH. And

this is our thirteenth meeting and at the end of march I was very tired of traveling. We had our twelve meetings between last december and last march, Christy Forrester and I. And I've been in a lot of traveling, but it's a great pleasure to be able to travel to Puerto Rico for the first time for me. And to be able to listen as María has explained.

So let me just take a few minutes and talk a little bit more about NORA. NORA from the beginning has been a national partnership effort to define and conduct priority research, This has not changed. Parts of this program of NORA, then included the stakeholder input as María just explained. Out of this input we gathered together NIOSH people and people from outside NIOSH, other stakeholders and we put together an agenda for the nation.

Our plan was to teach a vision for the nation as to the researchs that have to be done now, to have the most effect. We worked together with partners to address those priorities. And as part of this process, we levered funds, we are able to attrack money

from the National Institutes of Health, which is a much larger organization. We are interest overlap, where we set priorities, they have same fit offering to help fund research in those areas.

We hope to do even more and a better job, attracting funding in partnerships on through all range of people and organizations during the second decade of NORA. So, during the second decade we're still focusing on setting priorities and conducting the highest priority research. But we have an additional focus now too, we particularly want to be able to move those research results to have an effect, we call this research to practice.

So having--making changes in work places, principally through sector base partnerships. And in order to have change in work places, that's a long process. And it involves everyone, it involves the supervisors on the floor, it involves workers and involves health and safety professionals, organizations, OSHA and NIOSH. Many, many halves are needed to have change on the floor.

But that's our goal, to work into facilitating those research results actually making a difference. The reason we've gone to a sector base approach is several, we're going to set up actually strategic plans of research agendas, for each of the mayor sectors, whether we define through adapting the sentence that--the permission of sectors. Now, I'll show you those in a minute.

So, we'll have eight separate research strategies, but they'll be a lot of overlap, there would be a pro-sector needs. We know traumatic injuries and muscular-skeletal diseases. And the issues with special calculations working in the United States, you, other people. Those who are on work sites and on the main land, where they don't speak English, but so far most of the safety information is in English.

Those are issues that cross many sectors, so the cross sector issues are still there, they are important, they are not going to be lost in a sector approach. But by focusing on sectors, we're making sure we're considering

the needs of all the workers in the economy and that's how we're organizing it. One of the main things we hope to gain by this approach is facilitating partnerships with employer organizations, worker organizations with trade associations. With all those groups that tempt to identify with a particular sector, with different kinds of industries.

So--and we are finding that we're opening up a lot of new partnering opportunities in this sector. The research counsels, each of the eight sectors will see a brief naming of the sectors there. Each of the eight sectors will have a group, the group will be possibly one third NIOSH people, about two thirds people from outside NIOSH, who are knowledgeable in that sector offering our help and safety professionals in that sector. And who will take the input that you provide, I don't remember whether I left that slide in, check that, there's my next slide.

This research counsels will take the State input from the town hall meetings, from our website, you can input information directly

into our website, I'm giving you that a little later. Plus the surveillance stated, the information we have about what the mayor problems are with the different workers and the member expertise of our groups. And set priorities and in setting up these work groups, we're using—we're asking volunteers to work on it's work groups.

And in order--sometimes you have many more volunteers than we can accommodate, these work groups are just having their first meetings now. And so when we have more volunteers than we can accommodate, we have a category called "corresponding members". So, corresponding members in order to keep the work group small enough to be able to work together, the corresponding members will be kept informed through e-mail of what's happening in the sector counsels. And they will be asked to provide input on issues that are being discussed in the counsels.

So, you have the counsels and then you have another ring of participants who will be very closely involved with the counsel work,

the corresponding members. It encourage you to what we know, through the website, through the e-mail, if you're interested in working on these counsels. So, these counsels will each setup a draft research strategy, that could be put in the web and we will be announcing that these are available. And will ask people to contact on them.

Are they prioritizing the major issues, the things missing or there are partners who should be logged to or not been mentioned. So, there--and then this would be the research strategy for the nation in that sector. So how can you participate? I've already talked about providing new input in some extend and volunteering.

The input you provide today will be provided to us in a form of a transcript, where it is--if you choose to speak in Spanish, we will translate it for both, the Spanish and the English on the website. And if you look at our website now, there is the address. You will see that there is a searchable data base. You could type in construction or you can choose

muscular-skeletal disease and you will find all the comments that we've been given relating to that category. So your comment will be entered there too. Unfortunately, we're not really-- sometimes we'll a little slow getting them there, but they will be entered. And that is the research plus summaries of what is said and what goes to the research counsels for their information.

So, that--what you say today will be available to researchers around the world, to-- may have a good idea in your area and if they choose to search this data base, they might slide your comments and the reasons to be doing those works. I think I have already said that. That types of information that were requested, we're interested in anything you have to say, on what you think it's important in occupational safety and health. But when people ask us what we're interested in, this is what we say, we're interested in what the top problems are. What is the diseases injuries, what are the exposures, what populations are in risks. And where are the failures of the

systems we have in place now. Also, if you have some ideas, who are the key partners, it could really make a difference in this area. What types of research, if you're mailing research, what types of research might make a difference.

We do ask for a brief presentations, as we can see, Víctor is very good in keeping us on time and he's going to be monitoring this section. So, we'll be moving people along and if you don't have time to say everything you need to say in your five minute summary, then leave us a piece of paper, send me a e-mail with a comprehental comments as you want to be of and we will put those on the website, we will make those available to the research counsels.

We found actually, that if you provided it electronically, it makes it a lot easier, because everything is electronic these days. Finding people who retype things is getting more and more difficult. But give us the full comment, even if you don't have a chance to give it all today. One thing is that we don't

have a question and an answer time, we're here to listen to everyone. So, we will listen to people and if you agree or disagree, I assume we will have time that even if your name is not in the list, Víctor will ask for volunteers to come up and give us your opinion.

So, I'm not asking to criticize others or question others, but tell us what you think is important. We want to hear what you're thinking. Final thoughts, we always ask people to register for e-News, you notice we asked for your e-mail address when you signed in. And if you didn't sign in, there's a book, if you leap through it, you'll see we've used it in all the town hall meetings. So, you're part of this history.

So, please do sign our book, we asked for your e-mail address there at the Exhibit Center, we asked for your e-mail address. What we do with that is we sign you up for e-News. And you can also do it yourself at this website, you'll get an e-mail once a month in your mailbox, that has one or two hundred word articles describing a lot of different things

going on, on NIOSH. We have something in there every month about NORA and if you--everyone is busy, if you don't have anymore time to devote to NORA than that, if you look in the e-mails and read that one or two hundred word article a month, you will be pretty well up to date on what's happening in NORA.

So, sign up the e-mail, read your e-mails, and please sign you up for it and you can always subscribe anytime you want. You can provide additional input or look at what other people submitted through the NORA website and anytime you have questions, just send an e-mail to NORA coordinator at CDC.gor and I'll answer it.

I--people can spell coordinator better than they can spell Soderholm, so it's easier to use that, it's the e-mail address. But I will get that everyday. So, that's what I wanted to say and with that we will turn it over to Víctor, to take us to the most important part, where we get to listen instead of talk.

MR. SKERRETT:

Okay. We're ready to start, Mr. Albert Díaz will be our time keeper here and again, I just want to emphasize on what Sid just said, if you don't have enough time during your presentation, which is limited for the next five or seven minutes, please leave us your comments, your thoughts and you will cooperate and later on- -

We have a schedule here, is really tight, we're going to be moving it off pretty quickly. So we will ask as this particular moment--I must say to the presenters that Mr. Albert Díaz will be standing in the back and he will be giving you more or less a status of the time that you have left. Okay. So be very attentive to his signals from back here. At this moment, I request the presence of professor Jorge Ramos, from the University of Puerto Rico to do his presentation.

MR. RAMOS:

"Buenas tardes. Quiero presentar específicamente tres áreas que entiendo que necesitan ser atendidas. No porque no se hayan

atendido del todo, sino porque hay cosas que hay que revisar, modificar. La primera de ellas es el área de los edificios enfermos. Desde la década--desde antes de los ochenta, estamos trabajando en el área de edificios enfermos. Hay bastante investigación realizada en Estados Unidos, en Europa, sobre esto, sin embargo, la investigación en áreas tropicales es mínima.

Sabemos que el comportamiento, pues de muchos microorganismos en áreas tropicales es distinto y entendemos que hace falta mayor énfasis en este particular. Además, entendemos que en esta misma línea, el área de ácaros en--del polvo, que resultan ser más alérgenos en muchas ocasiones que los hongos, es un área que necesita mayor atención. Específicamente el área de metodologías adecuadas para poder mostrear específicamente esto, este tipo de microorganismo. Pues requiere una mayor atención ya que los métodos que existen, pues no son muy certeros, ni son, pues muy adecuados.

Dentro del área--de esta misma área, un

factor que es un tanto problemático, es que desconocemos realmente los ambientes de donde viven los trabajadores. En un estudio--en un pequeño estudio que estuvimos realizando comparando las muestreos microbiológicos en los cuartos de las personas, con los muestreos microbiológicos realizados en estructuras, que encontramos que en el área de los cuartos, donde la gente duerme los conteos microbiológicos eran mucho más altos que en las áreas de edificios.

Así que eso necesita mucha atención, porque presenta el problema de dónde se está enfermando el trabajador, se enferma realmente en su área de trabajo o la enfermedad viene desde su casa. En el área de riesgos y concesiones, es un área que entendemos que está--que necesita una mayor atención. Realmente NIOSH ha estado trabajando el área en conjunto con la American Psychological Association, con énfasis mayor en el área de estrés laboral. Sin embargo entendemos que hay otras áreas como violencia en el lugar de trabajo, drogas en el lugar de trabajo. El

área de discrimen en el lugar de trabajo, que se convierte en un factor difícil de manejar en muchas ocasiones. Necesita una atención mayor enfocándose desde la perspectiva del profesional de la salud ocupacional y no del sicólogo. Somos los profesionales de la salud ocupacional los que en muchas ocasiones damos la cara primero en este tipo de problemas y muchas veces no tenemos recurso para trabajarlo.

Tan es así que las escuelas graduadas de Salud y Seguridad Ocupacional, muy pocas tienen cursos que se enfocan en el área de riesgos sicosociales. Yo creo que esto es un área que en la perspectiva de la salud ocupacional necesita con urgencia una revision, inclusive, a nivel curricular en las escuelas graduadas de Salud y Seguridad Ocupacional.

Por ultimo, un área que no se ha atendido, ha sido el área de currículos en las escuelas. Recientemente estuvimos trabajando con el desarrollo de un currículo enfocado en la salud y seguridad ocupacional para educación pre-escolar. Y por qué para educación pre-escolar,

si los niños no están trabajando, los valores comienzan desde esa edad. Y es ahí el mejor momento que tenemos para enseñarle al ser humano, en este caso los niños, sobre los valores y sobre respetar reglas, leyes que tenemos sobre salud y seguridad ocupacional. En la literatura no encontramos prácticamente nada enfocado en esta área.

Sin embargo, ya la agencia de Protección Ambiental Federal, tiene currículo completamente desarrollado sobre el área ambiental. Yo creo que esta área es una área que tenemos que trabajar y crear currículo donde se promuevan en el niño los valores en la seguridad y en la protección de la salud. Buenas tardes".

(TRANSLATION)

MR. RAMOS:

Good afternoon. I want to present three specific areas that I understand need to be addressed. Not because they haven't been attended to as a whole, but because there are things that have to be revised, modified. The first of these is the area of diseased

buildings. From the decade--from before the eighties we are working in the area of diseased buildings. There is plenty investigation done in the United States, in Europe about this. Nonetheless the investigation in tropical areas is minimal.

We know that the behavior of many microorganisms in tropical areas is different and we understand that a major emphasis is needed in this particular. We also understand that in this same line, the area of dust mites which are more alergens in many occasions than the fungus, is an area that needs major attention, specifically the area of adequate methodology to demonstrate this specifically, this type of microorganism. This requires a major attention since the methods that exist are not very certain, nor are they very adequate.

Within the area--of this same area, a factor that is problematic is that we really do not know the ambients where the workers live. In a study--a small study that we made comparing the microbiological samples in the

person's rooms with the microbiological made in structures, we found that in the area of the rooms where the people sleep the microbiological readings are much higher than in the areas of buildings.

Thus that needs much more attention because it presents the problem of where the worker is becoming sick. Does he really become sick in his work area or does the disease come from his house. In the area of risks and concessions this is an area that we understand is--that it needs major attention.

Actually NIOSH has been working in the area together with the American Psychological Association with major emphasis in the area of labor stress. Nevertheless we understand that there are other areas such as violence in the work area, drugs in the work area, the area of discrimination in the work area which becomes a difficult factor to manage on many occasions needs a major attention focusing from the perspective of the occupation health professional and not of the psychologist. It is the occupational health professionals the ones

who on many occasions have to first face this type of problem and many times we have no resources to work with this.

This is such that the graduate schools of Health and Occupational Safety, very few have courses that focus in the area of psychosocial risks. I believe that this is an area that from the perspective of occupational health needs urgently a revision, including a curricular level in the graduate schools of Health and Occupational Safety.

Lastly one area that has not been attended to is the area of curriculum in the schools. Recently we were working with the development of a curriculum focused in the occupational health and safety for pre-school education. And why for pre-school education if the children are not working? Our values start from that age. And that is the best moment that we have to teach the human being, in this case the children about values and about respecting rules, laws that we have about occupational health and safety. In the literature we find practically nothing focused on this area.

Nevertheless, the agency of Federal Environmental Protection has a curriculum completely developed about the environmental area. I believe that this area is one area that we have to work on and create a curriculum where it is promoted in the children the values of safety and in the protection of health. Good afternoon. "

MR. SKERRETT:

Okay. Now we will have Ms. Ilene Garner from United States Virgin Island. She's going to do a presentation and we will continue right on here. Mr. Albert, you let me know when you're ready. She'll be following her notes from her lapbook.

MS. GARNER:

Good afternoon, everybody. I'm glad to be here, my name is Ilene Garner of the University of Virgin Islands. And I won the Safety in Paradise Program in the Virgin Islands. I'd like to spend the next few moments with you and I did have the power point presentation but I'm going to march through and keep on time. I will make it available if anyone wants to see

actually the beautiful pictures of the Virgin Islands, which I brought with me.

So, I will continue on the program, the program that we have in the Virgin Islands is called "Safety in Paradise". And I would like just to spend a little bit of time talking about the U.S. Virgin Islands and where we are and why it is important that safety in paradise is a matter of place. And then I'd like to talk a little bit about some environment of challenges that I believe we have that are unique to environment. And like to finish up with our proposing some recommended research topics.

So, the U.S. Virgin Islands is located eighteen degrees North latitude between Miami and Venezuela. That presents some very interesting things for us, we're four small insular islands with a population of only a hundred and sixteen thousand. But the average temperature is eighty-five degrees Fahrenheit year round. We also have a very a corrosive kind of environment because of the salt sea and sand. The tropical climate provides us with

high heat and humidity, like I said, year round.

We also have intense solar radiation all day long, because we are very close to the Ecuador. The high humidity and limited air circulation can cause some very interesting safety and health issues. We have significant historic structures that were built without air conditioning and were built with types of materials, that if you could see my pictures, you could see wall mildew.

The primary industries there are towards tourism and hospitality, construction and the marine industry. So workers are required to be outside in significant amount of time in the sun. Some of the problems that workers can-- they encounter because of there's this heat stress, the effects of the heart and the risk of dehydration. In addition, intense prolonged exposure to solar rays can cause skin cancer, eye damage and further injuries. There are also very interesting things upon equipment that can happen as well, because of this environment. For example, polemic degradation

which can loose the strength of safety apparadis in gear, you also have bathing in reaching a lot of sun, so you think the sun is red, because orange, if you think it's green, it becomes blue. So, those are kinds of things that you have to consider.

Also workers can have a full sense of security about the integrity of the equipment. For example, iron products corrode much faster in that kind of environment. The tense site of strength then goes down, specially in objects made of iron. Also iron objects have magnetic--that have magnetic properties, magnetic materials, can also loose their magnetic properties as a result of rust. And also their electrical conductivity, will degrade.

Workers are also exposed because of the high heat of humidity and the moist environment which causes a lot of mildew and mold in many of our buildings. So, workers are exposed to mold and mildew quite often. So we have issues surrounding mold infections, allergic reactions and obviously degraded air quality in the

buildings, because of this mold and mildew. Which you cannot see often times, because in between walls and ceilings that they are just not in apparent, people start getting sick and you just don't know why.

Also mold can in very extreme instances could promote wood rote and that's another thing you need to be concerned about, specially because workers have a lot of scaffolding on our buildings. And they think that the scaffolding is working well and if you have nails, for example, in that scaffolding that are in stainless steel, guess what? They'll start to lyed.

Some of the health and safety issues that touch the perimeter, prolong the effects of high heat and humidity on workers. And it's really not established, I mean, I know we've done some research for heat stress, but I don't think we've done it enough. And I don't think we'd looked in environments such as ours, where it's hot all year round. Not just in the summer.

There is a lack of federal standards for

my prospective for airborne concentrations of mold and a long term effects of mold exposure on workers. In addition and maybe again, I'm wrong, I don't see very many guidelines from workers who are close to solar rays under very long periods of time. Some of the recommended research areas vary in guidelines for worker rest regulance and solar exposure guidelines. The relationship of material degradation due to sun, sea salt and sand is something that I think would be very good recommended area.

And the last one, are the effects of prolonged exposure to mold and mildew. And this would be done to develop guidelines for declaring a building unsafe to occupy by workers. So, Safety in Paradise, really is a matter of place. Thank you very much.

MR. SKERRETT:

Thank you very much. We've moving around here and then we're going to have our third presentation, which is from engineer Samuel Rodríguez, he belongs to the University of Puerto Rico, Mayagüez Campus, in allowance with Puerto Rico OSHA. This is going to take us

like a couple of seconds.

Again, we would like to remind you that if you are interested in that presentation of Ms. Garner, we can either--once we are through, we can probably go over for those of you that are still interested. I'm really interested in submit it. And in the meantime, I'll just rest right along here. We will be changing, because we will be doing like a couple of slights here, it's not going to be the whole presentation, but please, be with us a couple of minutes. For a couple of seconds, I would say, we don't have that much time.

MR. RODRIGUEZ:

"Este es Samuel Rodríguez del Recinto Universitario de Mayaguez, de la Universidad de Puerto Rico. Haré la presentación sobre una de las alianzas que tenemos, la alianza con la Puerto Rico OSHA, el departamento de Ingeniería, específicamente. Y como tenemos siete minutitos, pues voy a ir rapidito. Así que me perdonan. Primeramente, como parte de la alianza que tiene el departamento de Ingeniería Química con Puerto Rico OSHA, pues

está la parte de revisión de currículo.

Obviamente, queremos mantener lo fundamentos de ingeniería química, que siempre han sido importante en el departamento. También se está tratando de mejorar la comunicación de nuestros estudiantes y la ética de ingeniería también.

Y finalmente, lo que nos trae aquí hoy, la parte de incorporar los conceptos de seguridad a procesos químicos, ya la práctica de ingeniería química, especialmente con los estudiantes que se gradúan de nuestro recinto.

Entre las actividades del departamento, pues el programa de PHT comenzó en el 2000, hay aproximadamente como un total de diez millones de dólares en "research" en el departamento. Y entre la parte de innovación y en la educación, está este tipo de alianza, donde queremos llevar la salud y seguridad a través del currículo de Ingeniería Química específicamente. Estamos con la Ingeniería Química y en muchos aspectos de la seguridad, ya que los procesos químicos pueden ser sumamente peligrosos. Desde el 2003, se está trabajando en esta estrategia, la alianza fue

poco después, pero ya en 2003 se comenzó a trabajar en un curso de "Chemical Process Safety", que se comenzó a dar por primera vez en el semestre--en el segundo semestre del 2004.

Y entonces se comenzaron en el 2004 las conversaciones para llegar a toda la alianza. Ya en el 2005, fue cogiendo forma y hubo aprobaciones por parte de la OSHA--Puerto Rico OSHA para perseguir este tipo de alianza. Y en octubre del 2005, finalmente, se logró la firma de la alianza entre el departamento de Ingeniería Química del colegio de Mayagüez y Puerto Rico OSHA. Como parte de las actividades que se han hecho, pues se han dado dos seminarios ya, a la comunidad en general, una fue en abril y una en noviembre.

Nos estamos reuniendos--nos hemos reunidos "quartely" y ahora estamos reuniéndonos mensualmente para llevar a cabo un plan de acción. Entre los aspectos más importantes de la alianza, pues está revisar el currículo para incluir los aspectos de salud y seguridad. Se da los cursos de "Chemical Process Safety", que ya se hizo. También se está tratando de

lograr--llevar los conceptos de salud y seguridad a través de todo el currículo, de distintos cursos de ingeniería química, que van a estar estableciendo los aspectos de salud y seguridad aplicables a esa área de ingeniería química.

Se han dado--se sigue dando adiestramiento, según les mencioné. Se han dado--también se está dando--de promover la participación de los estudiantes, para ir a varios seminarios de la Puerto Rico OSHA allá en el colegio. Y no solamente de "Process Safety", sino de "Lab Safety" y otros estándares y los estudiantes han participado activamente. También uno de los propósitos es lograr diseminar esta información a través de la comunidad para que se sepa que ese tipo de alianza puede ser muy exitosa al momento de ser electa.

También conferencias como éstas y otras conferencias como la de ingeniería química, que se dio recientemente en Dorado, también hemos participado. También vamos a estar este próximo año, vamos a estar adiestrando

inspectores de la Puerto Rico OSHA, en los aspectos de "Chemical Process Safety", importante para sus inspecciones en la industria química. El "expertise" del departamento se va a utilizar para que ellos entiendan mejor cómo es que se--identificar programas de "Process Safety".

De nuevo, los cursos nuevos se van a estar estableciendo, ya se estableció el de "Chemical Process Safety". Luego un curso de "safety and health" general, que también se va a establecer. Así que esta información vamos a seguir diseminándola y vamos a seguir participando del quórum como este. Las actividades futuras, para terminar, tenemos que nos vamos a estar reuniendo mensualmente, el departamento va a desarrollar cambios en el currículo. Se va a adiestrar inspectores de la OSHA y vamos a estar sometiendo una propuesta de OSHA & Science Foundation, para expandir la propuesta ocupacional y educacional. Eso es todo y muchas gracias".

(TRANSLATION)

MR. RODRIGUEZ:

This is Samuel Rodríguez from the University of Mayagüez Campus of the University of Puerto Rico. I will make a presentation about one of the alliances that we have, the alliance with the Puerto Rico OSHA, the Department of Engineering specifically. And since we have seven minutes, well I'll go a little fast. So forgive me. First of all as part of the alliance that Department of Chemical Engineering has with Puerto Rico OSHA, there is the part of revision of curriculum. Obviously we want to maintain the fundament of chemical engineering which has always been important in the department. We are also trying to improve the communication of our students and the ethics of engineering also.

Finally what brings us here today, the part of incorporating the concepts of safety and chemical processes, already the practice of chemical engineering, specially with the students who graduate from our campus.

Within the activities of the department

the program of PHT started in 2000. There are approximately about a total of ten million dollars in research in the department. And between the part of innovation and in education this type of alliance where we want to take health and safety through the curriculum of Chemical Engineering specifically we are in Chemical Engineering and in many aspects with the safety, since the chemical processes can be very dangerous.

Since 2003 there has been work on this strategy, the alliance came a little after. But in 2003 there started work on the course "Chemical Process Safety" which started for the first time in the semester--in the second semester of 2004.

And then there started in 2004 the conversations to arrive at an alliance. Then in 2005 it started taking form and there were approvals on the part of OSHA--Puerto Rico OSHA to follow up on this type of alliance. And in October 2005, finally an alliance was achieved between the Department of Chemical Engineering of the Mayaguez Campus and Puerto Rico OSHA.

As part of the activities carried out there have been two seminars to the community in general, one was in April and one was in November.

We are meeting--we have met quarterly and now we are meeting monthly to bring about a plan of action. Within the most important aspects of the alliance there is to revise the curriculum to include the aspects of health and safety. Courses are given of Chemical Process Safety, which was already given. Also there is work trying to achieve--take the concepts of health and safety through the whole curriculum of different courses of chemical engineering which are going to establishing the aspects of health and safety applicable to that area of chemical engineering.

There have been given--there continues to be training, as I mentioned. There have been given and also continue to be given promotion to the participation of the students to go to various seminars of the Puerto Rico OSHA there in the college. And not only of "Process Safety", but to "Lab Safety" and other

standards and the students have participated actively. Also one of the purposes is to disseminate this information through the community so that it is known that this type of alliance can be successful at the moment of it being elected.

Also conferences such as these and other conferences such as the one of chemical engineering which was given recently in Dorado, we have also participated in it. We will also be this next year, we will be training inspectors of the Puerto Rico OSHA in the aspects of Chemical Process Safety which are important for the inspections in the chemical industry. The expertise of the department will be utilized so that they better understand how it is—to identify programs of Process Safety.

Again, the new courses will be established. It has already been established the one of Chemical Process Safety. Then a course of general safety and health which will also be established. Thus this information we will continue to disseminate and we will continue to participate in quorums such as this

one. The future activities, we will be meeting monthly. The department will develop chances in the curriculum. Inspectors will be trained in the OSHA and we will be submitting a proposal of OSHA & Science Foundation so as to expand the occupational and educational proposal. That is all and thank you very much."

MR. SKERRETT:

"Muchísimas gracias. Vamos ahora-- En estos momentos queremos darle participación al señor Carlos Ortiz, él viene en representación de la Unión ILA, Local 1575. Señor Ortiz, adelante".

(TRANSLATION)

MR. SKERRETT.

"Thank you very much. At this time we thank Mr. Carlos Ortiz for his participation, he is here in representation of ILA Union, Local 1575. Mr. Ortiz, go ahead."

MR. ORTIZ:

"Buenas tardes. Mi nombre es Carlos Guillermo Ortiz, presidente de la ILA, Local 1575. La ILA es una asociación internacional

de trabajadores en el frente portuario que tenemos que ver con la carga y descarga de los barcos. Quiero también reconocer las personas que me acompañan, al señor Carlos Santiago Lugo, es director del área de distrito del departamento de Trabajo Federal, de horas y salarios. Y el señor Francisco Díaz Morales, vicepresidente de la ILA, Local 1575 y de la unión que dirijo.

Quiero dar las gracias al director de OSHA Federal aquí en Puerto Rico, al señor José Carpena, por la invitación que me extendió. Y al señor Teodoro Rovira, oficial inspector de esta agencia. Quiero darle inmensamente las gracias por la gran ayuda que nos han dado en el frente portuario. Quiero hablarles—hacer un resumen de los distintos inconvenientes que hemos tenido, pero que de alguna manera u otra pues estos dos caballeros nos han ayudado grandemente aquí en Puerto Rico.

El área de nosotros es bien compleja, es un área inmensamente grande, pero se conoce como que es tierra de nadie, ya que mientras muchos duermen, nosotros estamos trabajando en

la carga y descarga de los barcos. Quiero mayormente hablarles de lo que es la seguridad y la salud en el frente portuario. Nosotros en la carga y descarga, hay veces que estamos expuestos a distintos químicos.

Queremos hacer también la recomendación de que OSHA al podernos realmente ayudar en esta carga y descarga de los barcos con químicos extraños que no nos dicen realmente que es lo que se--contienen. Se pueda también de alguna manera u otra fomentar que esas personas que han sido expuestas, pues puedan de alguna manera u otra ser atendidos o ser--se pueda someter alguna clase de estudios. Bien ligerito, me gustaría también que en las investigaciones mayormente que se hacen aquí en Puerto Rico, entiendo que la reglamentación de alguna manera u otra se debe de esculcar y tratar de poner a tono con las necesidades regionales en sí que estamos teniendo.

Uno de los problemas bien básicos, ya que el tiempo es muy limitado, que tenemos es en el carreo de esos vagones. Esos vagones cuando bajan, no estamos hablando de libras, estamos

hablando de tonelajes y cuando bajan, en esa prisa de la carga y descarga, pues se intenta de que sean movidos en las áreas de los patios, como se le llama o las carreteras internas sin cerrar unos "locks". Ya que en otras áreas se permite que se puedan mover, pero se utiliza lo que se conoce los "flat bed", que son unas plataformas que nosotros aquí en esta área, pues no la tenemos para que sea de alguna manera u otra trasladado.

Quiero también que se le de seguimiento mediante a las penalidades que se encuentran, verdad. No voy a revelar el nombre de la compañía en la cual se encontraron distintas penalidades, pero sí puedo decir que fueron veinticinco penalidades que fueron serias y cuatro que fueron repetitivas. Y que actualmente esa investigación comenzó para el mes de abril y concluyó, más o menos, para octubre trece y actualmente ya el "deadline" que tenían para hacer esas mejoras o hacer esos arreglos terminaron para noviembre trece. Y actualmente, pues no se ha continuado, no se le ha dado seguimiento en sí y de alguna manera u

otra, todavía seguimos siendo expuestos.

También las grúas, esas grúas que trabajan en los barcos, aquí la carga mecanizada, comenzó en 1958 y todavía tenemos grúas de los años '62, '63. Y lo que estamos en sí es solicitando de que de alguna manera u otra, esas investigaciones que se hicieron, se pueda de alguna manera u otra ser más agresivos conjunto con nosotros, porque nosotros también tenemos comité de seguridad interna en nuestro contrato. Para que de alguna manera u otra se pueda dar seguimiento a lo que estamos siendo expuestos. El tiempo es bien limitado, pues estoy haciendo un resumen porque sé que muchas de las cosas, si hubiera lo de preguntas y respuestas, pues me tendría que entonces preguntar que quiero decir con los "twin locks" o qué quiero decir cuando una persona se expone a- - Distintos vocablos realmente que tenemos nosotros. Sí, me gozo de que estoy siendo partícipe y se me dio la oportunidad también de exponer los distintos riesgos que nosotros estamos pasando. Y que de alguna manera u otra yo estoy en la mejor también disposición de

cooperar en todo lo que sea.

Yo llevo con la Unión ILA, treinta y tres años, así que por lo visto, pues si los dejo, pues no aparento la edad, pero comencé allí a las diecisiete años. Le agradezco mucho la oportunidad que me dieron y exhorto a que OSHA siga continuando en ese trabajo titánico. Y que le de la oportunidad también a OSHA a que aumente ese personal de inspectores, que yo sé que el señor Carpena necesita para que continúe haciendo un excelente trabajo.

Quiero decir que lo felicito, señor Carpena y en el señor Rovira tienen tremendo inspector allí, gracias".

(TRANSLATION)

MR. ORTIZ:

"Good afternoon. My name is Carlos Ortiz, president of the ILA Local 1575. ILA is an international association of workers in the ports that have to do with loading and unloading of ships. I want also to introduce the persons who accompany me, Mr. Carlos Santiago Lugo, director of the area of district of the Federal Labor Department, of hours and

salaries. And Mr. Francisco Díaz Morales, vice president of the ILA, Local 1575 and of the union that I direct.

I want to thank the director of Federal OSHA here in Puerto Rico, to Mr. José Carpena for the invitation that he extended to me and to Mr. Teodoro Rovira, official inspector of this agency. I want to give immense thanks for the great help they have given us in the area of the ports. I want to speak to you--make a summary of the different inconveniences we have had, but that in one way or another these two gentlemen have greatly helped us here in Puerto Rico.

Our area is very complex, it is an immensely large area which is known that while many sleep we are working on the loading and unloading of the ships. I want to speak to you of what is the safety and health on the waterfront. We in the loading and unloading are sometimes exposed to different chemicals.

We want to also make the recommendation of OSHA to be able to really help us in this loading and unloading of the ships with strange

chemicals which do not tell us really what it is they contain. It can also in some way or another encourage that those persons that have been exposed, that they can in some way or another be attended or be--that some kind of study can be submitted.

Very quickly, I would also like in the investigations that are done here in Puerto Rico--I understand that the reglamentation in one way or another should be studies and try to put in tune with the regional necessities that we are having.

One of the basic problems, since time is very limited, is the moving of those freight vans, ("vagones"). Those freight vans when they come down, we are not talking about pounds, we are talking of tonage and when they come down in the rush of loading and unloading well, they try that they be moved in the areas of "patios" which is how it is said of the internal roads without closing some locks. Since in other areas it is permitted that they can be moved, but is used what is known as "flat bed" which are platforms that we here in

this area do not have so that it be one way or another transferred.

I want also that there be followed up on the penalties that are found. I won't reveal the name of the company in which are found different penalties, but I can say that there were twenty-five penalties that were serious and four that were repetitive. And that actually that investigation started on October thirteen and actually already the deadline they had for making the improvements or make those repairs ended on November thirteen. And actually well, it has not been continued, no follow up has been done and in one way or another we still continue to be exposed.

Also the cranes, those cranes that work on the ships, here the loading is mecanized. It started in 1958 and we still have cranes from the years '62, '63. And what we are requesting is that in one way or another, those investigations that were done it can in one way or another be more aggressive along with us because we also have an internal security committee in our contract so that in one way or

another it can be given follow up to what we are being exposed.

The time is very limnited and I am doing a summary because I know that many of the things, if there were questions and answers then I would have to be asked what I want to say with the twin locks or what I want to say when a person is exposed to- - different terms that we have. Yes, I enjoy participating and to be given the opportunity also to express the different risks that we are going through and that in one way or another I am in the best disposition of cooperating in whatever it may be.

I have been with the ILA Union thirty-three years, so I may not appear my age but I started at seventeen years old. I appreciate very much the opportunity given to me and I exhort OSHA to continue in that titanic labor. And also to give the opportunity to OSHA to increase the inspector personnel I know that Mr. Carpena needs to continue doing an excellent job.

I want to say that I congratulate you Mr.

Carpena and in Mr. Rovira you have a wonderful inspector there. Thank you."

MR. SKERRETT:

"Gracias al señor Ortiz, un millón de gracias. Ahora próximo". Moving by the law, "como decimos". "Tenemos aquí al ingeniero Miguel Rubio de la American Society of State Engineers. El va a estar exponiendo mayormente en el área de excavaciones, andamiajes y accidentes relacionados. El ingeniero Miguel Rubio".

(TRANSLATION)

MR. SKERRETT:

"Thank you Mr. Ortiz, many thanks. Now, next? Moving by the law as we say. We have here engineer Miguel Rubio of the American Society of State Engineers. He will be explaining mostly in the area of excavations, scaffolding and related accidents. Engineer Miguel Rubio."

MR. RUBIO:

"Buenas tardes". Good afternoon. My name is Miguel Rubio, I'm president of the Puerto Rico Chapter of the American Society Safety

Engineers, ASSE. I want to thank OSHA, the Federal Counsel and NIOSH for this opportunity to share my thoughts related to one of the biggest problems as safety professional, we're facing primarily in the construction industry.

And referring to the increase number of series accidentes, including fatalities involving excavations, scaffolding and trenching. I would start saying that probably in the last two or three years, we have seen an increase in the number of serious accidents in the construction business. Probably eight months ago, a scaffold totally collapsed killing two workers. About four or six months ago, there was a crew making an excavation, I believe in the west coast, when the same collapsed and one of the workers was buried in, dying minutes later.

It is common to listen, what or written news to find out that a worker has died or has been killed from a fall from heights. As safety professionals we have thought about potential group causes for these accidents. It is not a secret that a construction industry

comprises a series of serious hazards and it's considered as a high risk industry. However, in my opinion, the increase number of these fatalities is going out of control.

Some people could say that there is not sufficient number of safety inspectors, involve the employers to watch their own people or from the government for conducting regular inspections to identify the risk. It is true that we still have a series of employers in that industry that do not spend resources and when I mean resources, we mean human and monetary for providing the necessary training for those workers to be safe at their work.

Some of these companies believe that spending resources in training goals against their benefit for at least two reasons, training cost money and also delayed projects. I want to stretch that out the efforts led by the government and some of the main companies of the Island for being offering training in this and other safety training. Some of the companies are developing curriculum, specially for the construction contract workers and are

dedicating their professional to teach these courses. Some of the courses are equivalent to the ten hours course, inclusive in some cases, is the same OSHA sponsor ten hours course.

However, my concern goes beyond training. I am a believer that many of these accidents are associated with the series of shortcuts taken by employees, which in my opinion is a cultural thing. I have seen many times workers with a harness placed and with the lanyard hooked to the same bearing, rather to the light line or to the anchor point. Other occasions we have discussed with some of these workers and the answer is, it takes much time to put on or it's too complicated, excetera, etcetera.

On the other hand we can continue doing our inspections, this is like PPE, I mean, when the worker see the inspector, they follow safety rules, but once the inspector leaves the premises, they go back to the old safety behaviors. We can go even further, we can post fines and penalties to both employers and workers, but since the magnitud of the sames are so insignificants, they do not mind to pay

the fine and continue following the learned behaviors.

As safety professionals we can focus on training and show the workers the standards. We can tell the workers how to raise a scaffold, how to become a competent person. Also we can explain and educate workers on the proper method for trenching an excavation. We can continue spending time and efforts in teaching the 1926 and the 1910 standards. We can spend hours and hours dedicated to let them know that whenever we work in areas with potential for falls, are six feet or higher or four feet in general industries, we need some kind of fall protection system. As a matter of fact, yesterday we were teaching a competent person course in a pharmaceutical plant. And we went out to the field and looked for some scaffolds that had been erected and so applied by a competent person. And we were surprised the amount of issues that we were able to identify, because they were not really following the proper standards.

However, there is one thing that really

worried me and it's that we cannot teach these employees behaviors. This is probably a psychological issue or perhaps a sociological issue. As a matter of fact, one of the other speakers have identified these as a cultural attitude of our latin country versus, you know, imposing regulation and enforcement.

Why are workers taking risk, what motivates them to take shortcuts and miss to protect their own safety and life? Are there other things that as a technical professional, can we use and follow to ensure a better working place? This is not a mixed situation in Puerto Rico, inclusive some colleagues believe that this is a fenomenum observed in latin-american countries.

I would like to investigate the behavioral and motivational regions behind these years of unsafe acts that have caused so many serious accidents. My intention is not only to cover workers in Puerto Rico, but this increasing number of latin american workers that are rapidly occupying positions among the working population in the United States. Thank you.

MR. SKERRETT:

Thank you very much. We're moving right along, but I would like to remind you that this is in this particular sense informal. You have a break right here, so you could--you know, you can stand up briefly and get your coffee and get your something, your snacks here while we bring the next speaker, which in this case will be engineer Erlinda González. Please come up to the stage. And you--again, you may feel free as we go along, if you want to get a coffee or maybe something, a snack, just get it and get back. Thank you.

MS. GONZALEZ:

"Buenas tardes, mi nombre es Erlinda González. Y hoy me encuentro aquí representando al Colegio de Ingenieros y Agrimensores de Puerto Rico. A pesar de que también soy una empleada de la industria farmacéutica por los últimos veinticinco años. Y quisiera compartir con ustedes una situación que entiendo yo que nuestra cultura en cierta manera nos está imponiendo al patrono. Y que de alguna manera necesitamos ayuda para poderla

manejar.

Actualmente en Puerto Rico, el sesenta y dos por ciento de nuestra población está sobrepeso. Y el sobrepeso trae un montón de problemas musculo-esqueletal, que nada tiene que ver con el ambiente ocupacional. Pero que lamentablemente nuestro ambiente de trabajo, con los requerimientos del registro en los 'logs' de enfermedades ocupacionales, en la manera en que están definidas, nos ataca y básicamente nos obliga a reportarla como ocupacional cuando entendemos que la mayoría de los casos, no tiene nada que ver con el ambiente de trabajo.

En la industria hacemos 'N' gestiones con los doctores y las enfermeras y el personal de seguridad para ayudar a los empleados en programas de manejo de peso. En programas de ejercicio, se le paga el gimnasio, se le provee el gimnasio, se le proveen un montón de facilidades para ayudar a bajar de peso, porque entendemos que ese sobrepeso es una de las razones principales por sus lesiones. Pero no hay manera de obligarlos, es algo voluntario y

al no poder obligar al empleado a hacer este programa para mejorar su salud personal, nos está impactando grandemente en las lesiones musculo-esqueletales y en el ausentismo en el ambiente de trabajo.

Y de alguna manera, nos gustaría ver cómo nos podemos ayudar o estableciendo criterios o maneras de cómo el patrono puede establecer programas de auto-ayuda con el personal para el manejo de peso. O como podemos revisar estos requerimientos de registros de lesiones musculo-esqueletales en el 'log' de OSHA. Muchas gracias".

(TRANSLATION)

MS. GONZALEZ:

"Good afternoon. My name is Erlinda González. And today I am here representing the College of Engineers and Agronomists of Puerto Rico, despite the fact I am also an employee of the pharmaceutical industry for the last twenty-five years. I would like to share with you a situation that I understand our culture in a certain manner is imposing on the employer and in some way we need to help in order to

manage this.

Actually in Puerto Rico sixty-two percent of our population is overweight. And this overweight brings many muscular skeletal problems that have nothing to do with occupational environment. But unfortunately our work environment with the requirements of register in logs of occupation disease in the way they are defined does attack and basically it obliges us to report as occupational when we understand that the majority of the cases have nothing to do with work environment.

In the industry we make "N" gestures with the doctors and nurses and the safety personnel to help the employees in programs of weight management. In exercise programs the gym is paid for, the gym is provided, many facilities are provided to help in losing weight because we understand that obesity is one of the principal reasons for injuries. But there is no way to obligate them, it is something voluntary and in not obligating the employee do do this program and improve personal health, we are being greatly impacted in the muscular

skeletal injuries and in absenteeism in the work place.

Thus in some way we would like to see how we can help each other establishing criteria or ways of how the employer can establish programs of self-help with the personnel for the management of weight. Or how we can revise these requirements of registry of muscular skeletal injuries in the OSHA log. Thank you very much."

(Translation)

MR. SKERRETT:

"Many thanks, engineer, many thanks for your presentation. We continue moving along and here we have Ms. Igna Carrasquillo."

(TRANSLATION)

MS. CARRASQUILLO:

"Good afternoon. I come in representation of the Society of Professionals of Prevention of Accidents of Puerto Rico, specifically as part of an alliance that we have with OSHA. I wish to indicate that with me is also our president, Ms. Carmen Vázquez.

We have a very interesting subject which

is a preoccupation we have and our board as well has been evaluating this and it is the following: the importance of having good industrial hygienists able to analyze the process and knowledge of developing good strategies of sampling and evaluation of qualitative and quantitative in the health area of occupational health for the effective protection of our workers. We have been noticing that the university curriculum are graduating students that go to the field to jobs of industrial engineers and they really do not have the knowledge that is required to be able to execute this profession.

We should be giving them the necessary tools so that these professionals of industrial engineering can execute these strategies in an effective manner. In a manner that they avoid their employers and monetary penalties be imposed. And not only that, but that they also be the effective form so they can protect those workers. In the case, you all know for example, I worked with Puerto Rico OSHA, what is now known as Puerto Rico OSHA since it was

OSHO. And I am also an industrial engineer.

There things are different because of course there are a number of strategies that are studied in the OSHA Institute. And if we go to Sal Lake City to the laboratories they do teach there about these three strategies. And we are in the field, in the practice, but not with these industrial engineers that we know are being recruited and only with a short course or they don't really have the strategies at all.

In Puerto Rico right now there does not exist in the universities that they have this type of competition. Yes, there are many masters which our curriculum recommends that they be realized. I am also a professor of various universities and we understand that we are seeing these failures. We are recommending that these curriculum be revised and enlarged so that there be included good practices for them to make their effective analysis of the process and proper and adequate action be taken so that the final plan of action be an effective one.

We are also recommending and we support that these industries that are not listening here today can promote that students be recruited in their work place so that the practice be a real one, that they have a real work place.

We as an organization and a society are also asking those companies--we think we can prepare a campaign for those companies that are going to scrap some type of equipment, technical, monitoring and the rest that they remember we are a non-profit entity. We want to be involved in some way to also take this education and we want to know if there is anyone that can help us to develop a campaign to ask that those equipments that can be donated we are available to accept them.

We are going to do as the Banco Popular campaign is doing which solicits musical instruments so that music can be continued and encouraged. We want this profession be one that the person can really practice in an effective manner.

Thus we say thanks in the name of the

Society of Professionals of Prevention of Accidents and to the Puerto Rico Federal Safety and Health Council for allowing us to be here. And to NORA, thank you."

(TRANSLATION)

MR. SKERRETT:

"Many thanks Igna, always at your service. I remind you that we have--we will continue moving along because we are on good time, but there is a break here. You can get up, drink refreshment, a snack and continue here.

Now at this moment we will present Mr. Jorge Rios. Then we will begin to take the persons who brought presentations."

(TRANSLATION)

MR. RIOS:

"Good afternoon. In representation of the Aqueducts & Sewers Authority and the executive president, Mr. Jorge Rodríguez, we are very thankful for the invitation to this conference.

I wish to make a brief introduction which concurs with Professor Jorge Ramos in that many of the accidents had by the employees do not occur in the work area and I will bring two

examples. Number one arises--I receive a case of a co-worker who registers a condition of allergies in contact with the asphalt fumes. And I investigate and this employee had previously been declared totally disabled by the State Insurance Fund and the employer had not been informed of his condition. The case was not in the work place and he still alleged it.

Number two, an employee who alleges an emotional condition due to a problem with the supervisor. It is investigated and it was in another place that the alleged emotional condition occurred and it was not in the work place. But what bring us here are two points, first the cases of alumina in the Aqueducts & Sewers Authority. Now we have a case for obvious reasons the name is not mentioned, that has been incurring around four hundred thousand to five hundred thousand dollars in the State Insurance Fund in costs for this employee.

It was investigated in the Department of Health and various agencies and I also did an investigation and it results that he was

working with another employer exposed to toxic materials, alleged toxins. And the Authority never worked with this type of toxins. In the first place, the Fund does not relate the case but as we all know there is another, the Industrial Commission. It is appealed in the Commission and there the Commission gives total protection of the law to these employees.

But the situation of alumina by the year 2005 there had been thirty cases registered for which we requested professional advice to the Medical Sciences Campus for evaluation. This was requested based on analysis data from laboratories that the employees took from their private doctors, which are over the levels of exceeding ten milligrams.

One curious data was that all indicated having the supposed exposure between 1989 and 2000, but it was not until 2004 that they all decided to report the State Insurance Fund which originates this chain of claims from a subscriber of the Authority. Another curious data was that three employees indicated they had taken Maalox, an antacid with a high

content of alumina. And before going to the Fund they drank a bottle of alumina and when the analysis were made obviously the volumen was high.

It is indicated that during a visit to the clinic of the State Insurance Fund it was heard when one patient said to another to drink a lot of antiacid so that the level of alumina would be high in the tests. On verifying who they were it resulted to be an employee of the group from Cayay. And only in the regions of the Authority where they only indicated contamination with alumina it was in the region of Cayey, not in any other region of the Aqueducts & Sewers Authority.

The aluminium is excreted through the body through the urine in an average time of ninety days. Thus, the hypothesis that there could be an exposure through the use of the urine is discarded. It is indicated that they have said there exists the possibility that they are contaminated on having tanks of chlorine in the truck and tied with chains, since the paint of aluminum of the tank comes off and it forms an

aerosol of aluminum. They made and there have been made all investigations since the Authority is not authorizing the alumina and we are receiving other cases.

That is why in my hypothesis that there are many, but not to say all, many of the cases that are alleging contamination are from other places or from their house and not from the Aqueducts & Sewers Authority.

Another petition that is being made is of Hepatitis C. There are some other co-workers that are alleging contamination with Hepatitis C and the contamination is through sex or blood transfusions. And they are alleging that the contact with dirty waters from sewers they are being contaminated with Hepatitis C, for which we are asking also some help on this point.

There is another situation also that is very important that obviously is a risk that cannot be corrected, it is a matter of negotiation and it is that the employees of Aqueducts & Sewers Authority have two years when they can be reported to the Fund, collecting full pay for each case. There are

employees that have three, four and five cases which multiplied by two can be ten years without working collecting their salary. And this is one of the situations that I have been pointing out to correct that to bring down the work related accidents.

And the risk, one of the major risks that we have is this negotiation that was done, that we have one employee who registers one case, he is discharged from treatment today and the following week he registers another one.

And once again, congratulations, many thanks for the attention and God Bless. Good afternoon, very many thanks."

(TRANSLATION)

MR. SKERRETT:

"Muchísimas gracias, ingeniero, muchas gracias por su presentación. Seguimos moviéndonos, aquí tenemos ahora a la señora Igna Carrasquillo.

MS. CARRASQUILLO: (Translation on P-77)

"Muy buenas tardes. Vengo en representación de la Sociedad de Profesionales de Prevención de Accidentes de Puerto Rico. Y

específicamente como parte de una alianza que tenemos con OSHA. Deseo indicar que conmigo se encuentra también nuestra presidenta, la señora Carmen Vázquez.

Tenemos un tema sumamente interesante y es una preocupación que hemos tenido, verdad y nuestra junta también, pues lo ha estado evaluando y es el siguiente. La importancia de tener buenos higienistas industriales con dominio de análisis de proceso y conocimiento y desarrollo de buenas estrategias de muestreos y evaluaciones cualitativos y cuantitativos en el ambiente de la salud ocupacional para la protección efectiva de nuestros trabajadores. Nosotros hemos estado notando, verdad, que los currículos universitarios, estamos graduando estudiantes que se van al campo a realizar las plazas de ingenieros industriales, realmente no llevan el dominio que es requerido para poder llevar a cabo y ejecutar esta profesión.

Nosotros debemos darle las herramientas necesarias para que estos profesionales de la ingeniería industrial puedan llevar a cabo estas estrategias de forma efectiva. De manera

que ellos eviten a sus patronos, verdad, a que se le impongan penalidades y monetarias y no solamente eso, sino que también sean la forma efectiva para que ellos puedan proteger esos trabajadores. En el caso, ustedes saben--yo por ejemplo, trabajé con Puerto Rico OSHA, lo que hoy se conoce como Puerto Rico OSHA, desde que era OSHO. Y yo, pues soy también ingeniero industrial.

Allá la cosa es diferente, porque pues claro, hay un sinnúmero de estrategias que se estudian en en Instituto de OSHA. Y bien se va al Salt Lake City, verdad, a los laboratorios y allí sí, se enseñan sobre esas tres estrategias. Y se está en campo, en la práctica, pero no así con estos ingenieros industriales que nosotros sabemos que están siendo reclutados y no--solamente con un curso corto o pues no tiene realmente las estrategias, verdad.

En Puerto Rico, ahora mismito no existen en las universidades que sea--que tengan este tipo de competencias, sí, existen un sinnúmero de maestrías los cuales los currículos nosotros

recomendamos se han realizados. Yo soy también profesora de, verdad, varias universidades y entendemos que estamos viendo estas fallas. Nosotros estamos recomendando que se revisen y se amplíen estos currículos, de manera que se incluyan esas buenas prácticas para que ellos puedan hacer sus análisis efectivos de proceso. Y se tomen acciones propias y adecuadas para que realmente el plan final de acción sea uno efectivo.

También estamos--recomendamos y propiciamos que estas industrias que nos están escuchando aquí hoy día, puedan promover el que puedan reclutar estudiantes en su ambiente de trabajo para que la práctica sea una real. Tengan un ambiente real de trabajo. Nosotros como organización y sociedad estamos también solicitando aquellas compañías--pensamos que podemos preparar una campaña para que aquellas compañías que van a desechar algún tipo de equipo, técnico, de monitoreo y demás, pues que recuerden nosotros somos una entidad sin fines de lucro. Queremos involucrarnos de alguna manera para llevar a cabo también este tipo de

educación y queremos saber si hay alguien, pues verdad, que nos pueda ayudar a desarrollar una campaña para solicitar que aquellos equipos que nos puedan donar, pues estamos disponibles para aceptarlos.

Vamos a hacer como está haciendo la campaña el Banco Popular, que solicita verdad, instrumentos musicales para que se continúe y se fomente la música. Pues nosotros queremos que esta profesión sea una que realmente la persona pueda, pues practicar de forma efectiva. Así que damos las gracias a nombre de la Sociedad de Profesionales de Prevención de Accidentes y al Puerto Rico Federal Safety and Health Council, por permitirnos estar aquí. Y a NORA, gracias".

MR. SKERRETT:

"Muchísimas gracias, Igna, siempre a tu orden. Sí, les recuerdo que tenemos--vamos a seguir moviéndonos porque ya vamos--vamos a buen tiempo, pero hay un 'break' aquí, pueden levantarse, tomar refresco un 'snack' y seguir acá.

Señor--ahora en este momento vamos a

presentar al señor Jorge Ríos. Ya próximamente entonces vamos a empezar a tomar a las personas que trajeron presentaciones".

MR. RIOS: (Translation on P-81)

"Muy buenas tardes. En representación de la Autoridad de Acueductos y Alcantarillados y su presidente ejecutivo, el señor Jorge Rodríguez, pues muy agradecido por la invitación a esta oponencia. Deseo hacer una breve introducción y es que concurro con el profesor Jorge Ramos, en que muchos de los accidentes alegados por los empleados, no ocurren en el área de trabajo. Y les voy a traer dos ejemplos. Número uno, surge--me llega un caso de un compañero que radica una condición por alergias en contacto con los "fumes" del asfalto. Y lo investigo y este empleado, pues anteriormente ya había sido incapacitado totalmente por el Fondo del Seguro del Estado. Y no se le informa al patrono de su condición. El caso--no fue en el trabajo y lo alegó.

Número dos, un empleado que alega una condición emocional por un problema con el

supervisor. Se investiga y fue en otro lugar que ocurrió la alegada condición emocional y no fue en el trabajo. Pero lo que nos trae aquí son dos puntos, primero, los casos de alumina en la Autoridad de Acueductos y Alcantarillados. Ahora tenemos un caso, que por razones obvia, no menciona el nombre, que lleva alrededor de cuatrocientos a quinientos mil dólares incurridos en el Fondo del Seguro del Estado, en costo de este empleado.

Se hizo--se investigó el Departamento de Salud y varias agencias, inclusive yo hice una investigación y resultó que él estaba trabajando con otro patrono, expuesto a unos materiales tóxicos, alegados tóxicos. Y la Autoridad, pues nunca trabajó con ese tipo de tóxicos. En primer lugar, el Fondo no le relaciona el caso, pero como todos sabemos, pues hay otra--la Comisión Industrial, la apelan en la Comisión y ya la Comisión le da la íntegra protección de la ley a estos empleados.

Pero la situación de la alumina, para el 2005 se habían radicado treinta casos, por la cual solicitamos asesoramiento al Recinto de

Ciencias Médicas para evaluación. Esto lo solicitaron basándose en datos de análisis de laboratorios que llevaban los empleados de sus médicos privados, los cuales sobrepasaban los niveles de exceder los diez miligramos.

Un dato curioso fue que todos indicaron haber tenido la supuesta exposición entre 1989 y 2000, pero no fue hasta el 2004 que decidieron todos reportarse a la Corporación del Fondo del Seguro del Estado, quien origina esta cadena de reclamaciones de una suscriptora de la Autoridad. Otro dato curioso, fue que tres empleados le indicaron haber tomado Maalox, un antiácido con alto contenido de alumina. Y antes de ir al Fondo, pues se tomaban un pote de alumina y pues, cuando le hacían los análisis, pues obviamente, pues el volumen era alto.

Indicó que durante un recorrido por la clínica de la Corporación del Fondo del Seguro del Estado, escuchó cuando un paciente le decía a otro, que tomara mucho antiácidos para que le subieran los niveles de alumina en las pruebas. Al verificar quienes eran, resultó ser un

empleado del grupo de Cayey. Y solamente, en todas las regiones de la Autoridad, donde único indicaron contaminación con alumina, fue en la región de Cayey, no en ninguna otra región de la Autoridad de Acueductos y Alcantarillados.

El aluminio se excreta a través del cuerpo, a través de la orina en un tiempo promedio de noventa días. Por la cual, la hipótesis de que pudiese haber una exposición de aluminio por el uso de la orina queda descartada. Indicó que ellos han dicho que existe la posibilidad de que estén contaminando al tener los tanques de cloro al camión y amarrados con la cadena, ya que la pintura de aluminio del tanque, se desprende y forma aerosol de aluminio. Hicieron y se han hecho todas las investigaciones, ya la Autoridad no está autorizando la alumina y nos están llegando otros casos.

Por eso que en mi hipótesis de que muchos, por no decir todos, muchos de los casos que están alegando de contaminación, son de otros lugares o de su casa y no de la Autoridad de Acueductos y Alcantarillados. Otra petición

que estamos haciendo es la Hepatitis C. Hay otros compañeros que están alegando contaminación con Hepatitis C y la contaminación es a través del sexo o transfusiones de sangre. Y ellos están alegando que el contacto con aguas usadas de alcantarillados se están contaminando con Hepatitis C. Por lo que le estamos solicitando también la ayuda en ese punto.

Hay otra situación bien, bien importante, que obviamente, es un riesgo que no lo pueden corregir y tampoco lo pueden--es una cuestión de negociación y es que los empleados de la Autoridad de Acueductos y Alcantarillados, tienen dos años que pueden estar reportados al Fondo, cobrando su sueldo completo por cada caso. Hay empleados que tienen tres, cuatro y cinco casos que multiplicado por dos, pueden estar diez años sin trabajar cobrando su salario. Y esto es una de las situaciones que he venido, pues señalando para corregir eso para bajar los accidentes del trabajo.

Y el riesgo, uno de los mayores riesgos que tenemos es esta negociación que se hizo,

que tenemos un empleado que radica un caso, le dan de alta hoy y ya a la semana siguiente, pues radica otra. Y realmente, una vez más, muchas felicidades, muy agradecido por la atención y que el señor los bendiga. Buenas tardes, muchísimas gracias".

(TRANSLATION)

MR. SKERRETT:

"Muchas gracias. En este momento me gustaría presentar a la doctora Dharma Delgado--Loperena".

(Translation)

MR. SKERRETT:

"Many thanks. At this moment I would like to present Dr. Drama Delgado--Loperena."

MS. DELGADO:

"Muy buenas tardes. Muchas gracias por esta oportunidad. Con el propósito de contribuir en la anticipación, prevención, litigación de condiciones y situaciones que afectan áreas ocupacionales. Y la distinción entre condiciones ambientales y lo que se atribuye como error humano. Y para un mejor entendimiento en relación a los aspectos antes

mencionados, propongo la investigación, utilizando un modelo estocástico dinámico, basado en el estudio y análisis de patrones obtenidos de datos, como estadísticas de histogramas.

El objetivo es el diseño de estrategias para anticipar eventos y proyectar situaciones futuras. En otras palabras, estar preparados. Si dentro de la--por ejemplo, si dentro de la teoría del caos, se puede encontrar el punto donde se detectan patrones, así mismo con este evaluo se espera que se faciliten esos patrones para un desarrollo dinámico en la conceptualización de programas educacionales y entrenamientos acertijos en la búsqueda de un estado de excelencia en salud y seguridad ocupacional. Por ejemplo, este tipo de modelo se podría utilizar en diferentes situaciones y preocupaciones que se han planteado hoy en la tarde. Por ejemplo, yo traigo a colación, que se puede investigar igualmente la relación entre los niveles de ansiedad y afecto en propensión de accidentes y productividad, luego del 911.

Eso es un área que sí afecta por todo lo que es el área ocupacional. Eso es todo lo que tengo que decir por hoy, muchas gracias por su atención".

(TRANSLATION)

MS. DELGADO:

"Good afternoon. Many thanks for this opportunity. With the purpose of contributing in the anticipation, prevention, litigation of conditions and situations that affect occupational areas and the distinction between environment conditions and what is attributed to human error. And for a better understanding with relation to the aspects mentioned before I propose the investigation utilizing a model of dynamic estocastic based on the study and analysis of patterns obtained from data like statistics and histograms.

The objective is to design strategies to anticipate events and project future situations. In other words, to be prepared. For example, if in the theory of chaos it can be found the point from where to detect patterns the same as in this evaluation it is

expected that other patterns are facilitated for a dynamic development in the conceptualization of educational programs and trainings in the search for a state of excellence in occupational health and safety.

For example, this type of model could be used in different situations and preoccupations that have been presented this afternoon. For example, I bring that it can be investigated the relation between the levels of anxiety and affect in propensity of accidents and productivity after 9/11.

That is an area that does affect in the whole occupational area. That is all that I have to say today. Many thanks for your attention.

MR. SKERRETT:

"Muchísimas gracias, doctora, muy buenas tardes, muchísimas gracias. Sí, en estos momentos nos gustaría llamar a tarima, la doctora Rosa Rosario de la Universidad de Puerto Rico, Recinto de Cayey. Doctora, adelante".

(TRANSLATION)

MR. SKERRETT:

"Many thanks, doctor, good afternoon, many thanks. Yes, at this moment I would like to call to the stage Doctor Rosa Rosario of the University of Puerto Rico, Cayey Campus. Doctor, go ahead."

MS. ROSARIO:

"¿Se escucha?" "Can I be heard?"

MR. SKERRETT:

"Sí".

MS. ROSARIO:

"Buenas tardes. Mi nombre es Rosa Rosario, Ingeniero Ocupacional e Investigadora Social de la Universidad de Puerto Rico, Recinto de Cayey. Gracias por invitarnos a esta actividad.

Durante la tarde de hoy nuestro equipo de trabajo, compuesto por el doctor Enríque López, que es Geógrafo y Estadístico y la profesora Iris Figueroa, Ingeniero Industrial y ésta servidora, estaremos presentando unos temas de investigación que son de principal interés dada a la población que sirve nuestra institución.

Como pueden ver la Universidad de Puerto Rico en Cayey, sirve a once municipios de la Isla, para una población estimada de cuatrocientos sesenta y siete mil trescientos treinta y nueve habitantes. A través del instituto de investigaciones intradisciplinarias, se ha logrado un 'Grant', que es está permitiendo el desarrollo de la infraestructura de investigación de la universidad. Uno de los temas de particular interés para los investigadores del instituto, es el estado de salud de la población trabajadora que reside en esta región, obviamente, a los once municipios.

Según el censo del año 2000, se estima que la población empleada de dieciseis años o más, residente en la región, asciende a ciento seis mil ciento ochenta y cuatro trabajadores. La mayoría de ellos trabaja para la industria privada o el gobierno. Sin embargo, hay un número importante de trabajadores con negocio propio o trabajando sin paga para familiares, que es de particular interés para nuestros investigadores. Las industrias de la

manufactura y el comercio, son las principales fuentes de empleo en la región. Esto coincide, verdad, con lo que había presentado OSHA, en término de las industrias de particular interés para la agenda nacional.

Dado que no tenemos datos que evidencien cual es el estado de salud, ni cuales son las necesidades de los trabajadores residentes de la zona, proponemos en primera instancia un estudio socio-demográfico y de salud de nuestros trabajadores. Y el propósito de este estudio sería explorar que existen diferencias con género e industria en el perfil de nuestra fuerza trabajadora. Los tópicos de interés para el estudio incluyen, características socio-demográficas, datos relacionado a la ocupación, como por ejemplo, industria ocupación actual y/o ocupación usual, necesidad de y uso de equipo de protección personal. Enfermedades y lesiones de mayor prevalencia, uso de sustancias como por ejemplo, alcohol, tabaco y otras drogas.

Acceso a servicios preventivos y de salud y productividad aceptada por el estado de salud

del trabajador, incluyendo el componente sico-social. Porque es importante este tipo de estudio, bueno, información obtenida a través del estudio, nos serviría para monitorear el estado de salud de nuestros trabajadores. A la misma vez que proveerá evidencia científica necesaria en la formulación de preguntas de investigación. Y en la documentación de propuestas y agendas de investigaciones.

Un sub-grupo de interés dentro de la fuerza trabajadora, residentes en la región servida por UPR Cayey, son las trabajadoras de los salones de bellezas. Estas son las mujeres, verdad, que pintan cabello, arreglan cabello, pero particularmente las mujeres que trabajan las uñas de acrílico. Como parte de su trabajo, estas mujeres pueden estar expuestas a sustancias que pudieran estar relacionadas a un incremento en el riesgo de asma y otras enfermedades respiratorias.

Como pueden ver en esta gráfica, en Puerto Rico, el asma es una de las enfermedades de mayor prevalencia entre los adultos. Aquí podemos ver que ocupa la quinta posición en el

grupo de cuarenta y cinco a sesenta y cuatro años. Según la literatura científica, la ocurrencia de asma puede estar relacionada a o agravada por exposiciones en el área de trabajo. De hecho, las exposiciones en el área de trabajo han sido implicada en la búsqueda de explicaciones a elevadas frecuencias de casos de asma entre adultos. Existen sobre trescientos cincuenta agentes asociados al comienzo y/o exacerbación del asma.

Porque es importante este tipo de estudios, bueno, las trabajadoras de salones de bellezas están expuestas a diferentes agentes asociados al asma. Este estudio nos permitiría alcanzar una población y en su mayoría auto-empleadas y que no ha sido estudiada previamente. De hecho, no se recopilan datos, verdad, en términos de salud de estas poblaciones que son auto-empleadas.

Y los objetivos de este estudio serían describir las condiciones de trabajo en los salones de bellezas, evaluar la prevalencia y los factores de riesgos para asma entre las trabajadoras de salones de belleza y evaluar

las exposiciones a productos como parte del trabajo. Como ya les mencioné, el Instituto de Investigaciones Interdisciplinarias está desarrollando una infraestructura de investigación en una región de Puerto Rico, que no ha sido estudiada debidamente.

Así que nosotros, epidemiólogos, estadísticos, profesionales de la salud pública, sicología, etcétera, nos estamos dando a la tarea de documentar y desarrollar unas agendas de investigación que nos permita servir a aquella población, verdad, que es nuestra razón de ser. Y es la región servida por la Universidad de Puerto Rico en Cayey, muchas gracias".

(TRANSLATION)

MS. ROSARIO:

"Good afternoon. My name is Rosa Rosario, Occupational Engineer and Social Investigador of the University of Puerto Rico, Cayey Campus. Thank you for inviting us to this activity.

During this afternoon our staff composed by Dr. Enrique López, Geologist and Statistical and Professor Iris Figueroa, Industrial

Engineer and myself will be presenting some subjects of investigation that are of principal interest to the population that our institute serves.

As can be seen the University of Puerto Rico in Cayey serves eleven municipalities on the island for an estimated population of four hundred sixty seven thousand three hundred thirty nine inhabitants. Through the institute of investigations intra disciplinary there has been achieved a Grant that is permitting the development of the infrastructure of investigation of the university. One of the subjects of particular interest for the investigators of the institute is the health condition of the population of workers that resides in this region, obviously of the eleven municipalities.

According to the census of the year 2000 it is estimated that the population employed of sixteen years old or more residing in the region comes to one hundred six thousand one hundred eighty four workers. The majority of them work for the private industry or the

government. But there are an important number of workers with privately owned enterprise working without pay for family members which is of great interest for our investigators. The manufacturing industry and commerce are principal employers in the region. This coincides with what has been presented by OSHA in terms of the industries of particular interest for the national agenda.

Due that we do not have data evidencing what is the health condition nor which are the needs of the workers residing in the zone, we propose in first place a socio-demographic study and of the health of our workers. And the purpose of this study would be to explore if there exists differences with manner and industry in the profile of our work force. The topics of interest for the study include socio-demographic characteristics, data related to occupation, like for example the actual occupational industry and/or usual occupation, the need for use of equipment for personal protection, diseases and injuries of prevalence, use of substances like for example,

alcohol, tobacco and other drugs.

Also access to preventive services and for health and accepted productivity for the health condition of the worker, including the psychosocial component. Because it is important this type of study, information obtained through the study, it would serve to monitor the health condition of our workers. At the same time it would provide scientific evidence necessary for the formulation of questions of investigation and in the documentation of proposals and agendas of investigations.

A sub-group of interest within the work force are residents in the region served by UPR Cayey are the workers in beauty salons. These are the women who dye hair, style hair but particularly the women who work with acrylic nails. As part of their work these women can be exposed to substances that could be related to an increment in the risk of asthma and other respiratory diseases.

As can be seen in this graphic, in Puerto Rico asthma is one of the diseases of major prevalence in adults. Here we can see that it

occupies the fifth position in the group of forty-five and sixty-four years of age. According to the scientific literature the occurrence of asthma can be related to or aggravated by exposition in the work area. The expositions in the work area have been implicated in the search of explanations of elevated frequencies of cases of asthma in adults. There exist over three hundred agents associated to the beginning and/or exacerbation of asthma.

Why is this type of study important?

Well, the beauty salon workers are exposed to different agents associated with asthma. This study would allow us to reach the population and in its majority self-employed that have not been studied previously. In fact, there are no data in terms of the health of this population that are self-employed.

And the objectives of this study would be to describe the work conditions in the beauty salons, evaluate the prevalence and the risk factors for asthma among the workers of beauty salons and evaluate the exposure to products as

part of their work. As I already mentioned the Institute of Interdisciplinary Investigations is developing an infrastructure of investigation in one region of Puerto Rico that has not been studied properly.

So that we, epidemiologists, statisticals, public health professionals, psychologists, etcetera, are working towards documenting and developing agendas of investigation that will permit us to serve that population which is our reason for being. And it is the region served by the University of Puerto Rico in Cayey. Many thanks."

MR. SKERRETT:

"Muchas gracias, doctora. Buenas tardes. Próximo en turno tenemos aquí al señor Roland González, que va a estar haciéndonos una presentación en esta tarde".

(TRANSLATION)

MR. SKERRET:

"Many thanks, doctor. Good afternoon. Next in turn we have Mr. Roland González who is going to be giving us a presentation this afternoon."

MR. GONZALEZ:

"Buenas tardes".

MR. SKERRETT:

"Buenas tardes".

MR. GONZALEZ:

"Mi nombre es Roland González, ex-inspector del programa estatal de OSHA y soy Gerente de Proyecto y de Recursos Humanos de la Autoridad del Distrito del Centro de Convenciones. Lo que voy a compartir con ustedes mayormente lo que pasó allí en el Centro de Convenciones, donde tengo unas preocupaciones o 'concerns' con referencia a lo que como está escrito, los 'steel erection', donde tuve mis dificultades, tuve que trabajarlo de una forma en pro del empleado y tuve que más o menos que inventármela. Y es con referencia de que el estándar establece como una persona competente aquella persona que tiene los conocimientos para reconocer los riesgos. Y que tenga la autoridad para corregirlo. Pero dentro del estándar establece de que la persona competente va a ser la persona que va a evaluar si se requiere

estabilizar o no se quiere estabilizar una columna o una viga.

Realmente, yo como ingeniero industrial y maestría en Recursos Humanos, jamás y nunca me voy a tomar esa decisión de si se requiere o no se requiere estabilizar una columna de vigas. Qué yo hice, utilicé a mis inspectores y utilicé a mi gente que saben de esto. Ellos me tienen que certificar a mí, si se requería o no se requería entonces estabilizar esa columna, pero como está escrito aquí en el estándar, dice que es la persona competente. En mi opinión, debería ser 'a qualified person', la persona cualificada.

Porque sí dice, que una persona cualificada tiene que tener ese conocimiento, ya sea por su grado de universitario, por su experiencia, que sabe sobre lo que se puede hacer o sobre la montura de una estructura de acero. Más adelante el estándar establece sobre otras responsabilidades a la persona competente con referencia a la montura del acero, si se requiere o no se requiere dos pernos o más y muchas otras cosas con

referencia a la estabilidad de la estructura. 'Hello', yo no soy ingeniero de estructura, jamás yo iba a tomar esa decisión y sí era la persona competente del proyecto. Era el 'safety officer' del proyecto.

Por lo tanto, qué yo hice, me la tuve que arreglar con los verdaderos inspectores, la gente que saben de esto para que ellos me certificaran a mí que sí entraba, que estaba estable, estabilizada, las columnas y las vigas. Sin embargo, más adelante se dice de que se tiene que hacer acorde con el ingeniero del proyecto estructural. Pues mi gente, si hay que hacerlo de esa forma, quien es la mejor persona para poder hacer esto así, el ingeniero estructural del proyecto, que está ahí día a día verificando y chequeando que se hagan las cosas bien.

Gracias a Dios, el Centro de Convenciones se hizo y ninguna columna, ninguna viga se ha caído, no pasó nada de eso. Más sin embargo, recientemente tuvimos un accidente, una fatalidad en el Natatorio a causa de que una viga se cayó sobre una persona. Y el caso tuve

que trabajarlo. Donde hubo una discreción-- discrepancia entre dos ingenieros estructurales profesionales, donde uno decía, uno así y uno así no, de que no se caía y el otro decía, que sí, que sí se caía. En cual de los dos creemos, son dos profesionales de esto.

Por lo tanto, la estabilidad de una estructura de acero no debería de depender de una persona competente, sino una persona cualificada para que se sepa como se va a trabajar esto. Adicional a esto, otro 'concern' u otra preocupación que tengo, es con referencia a lo de 'fall protection', la protección contra caídas. Dice aquí que después de quince pies, usted va a proteger todos los empleados, pero si es conector va a ser después de los treinta pies. Se requiere, sí, que lo utilicen después de quince pies, pero tiene que entonces amarrarse después de los treinta pies. No puedo hacer--aceptar esto, porque significa que un conector se cae de veintiocho pies, va a rebotar o va a ser algo y no va a pasar nada. No creo, si se cae de veintiocho pies o veintinueve pies, puede

ocurrir una muerte fácilmente.

Por lo tanto, yo sé que es difícil la estructura de acero, es difícil moverse a través de las vigas, se requiere cierta libertad de movimiento, pero ese momento se restringe a cuarenta, cincuenta pies, porque no a quince, porque no a veinte. Eso era una de mis preocupaciones referente a esto. Y otra cosa es que un estudiante cuando doy clases en la Universidad Interamericana y en Mayagüez, veo a que muchas veces el estudiante pregunta, porque hay tantas medidas para la protección contra caídas. Cuatro pies con dos plataformas, seis pies con doble "E", que la superficie de construcción, diez pies con los andamios, quince pies, pie derecho, como acabo de decir los conectores. Estas medidas y estas cosas, como quiera es 'fall protection'. Es como quiere protección contra caídas, porque vamos a complicarle las cosas, simplifiquémoslo. Yo cojo una recomendación y tú me dices quizás que ponga de cuatro a ocho, si son--o un equipo de control de ingeniería. Y después de ocho pies se utiliza algún sistema

de protección contra caídas.

Porque he visto que han obligado a empleados dentro de una farmacéutica y eso, hacer que se pongan un arnez, pero se cae, se fastidia. Por lo tanto, yo entiendo de que debe darse más simple, más fácil. Es más fácil memorizar las cosas y tener una medida estándar para cualquier tipo de protección contra caídas, porque es caídas. Si tú me dices que de quince pies o mejor dicho, me dices de seis pies tengo que proteger y a diez pies no tengo que proteger, no me hace sentido, de verdad. Debemos de proteger a estos empleados, debemos de simplificar esto, de que no importa de qué alto se encuentre, si está sobre cuatro, ocho, debemos establecer que hay que proteger al empleado. Eso es todo, gracias".

(TRANSLATION)

MR. GONZALEZ:

"My name is Roland González, ex-inspector of the state program of OSHA and I am Project and Human Resources Manager of the District Authority of the Convention Center. What I am going to share with you mainly is what happened

in the Convention Center where I have some concerns with reference to what is written, the steel erection where I had some difficulties. I had to work them in a way in pro of the employee and I had to more or less intervene. And it is with reference that the standard establishes how a competent person, that person that has knowledge to recognize the risks and that has the authority to correct it. But the standard establishes that the competent person will be the person who will evaluate if we want to stabilize or not to stabilize a column or beam.

Really, I as an industrial engineer with master in Human Resources and will never take that decision of if it's required or not required to stabilize a column of beams. What did I do? I used my inspectors and utilized my people who know about that. They have to certify to me if it is required or not to stabilize that column. But as it is written here in the standard it says that it has to be the competent person. In my opinion, it should be a qualified person, the qualified person.

Because it says that a qualified person has to have that knowledge be it by university grade, by experience, that knows about what can be done or about the building of a steel structure. Further on the standard establishes about other responsibilities to the competent person with reference to the building of the steel, if it is required or not two bolts or much more things with reference to the stability of the structure. Hello, I am not a structural engineer, I would never take that decision and yes the competent person of the project, it was the safety officer of the project.

Thus, what did I do? I had to arrange with the real inspectors, the people who know about this that they certify to me that it would go in, that it was stable, stabilized the columns and the beams. Nevertheless, further on it says that it has to be done in accord with the structural project engineer. So my people yes it has to be done that way. Who is the best person to do this that way, the structural project engineer who is there day by

day verifying and checking that things be done well.

Thank God, the Convention Center was built and no column, no beam has fallen, nothing like that happened. Nevertheless, we recently had an accident, a fatality in the Natatory caused by a beam that fell on a person. And I had to deal with the case. Where there was a discrepancy between two professional structural engineers where one said one this way and one this way not that it would not fall and the other one said yes that it would fall, which of the two do we believe, they are two professionals about this.

Thus, the stability of a structure of steel should not depend on one competent person, but on a qualified person so that we know how this is going to be worked. In addition another concern or preoccupation that I have is in reference to fall protection. It says here that after fifteen feet you will protect all employees but if it is connecting it will be after thirty feet. It is required yes, that it be utilized after fifteen feet but

it has to be tied after thirty feet. I cannot accept this because it signifies that a connector falls from twenty-eight feet it will rebound, it will do something or nothing will happen. I don't believe--if it falls from twenty-eight feet or twenty-nine feet there can be a death easily.

Thus, I know it is difficult with a steel structure, it is difficult to move within the beams, a certain liberty of movement is required. But that moment is restricted to forty, fifty feet, why not at fifteen, why not at twenty. That was one of my concerns regarding this. And another thing is that a student when I give class in the Inter-American University and at Mayaguez, I see that many times the student asks why there are so many measures for the protection against falls. Four feet with two platforms, six feet with double E, that the construction surface, ten feet with the scaffolding, fifteen feet, right foot as I just said, the connectors. These measures and these things is fall protection. It is a protection against falls, why are we

going to complicate things, let's simplify. I take a recommendation and you tell me perhaps to put four to eight if it is an engineering equipment control. And after eight feet use some system of protection against falls.

I have seen that employees have been forced within the pharmaceuticals that make them wear a harness but they fall, they are hurt. Thus I understand it should be more simple, easier. It is easier to memorize things and have a standard measure for any type of protection against falls, because it is falls. If you tell me that from fifteen feet or more, you tell me from six feet I have to protect and at ten feet I don't have to protect it doesn't make sense to me. We should protect those employees, we should simplify this that it is not important from what height it is found, if it is over four, eight, we should establish that there must be protection of the employee. That is all, thank you."

MR. SKERRETT:

"Gracias a usted, un millón, ingeniero González, muchas gracias. Próximo en turno,

moviéndonos rápidamente por aquí, tenemos al señor Roberto Rosado. Por favor, señor Roberto Rosado".

(TRANSLATION)

MR. SKERRETT:

"Thanks to you engineer, many thanks. Next in turn moving along quickly, we have Mr. Roberto Rosado. Please Mr. Roberto Rosado."

MR. ROSADO:

"Buenas tardes, Roberto Rosado. Estudiante de Maestría de la Universidad del Sagrado Corazón. En el proceso de trabajo, de que soy presidente de los Enfermeros Ocupacionales del Colegio Profesional de la Enfermería. Especialista en manejo de incapacidad y representante de reclamaciones de incapacidad para el Seguro Social en forma independiente.

Consciente en el aumento de casos de reclamaciones por incapacidad permanente y solicitud del Seguro Social, es mi presentación. El cual se menciona como intervención de profesionales de la Enfermería ante el manejo de casos de incapacidad del

Seguro Social. Reconociendo que el éxito de los programas de rehabilitación e incapacidad depende de programas estructurados en compromiso gerencial, objetivos específicos y compromisos del equipo de salud y seguridad. Quiero mencionar que los procesos de reclamación del Seguro Social en su etapa inicial tardan de seis a ocho meses, una decisión. Si el caso es denegado, pues se considera de cuatro a seis meses en espera y de no ser aprobado, pues el caso se ve ante una vista ante un juez, dieciocho meses después de haber solicitado la reclamación.

En análisis del caso, investigamos posibles causas, identificamos causa, establecemos un compromiso del empleado o reclamante de la reclamación, o sea, valga la renundancia. El equipo de trabajo en el área ocupacional, pues está enfermería, médicos, el gerente de producción y supervisor en Recursos Humanos trabajando en equipo. En la parte ocupacional, Seguro Social, el representante va enfocado a analizar el caso, establecer si este caso es posible para un programa de

rehabilitación y regresarlo al ambiente laboral. De lo contrario, establecer un nivel de incapacidad y llevarlo a una solicitud de Seguro Social por incapacidad. La clave para el manejo de incapacidad es análisis del caso, la entrevista del reclamante, reconocer las necesidades. Referir o recomendar, clarificar derechos del empleado para referirlo al Fondo del Seguro del Estado, Sinot, programas de vales o incapacidad a largo plazo.

Seguimiento frecuente de los casos, asuntos pendientes, evaluaciones por médicos especialistas en las condiciones. Evaluación de incapacidad funcional, emocional, determinar la incapacidad, que sea permanente. Las limitaciones tienen que estar por escrito, se evalúa si el empleado puede hacer el mismo trabajo, pudiera hacer otro tipo de trabajo. Para que tengan una idea, en el caso de las mujeres, se establece si no puede hacer sus ocho horas que hacía anteriormente, si pudiese hacer cuatro horas sentada en un escritorio contestando un teléfono. En el caso del hombre, estar cuatro horas en un garaje de

gasolina, teniendo empleo mientras hay clientes y si no hay clientes, pues solamente se va a limitar a observar.

Además se evalúan las consecuencias y otras condiciones que se tienen, se hace unas comunicaciones con los profesionales de la salud de la comunidad, de manera de tener un banco de recurso o referido. Las limitaciones tiene que estar en un documento adecuado, detallada, que no se contradiga, que el empleado no pueda hacer su trabajo, pero puede hacer uno distinto. O que pueda ser en términos de limitaciones más de tres horas, si puede hacer cuatro horas, pues puede hacer un part-time.

Se clarifican las dudas con el médico, de información que ha documentado. Si son permanentes, pues se procede a hacer la reclamación por incapacidad o si son temporeras, pues entonces se refiere a un programa de rehabilitación. Los referidos a los médicos para seguimiento, la importancia de los estudios de radiología y especializados, pues van a obviamente, a validar el

diagnóstico, a validar la queja del paciente. Recertificar una condición, si hay una mejoría o la condición es progresiva. La entrevista va a reconocer la realidad del caso, conocer las emociones de la persona y conocer los intereses del cliente. Que es lo que él quiere, regresar al ambiente laboral o quiere unas comisiones que va a una incapacidad.

Reconocer si es candidato a rehabilitarse, obviamente, y la rehabilitación nos va a ayudar en la posición de ocupaciones por su referencia, en el caso del Fondo. Las no ocupacionales, pues referidas a médicos o médicos especialistas. En la rehabilitación hay que promover la integración familiar en este proceso y en el lugar de trabajo. Se evalúa la condición de acuerdo a la evidencia médica, además se discuten las probabilidades del caso. Un caso que no tiene probabilidad de aprobación, pues entonces se le menciona que su oportunidad para el área de la rehabilitación.

La realidad actual, casos que con condiciones limitantes, pueden ser delegados por un manejo inadecuado. Las condiciones

pueden existir, pero si no existe una evidencia de tratamiento en el caso, es denegado. La intervención tardía en manejo de casos en el lugar de trabajo, genera más reclamaciones. La integración de los servicios por referidos en ocasiones es controlada. Se reclama una incapacidad u orientación en la etapa de crisis limitando las oportunidades de regreso al trabajo.

En mi trabajo, mi aportación a estos programas, pues soy el primer representante con experiencia en Enfermería Ocupacional. Se representa el caso ante un juez administrativo del Seguro Social, al cliente se le ayuda en el proceso de rehabilitación y por lo regular, si está en etapas temprana, pues regresa al ambiente laboral. En mi experiencia, un noventa por ciento de los casos sometidos ante el tribunal del Seguro Social, han sido aprobados en los cinco años de práctica que tengo como agente independiente.

El conocimiento clínico y ocupacional permite tener empatía con los reclamantes. Se realizan referidos para llenar las necesidades

del mismo. Cual es el beneficio de estos servicios de la comunidad, pues recomendación a tratamiento, regreso al trabajo, dependiendo del caso. Evaluación objetiva aplicando conocimientos del área ocupacional, la medicina tradicional y concepto de mediación durante el proceso. Condiciones o problemas frecuentes para reclamaciones de incapacidad, pues son las musculares o el trauma de trabajo repetitivo, trastornos emocionales secundarios a condiciones físicas y los respiratorios, los casos de asma. Condiciones secundarias a la-- como consecuencia de una primaria, pues disfunciones sexuales en ambos sexos, más reconocido en la mujer, dado el caso de que el hombre inventa otros argumentos para este tipo de problemas que tiene.

En términos de aportación, las expectativas profesionales mediante el ofrecimiento de educación continua, motivar a otros profesionales a desarrollar programas como el que yo trabajo, que sean efectivos. Ayudar en los casos posibles con la intervención en una etapa temprana, transcribir

al reclamante una evaluación justa y razonable. Aportar conocimiento en el área de manejo de casos de incapacidad a profesional de la salud en el área ocupacional. Gracias por su atención, pasen buen día, feliz Navidad".

(TRANSLATION)

MR. ROSADO:

"Good afternoon. Roberto Rosado, a masters student of the Sacred Heart University. In the work process I am president of Occupational Nurses of the Professional College of Nursing, specialists in the management of disability and representative of claims of disability for the Social Security in the independent form.

Conscious of the increase of cases of claims for permanent disability and requests for Social Security this is my presentation, which is mentioned as intervention of professionals of Nursing before the management of cases of disability of Social Security. Recognizing that the success of the programs of rehabilitation and incapacity depends on the structured programs in management commitment,

specific objectives and commitment of the health and safety staff.

I want to mention that the process of claims of Social Security in its initial stage are delayed from six to eight months for a decision. If the case is denied then consider that four to six months waiting and if not approved, then the case is seen before a hearing before a judge, eighteen months after having requested this claim.

In analysis of the case we investigate possible causes, we identify cause, we establish a commitment of the employee or claimant of the claim, thus the redundancy. The work staff in the occupational area, there is nursing, doctors, the production manager and supervisor in Human Resources working in a group. In the occupational part, Social Security, the representative focuses on analyzing the case, establish if the case is possible for a program of rehabilitation and return him to the work environment. On the contrary it establishes a level of incapacity and take him to a request for Social Security

due to disability. The code for management of disability is analysis of the case, the claimant's interview, recognize the needs. Refer or recommend, clarify employee rights to refer him to Fondo Del Seguro Del Estado, SINOT, value programs or incapacity in the long run.

Frequent follow up of the cases, pending matters, evaluations of specialist doctors in the conditions. Evaluation of functional incapacity, emotional, determine the incapacity, if it is permanent. The limitations have to be in written form. It is evaluated if the employee can do the same work, could do other type of work.

So that you have an idea, in the case of women it is established if they cannot do the eight hours that they did previously, if they could do four hours sitting at a desk answering the phone. In the case of men, to be four hours in a gasoline station having employment while there are clients or not any clients, he would only be limited to observing.

Also evaluated are the consequences and

other conditions that are present, communications are made with the professionals of the health in the community, so that to have a bank of resources or referrals. The limitations have to be in an adequate document in detail, that do not contradict, that the employee cannot do his work, but can do another different one. Or that it can be in terms of limitations of more than three hours, if he can do four hours, then he can do a part-time.

These doubts are clarified with the doctor, from information documented by him. If they are permanent then they proceed to make the claim due to disability or if they are temporary then they are referred to programs of rehabilitation. The referrals to the doctors for follow up, the importance of the studies of radiology and specialists will obviously validate the the diagnosis, validate the patient's complaint. Recertify a condition if there is an improvement or the condition is progressive. The interview will recognize the reality of the case, recognize the emotions of the person and recognize the interests of the

client. What is it that he wants, return to the work environment or does he want a commission that lead to an incapacity.

To recognize if he is a candidate for rehabilitation obviously and the rehabilitation will help us in the position of occupations by reference in the case of the Fund. The non-occupational referred to doctors or specialists. In the rehabilitation there has to be a family integration in this process and in the work place. The condition is evaluated according to the medical evidence, also probabilities are discussed of the case. One case that does not have probability of being approved, then it is mentioned about the opportunity in the area of rehabilitation.

The actual reality of cases with limiting conditions can be delegated by an inadequate management. The conditions can exist but if there does not exist an evidence of treatment in the case, it is denied. The delayed intervention in management of cases in the work place generates more claims. The integration of services by referrals on occasion is

controlled. An incapacity is claimed or orientation in the critical stage limiting and opportunities of returning to work.

In my work, my contribution in these programs is I am the first representative with experience in Occupational Nursing. The case is represented before an administrative judge of Social Security. The client is helped in the process of rehabilitation and usually if he is in an early stage he returns to the work environment. In my experience ninety percent of the cases submitted before the tribunal of Social Security have been approved in the five years of practice that I have as independent agent.

The clinical and occupational knowledge permits us to have empathy with the claimants. Referrals are made to fill the needs of the same. What is the benefit of these services of the community? Well, recommendation to treatment, return to work, depending on the case. Objective evaluation applying knowledge and concept of mediation during the process. Conditions or frequent problems for claims of

incapacity are the muscular or the trauma of repetitive work, secondary emotional problems to physical conditions and the respiratory ones, the cases of asthma. And secondary conditions as a consequence of the primary well, sexual dysfunction in both sexes mostly recognized in the woman given the case that the man invents other arguments for this type of problem that he has.

In terms of contribution the professional expectations through the offers of continued education motivates other professionals to develop programs like the one that I work, that can be effective. To help in the possible cases with the intervention in an early stage to transact to the claimant a just and reasonable evaluation and to contribute knowledge in the area of management of cases of disability to health professionals in the occupational area. Thank you for your attention, have a happy Christmas."

MR. SKERRETT:

"Muchas gracias, muchísimas gracias. Bueno, en este momento vamos a presentar a la

señora Madeline Jordan, del National Park Service, que tiene una presentación para nosotros. Señora Jordan".

(TRANSLATION)

MR. SKERRET:

"Many thanks. Well at this moment we present Ms. Madeline Jordan, from the National Park Service, who has a presentation. Ms. Jordan?"

MS. JORDAN:

Good afternoon. My name is Madeline Jordan and I work at the San Juan National Historic Site. The site covers Fort San Felipe del Morro, approximately three miles of wall and Fort San Cristobal and El Cañuelo. In the National Park Service safety for visitors and employees cover under directors orders Fifty--"A", OWCP, "B", employee safety and, "C", risk management for the public.

The safety of the visitor as you can see, historically has been mainly at the operating unit in response to it. Directors are over fifty-six steps in any direction, emphasize on prevention this still related, while ensure a

proper response capability. While recognizing the computing concerns of the cause and the safety, it restricts the services ability to eliminate hazards. The service will be trying to protect human lifes which is a major and provides an injury free visit, doing so as in the concentrate of the organic act resources.

Park resources are not only a visitor attraction, but they are potentially hazards. Within the San Juan National Historic Site, well, lightly represent a hazard for visitors and employees safety, through statistics. We have changed the scene which is the little top at the center box that we have adjusted them and we have complied. Tripping hazards are eloged for our visitors and our employees, these areas we cannot change, however, we have ramps all over the ports, they do represents hazards for visitors, specially where is deep, they become very--on this particular one, we had one suit that went on to the District Court and it was in failure of the National Park Service. This specific one, we had so many falls that we had--actually we had all

integrity of the Culture Patrimone and we had-- just in this area. We also had tripping hazard on falling steps, visitors climbed on the fence which are instructions that you can see on your right hand and your left side. On the cannon and bridges I think we haven't had any visitors falling from them, they are forty feet down.

The means of public safety concerns have to be made in the disresions of the superintendent and, acomplished the following nine areas to address. Public safety, where we have all of them except the San Juan National Historic Site. MPS cleaning of the sections of the histories of structures done with cannons and specifically in this area between Fort San Cristobal and Fort El Morro, we have a specific concern about the scaffolding on the regulations and we have opted to stop using hanging scaffolding on these areas. And we use machines on the other areas. This is a very dangerous and hazard, the historic structures that they- - So, remember that when you go to the National Park, they have--are in hazards not only for the visitors, but for our

employees. Thanks.

MR. SKERRETT:

"Muchísimas gracias. En este momento me gustaría presentar al señor Francisco Javier Saracho, es el director aquí en Puerto Rico del programa de Atlantic Ocean Training Center. De la Universidad Metropolitana de Bayamón, que es el 'training center' autorizado de OSHA en Puerto Rico".

(TRANSLATION)

MR. SKERRETT:

"Many thanks. At this moment I'd like to present Mr. Francisco Javier Saracho, who is the director here in Puerto Rico of the program of Atlantic Ocean Training Center from the Metropolitan University of Bayamon which is the training center authorized by OSHA in Puerto Rico."

MR. SARACHO:

"Hola, buenas tardes a todos y a todas. Y gracias por la oportunidad de podernos expresar acerca de algo que nos preocupa bastante con relación a la formación de seguridad ocupacional concretamente en el campo no

formal, en el campo del 'Outreach Program'. Recientemente nos hemos estado dando cuenta de que llegan personas que aspiran a tomar los cursos de 'trainer' con nosotros. Que revelan una falta de formación básica, no solamente ya en los estándares, sino incluso en el dominio básico de los conceptos de OSHA.

Por ejemplo, tenemos personas que llegan y nos piden que quieren tomar las quinientas horas de OSHA. O sea, eso se le puede perdonar, por ejemplo, a una persona que se está iniciando, pero una persona que--no es una persona que aspira ser un increíble 'trainer', después de cuatro días. También nos preocupa, por ejemplo, el uso que hacen algunas empresas de formación, que incorporan el tema de la seguridad y la salud ocupacional a su ofrecimiento, con frases como por ejemplo, que el curso es certificado por OSHA. Como puede certificar un curso que no le corresponde, que no es de OSHA.

También sabemos que algunos documentos que nos presentan algunos aspirantes al 'training' de 'trainer', son dudosos. Por ejemplo, en el

nombre donde supuestamente va la persona acreedora de esa tarjeta de OSHA, pues vemos que ha sido manipulada, que ha sido quizás removido el nombre y ha sido puesto otro nombre encima. También en los documentos que por ejemplo se nos presentan, como prueba de que esa persona tiene una experiencia mínima de cinco años como oficial de seguridad y salud ocupacional de una empresa, cuando nos revela cosas en el dialogo que establecemos con ellos, que se delatan así mismo, de que en realidad no tienen mucha experiencia.

En fin, yo creo que es muy importante que desde OSHA, en NIOSH, nos ayuden a aclarar un poco del ambiente enrarecido que se ha formado recientemente. O sea, por lo menos a nosotros no nos lo--lo estábamos detectando recientemente en todo lo que es un programa de 'outreach'. También hemos sabido, por ejemplo, de instructores autorizados por OSHA para el programa de 'outreach', que firman tarjetas y sabemos porque las personas que han asistido a esos cursos, nos dice que los que firman las tarjetas no han sido los que lo han instruido.

Luego aquí estamos empezando a ver que hay gente que son instructores autorizados, que subcontratan la formación, su trabajo a otras personas que no están autorizadas, que hacen la formación, que ve tú a ver cómo la hacen. Y luego un instructor autorizado firma esas tarjetas.

En fin, yo creo que para muchas personas empresarias han descubierto el tema de la seguridad y la salud ocupacional como otra fuente de ingresos. Y se están simplemente haciendo una 'chapuza', como decimos aquí vulgarmente. Y creo que esto repercute, bueno, en la imagen de OSHA, en la imagen de todas las personas que seriamente estamos involucradas en este quehacer. Y más trágicamente en la salud y la seguridad de nuestros trabajadores en Puerto Rico.

Les quiero anunciar que también en OSHA Training Center, que tenemos un programa de radio que está a la disposición de todos. Que tiene un consejo asesor, que están invitados todos, que nos reunimos con relativa frecuencia, cada tres o cuatro meses para

sugerir temas. Y recursos para esos programas y que estamos siempre reclutando porque nos gustaría tener la mayor participación de todos los concernidos. Eso es todo, muchas gracias a los representantes de NIOSH, que han venido aquí para escuchar nuestras opiniones".

(TRANSLATION)

MR. SARACHO:

"Hello, good afternoon to everyone and thanks for the opportunity to express ourselves about something that worries us with relation to the formation of occupation safety concretely in the informal area, in the area of the Outreach Program. Recently we have been noticing that people arrive who aspire to take the trainer courses with us who reveal a lack of basic formation not only in the standards but also in the basic understanding of the concepts of OSHA.

We also know that some documents that are presented to us by those aspiring to the training of trainer are doubtful. For example, in the name where the person of that card from OSHA should be, well we see that it has been

manipulated, that the name has been possibly removed and there has been put another name on top. Also in the documents that are presented to us for example, as proof that the person has a minimum experience of five years as safety official and occupational health of a company, they reveal things in the dialogue that we have with them, they reveal themselves that in reality they do not have much experience.

Finally, I believe it is very important that OSHA, in NIOSH they help us to clear up the environment that has been formed recently. At least to us we do not like--we were detecting this recently in all the program of outreach that they sign cards and we know that the persons who have attended those courses, they tell us that the ones who sign the cards have not been the ones who have instructed them. Then we are starting to see that the persons who are authorized instructors that they sub-contract the formation, their work to other persons who are not authorized, who do the formation, and let's see how it is that they do it. And later an authorized instructor

signs those cards.

Finally I believe that many company persons have discovered the subject of safety and occupational health as another form of income. And they are simply making a "chapuza" as we say here. And I believe this reflects on the image of OSHA, on the image of all the persons who are seriously involved in this and more tragically in the health and safety of our workers in Puerto Rico.

I want to announce that also in OSHA Training Center we have a radio program which is at the disposition of everyone. That it has an advising council, that you are all invited, that we meet with relative frequency every three or four months to follow up on subjects. And there are resources for those programs and we are always recruiting because we would like to have a major participation from all concerned. That is all and many thanks to the representatives of NIOSH who have come here to listen to our opinions."

MR. SKERRETT:

"Gracias, Javier, muchas gracias. Antes

de pasar a nuestra próxima presentación, nosotros queríamos identificar si hay alguna persona pendiente que no haya todavía--que estuviera registrado que no haya hecho su presentación. Si quedan algunas, ¿hay alguien aquí que esté registrado que todavía no haya presentado? Aparte de las personas que voy a presentar ahora de la Universidad de Puerto Rico.

Yo tengo aquí, se encuentra Miguel Arias Carbonel, ¿se encuentra aquí? Laura Carrión, ¿se encuentra aquí? Neisha Varela, ¿se encuentra? Okay. Pues vamos entonces a continuar para coger las últimas presentaciones de la tarde. En este caso, pues vamos a presentar primero al doctor Sergio Caporali del Recinto de Ciencias Médicas de la Universidad de Puerto Rico. Adelante".

(TRANSLATION)

MR. SKERRETT:

"Thank you Javier, many thanks. Before going on to our next presentation, we wanted to identify if there is any person pending who has not already--who is registered that has not

made their presentation. If there is anyone, is there anyone who is registered who has not presented? Apart from the persons that I will present now from the University of Puerto Rico?

I have here Miguel Arias Carbonel, is he here? Laura Carrión, is she here? Neisha Varela is she here? Okay. Well, then we will continue to have the last presentations of this afternoon. In this case we will present first Dr. Sergio Caporali from the Medical Sciences Campus of the University of Puerto Rico. Go ahead."

MR. CAPORALI:

"Buenas tardes a todos. Nosotros como parte del Recinto de Ciencias Médicas, la Escuela Graduada de Salud Pública, en particular el departamento de Salud Ambiental, trajimos algunas inquietudes e ideas y algunos tópicos potenciales para investigación, tanto de laboratorio como aplicada que entendemos sea de trascendencia para nuestra Isla.

Entrando de frente a ellos es que una de las cosas bastantes importantes o temas bien importantes sería la caracterización de la

interacción entre ruido y químicos ototóxicos, es decir químicos que interactúan con el ruido, aumentando la probabilidad de desarrollo de pérdida auditiva. En el aspecto ocupacional en particular, estaríamos hablando de exposición a solventes orgánicos como en las imprentas, en las empresas que hacen lavado a seco de ropa.

Y un problema mayor que nos afecta es cuando tenemos monóxido de carbono presente en el ambiente. Todos acá, que vivimos en Puerto Rico conocemos la palabra tapón. Ese congestionamiento viene de una densidad vehicular altísima en el área Metropolitana. Las personas que están expuestas a ruido ambiental, pero están trabajando, léase aquellos que trabajan en los peajes, policías de tránsito, personas que trabajan cortando grama con los 'trimmers'. En las carreteras cercanas al área Metropolitana, están expuestas a ambos riesgos, el ruido como también el monóxido de carbono. O sea, que eso es un tópico que nosotros estamos estudiando en función de diferentes propuestas y diferentes proyectos. Y que creemos que es de

trascendencia para nuestra Isla.

Problemas del ambiente construido o por su nombre en inglés, 'built environment'. También el problema del ruido es un problema que nos afecta a todos. Cuando hablamos de las escuelas, por ejemplo y estándares de ruido dentro de las escuelas para que la integibilidad de la voz del maestro sea la apropiada. Los niveles recomendados en la literatura, son niveles significativamente inferiores a los niveles que podemos tener acá con el ruido ambiental existente. Material particular en el ambiente por las emisiones de los vehículos movidos a diesel y otras generaciones de materias particulados y químicos ototóxicos.

También entendemos que es bien importante hablar de la investigación de problemas típicos de Puerto Rico. Que no necesariamente se generalizan a otros estados de la unión, estamos hablando de estrellas de calor. Si hablamos de problemas asociados a la exposición a alta temperatura y altos grados de humedad, pues Puerto Rico es un laboratorio de estudio

tremendo. Acá, cualquiera que haya tratado de cortar grama a las doce del día, siente ese problema, imagínese aquellos trabajadores de construcción civil, que trabajan afuera en días ensolarados durante el verano.

Reestablecimiento de servicio después de huracanes es otra área donde nosotros como algunos de los estados de la unión, tenemos como problema potencial después de una tormenta. Para electrocución, para caídas y otros riesgos asociados a esa tarea. Uno de los temas más importantes, principalmente para la pequeña industria es el desarrollo de soluciones que sean económicamente factibles de implementar. Que sean a su vez eficaces, en el sentido de que resuelvan el problema y eficientes de tal forma que sean económicamente factibles de hacer. Nuestros pequeños empresarios no tienen capacidad económica para implementar aquellas soluciones que compramos de las revistas. Que por su propio nombre tienen un precio bastante alto para la capacidad económica de esas pequeñas empresas.

Nosotros tenemos una actitud hacia la

seguridad como cultura, que es desde varios puntos de vista diferentes a la cultura de San Juan. El otro día estaba pasando--guiando por la calle y encontré una 'van' con la puerta abierta y cuatro pasajeros en la parte de atrás de la 'van'. Bajé la ventana y dije, 'oiga, cierre la puerta, es peligroso' y me terminaron insultando. Como yo me estoy metiendo en su espacio. O sea, nosotros tenemos una cultura hacia la seguridad, que debe de ser estudiado. Dado que los métodos de atacar ese problema son diferentes. Es una actitud cultural que no necesariamente como sistema de ventilación o con tapones de oídos lo vamos a resolver.

Nuestras organizaciones están cada vez más apretadas de tiempo y eso afecta la estabilidad y sostenibilidad humana y económica del negocio. Desafortunadamente, algunos de los costos más importantes en el salario no se contabilizan a nivel empresarial. Cuando nosotros presionamos al trabajador, al ingeniero o al administrador que trabaje doce, diez, catorce horas al día, esa situación no es una situación sostenible. Hablamos tanto de

sostenibilidad desde el punto de vista ambiental y sostenibilidad desde el punto de vista humano, nunca se menciona. Eso tiene un costo altísimo a la industria y eso es bastante importante.

Y para terminar, necesitamos codificar nuestras lesiones de forma universal, de tal forma que aquellos investigadores interesados en analizar patrones estadísticos en los datos, puedan asociar causa y efecto usando un sistema universal. Tenemos muchos problemas en este momento para--con respecto a ese tema. Y finalmente, todo mundo vio o ve comunmente las vespas o las motitos nuevas que todo--que cada uno puede comprar porque se yo cuanto, cuatrocientos, ochocientos dólares. Y eso genera un problema adicional en nuestro tráfico. Los accidentes vehiculares de las personas que están trabajando y se envuelven en accidentes. Así que con eso yo concluyo, muchas gracias".

(TRANSLATION)

MR. CAPORALI:

"Good afternoon to all. We as part of the

Medical Sciences Campus , the Graduate School of Public Health in particular the Department of Environmental Health, bring some concerns and ideas and some potential topics for investigation, from laboratories as we understand that is of transcendence for our island.

Facing them is that one of the important things or important subjects would be the characterization of the interaction between noise and ototoxic chemicals, to say chemicals that interact with the noise, increasing the probability of developing the loss of hearing. In the occupational aspect in particular we would be talking of exposition to organic solvents as in the print shops, in the company that does washing and drying of clothes.

And a major problem that affects us is when we have carbon monoxide present in the environment. All of us here who live in Puerto Rico know the word traffic jamb. That congestion comes in an automobile density in the metropolitan area, the persons who are exposed to environmental noise but are working

meaning those who work in the toll roads, transit police, people who work cutting grass with the trimmers. In the roads near the metropolitan area those people are exposed to both risks, the noise and also carbon monoxide. Thus this is a topic that we are studying in different proposals and different projects. And we believe that it is of great transcendence for our island.

Problems of the built environment as it is called in English and also the problem of noise is a problem that affects us all. When we talk about the schools for example and noise standards of the schools in order that the intelligibility of the teacher's voice can be the appropriate one. The recommended levels in the literature are significant levels inferior to the levels that we can have here in the existing environmental noise. And particular material in the environment because of the emissions of the vehicles moving with diesel and other emissions of particular materials and ototoxic chemicals.

We also understand that it is very

important to speak of the investigation of problems typical to Puerto Rico which do not necessarily are generalized in other states of the union, we are speaking of grades of heat, 'estrellas de calor'. If we speak of the problems associated to the exposition of high temperature and high grades of humidity then Puerto Rico is a tremendous laboratory of study. Here anyone who has tried to cut grass at twelve noon can feel that problem. Imagine those workers in civil construction that work outside on sunny days during the summer.

Reestablishment of service after hurricanes is another area where we the same as some states of the union, have a potential problem after a storm. The electrocution, the falling and other risks associated to this work. One of the most important subjects principally for the small industry is the development of solutions that are economically feasible to implement. That they should be at the same time efficient in the sense of resolving the problem and efficient in such a way as to be economically feasible to bring

about. Our small businesses do not have the economic capacity to implement those solutions that we find in magazines which by their name have a high price for the economic capacity of those small businesses.

We have an attitude towards safety as a culture that is from various points different than the culture of San Juan. The other day I was passing--driving along a street and I found a van with the door open and four passengers in the back of the van. I lowered my window and said, 'listen close the door, it's dangerous' and they ended up insulting me. How do I dare get into their space? We have a culture towards safety that should be studied since the methods of attacking that problem are different. It is a cultural attitude that is not necessarily a ventilating system or with ear plugs it is going to be solved.

Our organizations are more and more short of time and that affects the human stability and sustainability and also the economics of business. Unfortunately some of the most important costs in salaries are not calculated

at the business level. When we pressure the worker, the engineer or the administrator to work twelve, ten, fourteen hours a day that situation is not a sustainable situation. We speak so much of sustainability from the point of view of environment and sustainability from the human point of view is never mentioned. That has a high cost to the industry and that is also important.

Finally we need to code our lesions in a universal form so that those investigators interested in analyzing statistical patterns in the data, can associate cause and effect when using a universal system. We have many problems at this time with respect to this subject. And finally everyone sees commonly the vespas that anyone can buy for some four hundred, eight hundred dollars. That generates an additional problem in our traffic and the vehicular accidents of the persons who are working and they become involved in accidents. So with that I conclude my presentation. Many thanks."

MR. SKERRETT:

"Muchas gracias, doctor. Ya estamos en las postrimerías. Le toca el turno a la doctora Cruz María Nazario, ella viene también del Recinto de Ciencias Médicas de la Universidad de Puerto Rico".

(TRANSLATION)

MR. SKERRETT:

Many thanks, doctor. We are coming to the ending. The next turn goes to Dr. Cruz María Nazario, she comes from the Medical Sciences Campus of the University of Puerto Rico."

MS. NAZARIO:

"Buenas tardes. Mi nombre es Cruz María Nazario. Yo soy epidemióloga y soy profesora de la Escuela Graduada de Salud Pública y enseño un curso de Epidemiología Ocupacional. Tenemos un programa graduado en Higiene Industrial en la Escuela, que prepara y capacita muy bien a personas que van a dedicar sus carreras profesionales en este campo.

Durante la tarde, agradezco la oportunidad de hablar con ustedes un poco y presentarles mi preocupación sobre algunos asuntos relacionados

con la salud y la seguridad de nuestros trabajadores. Primero, todos los años vemos en Puerto Rico la foto en el periódico donde se presenta este trabajador que murió en una construcción porque se derrumbó un talúd de tierra. Y la descripción que se hace de ese evento, es un accidente ocupacional. Lo que sucede es que si le llamamos accidente ocupacional, como buen salubrista sabemos que entonces no tenemos nada que hacer para resolverlo.

Durante mi investigación en los documentos que se presentan de las estadísticas del Departamento del Trabajo, uno encuentra la utilización de la palabra 'accidente' y también la palabra 'incidente'. Y yo creo que un esfuerzo muy importante que podría hacerse de este grupo de personas interesadas en este campo, es nombrar las enfermedades por su nombre. No son accidentes, son actos de negligencia. Y cuando lo llamamos correctamente, adjudicamos responsabilidad.

Y mi preocupación en cuanto a los alegados eventos que ocurren de esta forma, en la

industria de la construcción, tiene que ver porque muchos de estos empleados, son empleados inmigrantes y en ocasiones son ilegales. Así que solamente vemos cuando ha ocurrido un incidente de tal magnitud que ese trabajador muere. Pero hay muchos eventos que tenemos conocimiento, que no se registran en las estadísticas, por el hecho de que estamos hablando de trabajadores ilegales en donde se les dice que no pueden informar el hecho de que han sido lesionados o han recibido algún trauma, algún problema de salud.

Como epidemióloga, me interesa mucho conocer en el análisis de la tendencia de los eventos, los incidentes, los traumas y las lesiones en los trabajadores, que en términos generales podemos demostrar que desde 1980 al 2000, hay una disminución en las tasas de incidencias de lesiones. Pero no es parejo para todas las industrias. Y vemos como en la industria clasificada como gobierno, hay un descenso de un seis por ciento por año en esos últimos veintidos años.

Pero sin embargo, en las otras industrias,

lo que vemos es un aumento, pero matemáticamente al hacer la suma, esta disminución aparece como que estamos haciendo algo positivo para disminuir las lesiones ocupacionales. Cuando en realidad no sabemos si esos datos estadísticos por la forma en que se recogen, puedan estar ocultando algún problema que amerite y que tenga solución con intervención temprana.

Hay que nombrar a las enfermedades como enfermedad, hay que nombrar a los incidentes como problemas de salud, tenemos que analizar y ver porque está disminuyendo la tasa de incidencia en una industria y ver cuales son los factores que han promovido ese descenso. Porque podemos ver en términos positivos, si funciona en una industria podemos entonces aplicar, modificando esas estrategias que verdaderamente ha sido efectivas para disminuir los riesgos en las otras, en donde no hemos sido efectivos.

Mi propuesta en el día de hoy es que le llamemos a los eventos como problemas de salud, que identifiquemos los factores de riesgos que

los promueven. Y que también podamos hacer comparaciones y evaluar en donde hemos sido efectivos, identificando cuales son las estrategias e intervención que protegen a nuestros trabajadores de esos eventos que le causan lesiones y trauma. Gracias".

(TRANSLATION)

MS. NAZARIO:

"Good afternoon. My name is Cruz María Nazario. I am professor of the Graduate School of Public Health. We have a graduate program in Industrial Hygiene in this school that prepares and makes competent the persons who are going to dedicate their professional careers in this field.

During this afternoon I appreciate the opportunity to speak with you and present my preoccupation about some things related to health and safety among our workers. First, every year we see in Puerto Rico photos in newspapers where is presented this worker who died in a construction project because there was a landslide in the "talud" of the soil. And the description made of that event is an

occupational accident. What happens is if we call it occupational accident, as good health people that we are, we know that we have nothing to do to resolve this.

During my investigation in the documents that are presented of the statistics of the Department of Labor one finds the utilization of the word 'accident' and also the word 'incident'. And I believe that an important effort from this group of interested persons in this field would be to give the proper name to this. They are not accidents, they are acts of negligence. And when we name them correctly, we adjudicate responsibility.

And my preoccupation as to the alleged events that occur in this manner in the construction industry has to do with the fact that many of these employees are immigrants and on occasion they are illegal, so that we only see when an incident has occurred of this magnitude when the worker dies. But there are many events that we know of that do not register statistics by the fact that we are speaking of illegal workers where they are told

they cannot inform about being injured or have had some trauma, some health problem.

As epidemiologist I am very much interested in knowing the analysis of the tendency of the events, the incidents, the traumas and the injuries in workers which in general terms we can demonstrate that from 1980 to 2000 there is a decrease in the lists of incidents of injuries. But it is not equal for all the industries. And we see how in the industry classified as government, there is a decrease of six percent per year in those last twenty-two years.

But nevertheless in the other industries what we see is an increase mathematically on doing the numbers this decrease appears as if we are doing something positive to decrease the occupational injuries when in reality we don't know if those statistical data by the way they are compiled, can be hiding some problem that merits and has a solution with early intervention.

The illness has to be named as illness, the incidents have to be named as health

problems, we have to analyze and see why there is a decrease in the numbers of incidents in an industry and see which are the factors that have made that decrease. Because we can see in positive terms if it functions in an industry and then apply it, modifying that strategy that really has been effective to reduce the risks in others where we have not been effective.

My proposal on this day is that we name the events as health problems, that we identify the risk factors that promote them. And that we could also make comparisons and evaluate where we have been effective, identifying which are the strategies and intervention that protect our workers from those events that cause injuries and trauma. Thank you."

MR. SKERRETT:

"Muchísimas gracias, doctora. Tenemos entonces en turno a la doctora Lida Orta. Adelante, doctora".

(TRANSLATION)

MR. SKERRETT:

"Many thanks, doctor. We have now Dr. Lida Orta. Go ahead, doctor."

MS. ORTA:

Good afternoon. I would like to appreciate the opportunity to present what I think is one of the various characteristics of the situation of injury and illness in Puerto Rico. Because "latinos" are just the second largest group, in terms of incidents and severity of this, so I congratulate NIOSH and NORA, specifically in their vision of including us in this activity.

I'm an associate professor at the University of Puerto Rico, the Medical Science Campus. And I am also the president of the local section of the Industrial Hygiene Association. I'm going to skip the background on the association, but I would like to say that in Puerto Rico, the local section represents around two hundred and fifteen members, that belongs to this organization. The majority of them are alumni of the Industrial Hygiene Program and others are professionals that have very direct intervention in terms of industrial hygiene.

Our objective is to promote study and

evaluation of environmental stresses in organizations and its surrounding communities. I have developed the presentation in different topics, some of them are very--do have a sectorial approach to them. I would like to know--I would like to mention that some of these topics, are topics that have already been intervened by NIOSH and the scientific community. But some of those findings have not been translated into practice. And my intention is to actually motivate--those are going to be developing these resources agenda to move into the RTP section that NORA stands for.

In terms of the general concerns, we have interest in the epidemiology post-studies that look at sico-social nature of cumulative trauma disorders, specifically among "latinos" employees. As well as a epidemiology study that look at the impact of the change into the new record keeping standard that went on, on 2001. We believe that these changes actually perclude us from getting real inteligenca in terms of where and what type of injuries we are

actually looking in the work place.

We have several issues regarding indoor air quality and some of these issues came directly from our practicing members. Evaluation of the actual guidelines for indoor air quality, specifically those internal environment that are depending on air conditioning. We have an issue with the electricity here in Puerto Rico and when we don't have electricity, most of our systems just go down.

Evaluation of the indoor air quality guidelines for spaces specifically in tropical weather that depend on air conditioning. We need--we believe we need action for contaminants measuring technologies and control interventions. Action leadings like some allergens that cause occupational asma. Action limits that--pest control chemicals under using indoor air that are dependant on air conditioning.

So, in terms of sectors dealing with the service sectors, we need specific information identification of--monitoring technologies for

chemical exposures. Specifically in the small business that deals with forensics, anatomy laboratories and morgues. Refrigerant exposure to air conditioning technicians, employees exposures in weight disposal tasks, as well as water treatment plants. The ever standing, CTD and back injuries in the FedEx, UPS and DHL Delivery type of services. Within the communication in these sectors and the identification of exposure limits among employees working in the radio towers.

Within the construction sector, skin exposure for dry wall sealing in construction, engineering control for solvent usage and handling of wood dust in carpentry. Exposure in the construction industry in general. In the manufacturing and the refinery sector, metal dust exposure in cleaning a boilers, handling carcinogens in a chemical bulk plant. Exposure to different chemicals in refineries, on small business sector and retail sectors.

Exposure we should meant to aromatic candles and aerosols in work places. Quimical exposure in hair and nail polish in parlors.

Within the health services enforcement, emergency and education sectors, solvents and gas exposure in surgery wards and hospitals. CDT and back injuries for EMT staff. Stress related injuries and illnesses for nursing staff, EMT, MT, and firemen. Occupational exposure to radiation in a nuclear medicine clinic. Firemen exposure to toxics gases and fumes.

Respiratory and skin conditions and back injuries among elementary and special education teachers. Gun powder and exposure measures among enforcement agents. And that. I do appreciate your attention, thank you.

MR. SKERRETT:

Thank you very much, if your presentation is done. María Maldonado. We're going to be doing the evaluations right now, this is important for us. Please take just a minute or so to fill out your evaluation and before we wrap it up for the day.

MR. SODERHOLM:

We'd like to have a time when we can say NORA heard you and María, were you going to say

a few words about some of the highlights of what you have heard today and then I'd like to wrap up half like I did the last word.

MS. MALDONADO:

Suddenly, everything that has been mentioned this afternoon is relevant and has a place and should be of interest of somebody and should be an opportunity for somebody to look at it and to resolve. I'm sure it has fallen on very prolific ears, I'm sure somebody will be looking at this. We are more than happy, we have been facilitators and unfortunate that we were, you know, have the opportunity to be able to support NIOSH in this endeavor.

So, I really know that only good things will come further from this. We are only one human race, and I'm sure that the things that Sid and his colleagues have heard this afternoon, will be able to be associated with other comments and other concerns from other members of the human race in some other part of the world, in some other forum that they have attended. I congratulate all of you, for your commitment to be in here this afternoon and

taking the time to put your concerns in such excellent formats and such concise matters. That really make sense and makes it easier for them to go back with a precise of concerns that they will be able to address.

I invite all of you to say later on, I know because of the nature of the form, we have--I feel very good, because I think that we have had maximum participation. I know that everyone is not here right now, because people had other commitments and they came in and they came out. And we really wanted it to be that way, we didn't want to have a constrained format that would prevent people to have--you know having the opportunity to do it at their time. And be able to go back and take care of some of the other important things in their lives. But I know we had a great attendance, as far as I am concerned, this has been outstanding. I would like to invite all of you that remain to bare with us and stay around until forty, forty-five, because we have a ceremony called "News, Heroes and Safety". And I would really appreciate, it's not going to be

a very long ceremony, but I would appreciate that all of you stay. And Sid and his colleagues, I really appreciate you for having a confidence on us to be able to bring your form to us and allow us the privilege of assisting you with this endeavor this afternoon. Thank you.

MR. SODERHOLM:

I would like to thank you and we--all of us are at work, but a couple of us are particularly busy today. I would like to thank our court reporter for the work he is doing and will do, his organization will do in providing a transcript, then we will put in the website, as individual comments. And particularly I would like to thank our person doing the simultaneous translation. I very much appreciate their hard work this afternoon.

This town hall meeting has been wonderful. Each town hall meeting has been a unique experience and yet each one shows us many, many individuals who will take time from other things that they had to do, to talk to us of what they think is important. And it's been a

great experience, I will appreciate it very much. We have a "momento" for María and Víctor and all the others who helped. This is a flag from NIOSH for the Puerto Rico Federal Safety and Health Council. Although I learned that you too do so much at work, maybe we should give additional flags you can hang up in your office with your work place name. Just tell us if that would help you put this on more easily in the future. So, María, if you would.

MS. MALDONADO:

I just want you to come back and remember that we're here to support you and that we can further the work of NIOSH. We're at your disposition.

MR. SODERHOLM:

Very good. And José--José is here? And I don't know if Madeline is here at the moment? But we--this is yet, again, evidence that OSHA and NIOSH do work together and John Howard signed this. We thank you for this opportunity to work together and for all your hard work. Thank you.

MR. CARPENA:

Yes, I'm going to give this to Madeline, who was basically the person who worked very hard in our office to get this group together. And surprisingly, you know, we had to have a time keeper when--you know, we think sometimes some local culture of Puerto Rico, we speak very little, but today it seems that they wanted more time, so that's good. But unfortunately, we had to limit it, so that was good too. So, I really appreciate it on behalf of my office.

MR. SODERHOLM:

And Víctor, you anything else, okay? Well, we'll wrap up this and I'm looking forward to the ceremony in four forty-five, I will be here. Thank you very much.

MR. SKERRETT:

Here we go. We'll take a short break and then we will be here to wrap it up for the last ceremony in the afternoon. So, if you want to take like five minutes and return to this room as soon as possible so we can do it a little bit ahead of time. Thank you very much, thank

you doctor, thank you María.

(THEREFORE THE PROCEEDINGS WERE TERMINATED
AT 3:55 P.M. AND THE PRESENTS WERE
EXCUSED)

COURT REPORTER'S CERTIFICATE

I, PEDRO VILLANUEVA, a Court Reporter for the firm of **MARTINEZ & ARROYO INTERNATIONAL REPORTING, INC.**, P.O. Box 9020678, San Juan, Puerto Rico, do hereby certify:

That I, acting as a Court Reporter, reported the foregoing meeting on the date and hour aforementioned;

That the foregoing is a true and correct copy of the record of the testimony of the witness given upon this meeting;

That I am not of counsel or attorney for either or any of the parties to said meeting or in any way interested in the outcome of the cause named in said caption.

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