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FAA SHOULD CREATE AN OFFICE TO ADDRESS CREWMEMBER AND PASSENGER HEALTH

Testimony of
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Senate Committee on Commerce, Science, and Transportation

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TESTIMONY OF THE
ASSOCIATION OF FLIGHT ATTENDANTS, AFL-CIO
BEFORE THE
SENATE AVIATION SUBCOMMITTEE

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Thank you for this opportunity to testify. The Association of Flight Attendants represents 25,000 flight attendants on 16 U.S. carriers and is the largest flight attendant union in the world. This is the third time we have appeared before this subcommittee on the subject of cabin air quality.

Flight attendants can have only one reaction to the National Academy of Sciences study. And that is fear -- a legitimate fear for our health.

Even couched in its conservative, scientific tone, the NAS study suggests several disturbing possibilities. The study suggests that pregnant flight attendants may be exposed to radiation levels high enough to double the likelihood of childhood leukemia and cancer in their offspring. < It suggests that passenger smoking could markedly increase our risk of developing lung cancer. > It suggests that we may be exposed to a large number of recirculated viruses. And it suggests that inadequate or non-existent monitoring of ozone, carbon monoxide, carbon dioxide, and other pollutants allow for an unhealthy environment that will lead to a wide variety of acute and long-term respiratory illnesses.

Like all American workers, flight attendants are willing to give their toil and sweat and tears to their jobs, but they should not have to sacrifice their lungs and their lives in addition. Actually, we are ready to make enormous sacrifices to get passengers out in a post-crash fire, but we are not willing to make such sacrifices so that airlines can skimp on ventilation rates or take a cavalier attitude toward measuring cabin pollutants.

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We have another cause for fear. Our other fear is that the Federal Aviation Administration (FAA) will say a few nice words about the National Academy of Sciences study, make a few promises, and then go back to ignoring these issues as usual. The FAA is an agency with a handful of front burners, and a thousand back burners. It is an agency extraordinarily influenced by the wishes of the airlines, who will not want to spend a penny to solve the problems raised in the Academy study. And it is an agency with no internal structure -- no office, no person, no program -- that is responsible for flight attendant and passenger health. As a result, we fear that without the intervention of Congress, the National Academy of Sciences study will end up on one of the burners that is so far back you cannot even tell if it is on.

In 1970, the Congress of the United States made a bold promise to American workers in the Occupational Safety and Health Act. It promised a healthy and safe workplace, and created a system of agency regulations, inspections, and fines to make that promise a reality. That promise has not benefited flight attendants. In 1974, the FAA issued a policy statement claiming authority over flight attendant health issues in order to keep OSHA off of aircraft. While the FAA has succeeded in keeping OSHA out¹, the agency has treated its claim over crewmember health with the same attention as if it had staked out a

¹ Although the federal courts have found that an actual exercise of another agency's jurisdiction is needed to preempt OSHA jurisdiction, the FAA's opposition to OSHA's efforts in aviation areas has led to de facto FAA control over almost all aviation related issues. Thus, in 1979, OSHA wrote AFA that "OSHA's jurisdiction would have little or no application in the case of exposure of flight attendants to in-flight hazards." Flight attendants, for all practical purposes, must rely upon the FAA to monitor and regulate flight attendant health issues. In order to clarify conflicting responsibilities, OSHA has entered into formal agreements with other agencies, e.g., the Coast Guard and the Mine Safety Administration. OSHA and the FAA have not entered into such an agreement, although they were close to one in 1980, and were encouraged to do so by the House Committee on Government Operations. H.Rep. 97-393, 97th Cong., 1st Sess. (1981). However, an inter-agency agreement would not be a panacea for crewmember health problems, since it merely shows the intent of the parties to the agreement, and does not per se lead to any organized health activity by the parties.

land claim on Mars. At least for this century, the agency shows no signs of activity. In the area of cabin air quality, the result has been, for example, that the vague FAA standard for ventilation in the passenger compartment is the same as the USDA standard for the transportation of hamsters and guinea pigs in cargo compartments.

We therefore urge Congress to require the FAA to live up to the responsibilities that it has claimed in the health area. The agency should set up an office devoted to crewmember and passenger health. It should staff the office with qualified health inspectors. The agency should perform the studies suggested by the National Academy of Sciences. It should write rules protecting crewmember and passenger health, beginning with the ones recommended by the NAS.

Although we understand the difficulties Congress faces in balancing the federal budget, we would urge that funds be made available for such an office within the FAA. In our view, it could operate with less than ten persons, a modest number to address the health concerns of over 100,000 crewmembers and tens of millions of passengers. Such an office would more than fulfill the recommendations of the Academy that a federal agency take jurisdiction over health issues (NAS, p. 3) and that the FAA establish a program to monitor health effects on crewmembers (NAS, p. 12).

We would now like to address four specific recommendations from the study. First, with regard to smoking, the Academy estimates that flight attendants are being exposed to sidestream smoke equivalent to living with a pack-a-day smoker. This amount of passive smoking, the Academy suggests, is associated with an increased risk of lung cancer.

Since lung cancer may soon be the leading type of cancer among women, the Academy's recommendation is of extreme importance to us and we hope that Congress, the Department of Transportation, and the FAA will give the recommendation thorough consideration in spite of the controversy surrounding this issue. We know that the Department of Transportation has said that this is a problem that can be solved through the marketplace, but flight attendants, who are at the greatest

risk cannot switch carriers every month depending on who is experimenting with no-smoking flights. The marketplace cannot protect flight attendants from lung cancer. The government must do that through a carefully crafted rule that will maximize health and safety.²

The second NAS recommendation which we believe deserves urgent attention concerns radiation. The Academy urges better monitoring of radiation levels in order to protect pregnant flight attendants. We believe that pregnant passengers might also have reason to be concerned. According to the Academy, solar flare activity occurs on an average of seven times per year, delivering hundreds of millirems per hour to those at altitude. If this is the case, a pregnant passenger flying during solar activity might receive excessive radiation. It seems to us that a system of warning passengers, as well as flight attendants, needs to be developed.

A third area addressed by the Academy which should be aggressively pursued is passenger protective breathing devices. There is no reason that passengers should not be supplied with a clean air source during an in-flight fire, yet the current oxygen mask that pops down supplies a mix of both oxygen and what would be smoke-filled ambient cabin air. The state of the art has progressed to the point where the agency should consider requiring modifications of the oxygen system on new aircraft, or the use of other technology such as smoke hoods with an internal air or oxygen supply. Although the airlines would find such hoods quite

² Safety is a consideration since a ban on smoking might affect lavatory smoking, depending on the effectiveness of the smoke detectors. On the one hand, a ban on smoking has the potential for lessening smoking in lavatories, since passengers currently consider the aft section of the aircraft as a kind of smoking salon, an impression that carries over to the lavatories. If passengers did not have any expectation of smoking aboard aircraft, smoking in lavatories should decrease. On the other hand, some passengers might surreptitiously smoke in the lavatory if forced to go without cigarettes for several hours. At this point in time, our balancing of these issues leads us to support a ban on flights of two hours or less, although our minds are open on this point.

expensive, there is nothing like a notice of proposed rulemaking to hasten research into low-cost technology.

Finally, we would urge that Congress take steps to ensure that all of the studies recommended by the Academy are performed. In addition to radiation, the Academy recommends systematic measurement of "carbon monoxide, respirable suspended particles, microbial aerosols, and ozone and the measurement of actual ventilation rates, (and) cabin pressures" (NAS, p. 11). Although other agencies and groups might have more expertise in these areas, the FAA should be required to perform these studies so that it can simultaneously develop the expertise to regulate if necessary. Moreover, many carriers refused to allow the National Academy of Sciences on board their aircraft to take measurements, so it is important that those charged with doing further studies have the statutory authority to perform them. In our view, the FAA has such authority although any additional legislation should re-emphasize this. ✓

In closing, we would like to thank the Academy and this subcommittee for its attention to crewmember and passenger health issues. We would like to particularly thank Senator Daniel Inouye for his tireless efforts in the area of cabin air quality.