

Something in the air?

Indoor environmental problems can threaten workers

By AMANDA MILLIGAN

It can lurk in buildings in both the city and the country, in the smallest offices and the tallest skyscrapers—it's in the air.

When a building has an indoor air quality problem, it can range from a strong odor to dust particles to harmful invisible substances. In some situations, the resulting ailments not only can make workers feel bad, but they may also be deadly.

Diligent maintenance and updating of ventilation systems, and the prompt and thorough investigation of employee complaints are key to resolving both categories of indoor environmental problems—building-related illnesses and sick building syndrome—say industrial hygienists, consultants and employers.

Of the two indoor environmental problems, building-related illnesses are the more threatening. As defined by industry experts, building-related illness is the more

See Buildings on page 4

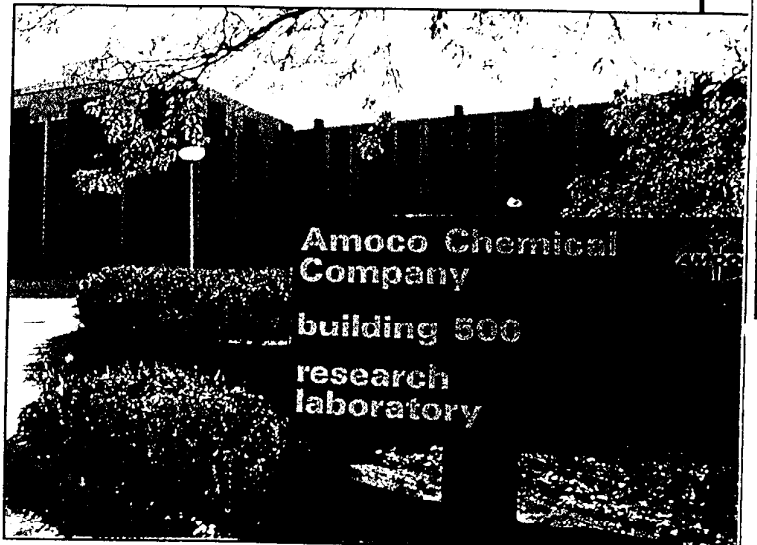


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A high incidence of cancer at a BP Amoco building in Naperville, Ill., has led to lawsuits and a search for answers.

Buildings

Continued from page 1

dangerous of the two categories of ailments that a worker can get simply from spending extended time in a building. Examples of agents that can cause building-related illnesses are radon gas; carbon monoxide; asbestos fibers; and Legionella pneumophila, the bacterium that causes Legionnaire's disease. Exposure to these agents can lead to deadly conditions, such as tuberculosis, asbestosis and cancers.

In 1989, Amoco Corp. thought it could be dealing with a cancer cluster when it learned that three chemical researchers who had been working in the same laboratory in the Amoco Research Center developed a brain cancer condition called glioma.

After commissioning a survey to investigate these cases, Amoco was advised to monitor the situation at its

Naperville, Ill., facility, but the company was informed there were few similarities linking the cases. Amoco officials say they were told the pattern was probably just a "statistical anomaly."

In what would turn out to be a decade-long search for answers, Amoco's story serves as example of factors that can come into play when employees feel at risk in their workplaces—whether their fears are real or perceived. It also illustrates how crucial open and honest communications between the employee and the employer can be in reducing fear and encouraging trust when a building-related illness is suspected.

In 1996, Amoco's troubles escalated to a full-scale crisis when the company learned that another four workers had been diagnosed with intracranial tumors. During the same year, the company commissioned a five-part independent study, conducted by the University of Alabama at Birmingham

and Baltimore's Johns Hopkins University. The full results of that study are expected to be released next month.

The study began very broadly and, in its final stages, narrowed to one building at the complex—Building

'You're going to have cancers in an aging workforce in every workforce,' says John Fajen of AIG.

500. Researchers looked at all of the approximately 2,000 employees who have worked in the building since it opened in 1970. So far, the study has found that workers in Building 500 have an incidence of brain cancer three times higher than that of the