
Changing in the Face of Change

Prof. David H. Wegman is Dean of the School of Health and Environment at the University of Massachusetts Lowell

Prof. Charles Levenstein is Emeritus Professor at the School of Health and Environment at the University of Massachusetts Lowell

This issue of the journal presents two investigations that address aspects of the modern work environment in Europe (Brand et al. 2005; Bruzzi et al. 2005). What is particularly interesting about these reports is how different their focus is from historical concerns about occupational health. Primary attention is not on life-threatening injury risks or devastating diseases such as occupational cancer or chronic respiratory conditions. At first glance this is in keeping with what might be expected from an increasingly service-based economy. It is premature, however, to become comfortable with the disappearance of substantial risks in this new economy. For example, the European Working Conditions surveys sponsored by the European Foundation for the Improvement of Living and Working Conditions have shown troubling trends for Europe between 1990 and 2000. The three surveys published over this interval demonstrate a gradual increase in painful/tiring positions and handling heavy loads - by 2000 almost half the population reports the former and over one third report the latter (Merllié 2001; Paoli 1996; Paoli 1991). These findings demonstrate that a service economy is not an economy without substantial physical demands. An even greater concern relates to the trend in the new economy toward increasingly less stable forms of employment without traditional benefits. The same surveys note that the least stable forms of employment - casual employment through employment agencies - is the most problematic with these workers experiencing repetitive work tasks almost twice as frequently as those with open-ended contracts as well as a 60 % higher proportion of jobs with repetitive movements or painful/tiring positions.

The good news for the developed world is that occupational fatalities appear to be decreasing, reflecting the trends away from hazardous work. By contrast there has been substantial growth of the hazardous sectors in developing nations. With

the continuing export of these hazardous sectors has come the export of the injury and disease burden that is associated with such sectors. The ILO has recently issued a report documenting the increasing occupational disease and injury burden in the developing world (Zarocostas 2005). The report also notes that the count of 2.2 million deaths from injuries and disease related to work “vastly” underestimates the true number since reporting is commonly incomplete and categories of workers are routinely excluded from surveillance systems. The ILO estimates that universal implementation of appropriate prevention strategies could eliminate three-quarters of the deaths and injuries. A commitment by the developing world to address this appalling situation is long overdue.

But, of course, this is not simply a problem for the governments of the developing world. The role of foreign investment in introducing new and dangerous technologies is well documented. Yet, the international financial community and the international health community do not appear to consider occupational health and safety to be an important problem compared with more general aspects of health care delivery. This enables governments to ignore the substantial risks of asbestos, benzene, banned pesticides, etc., deluding themselves that economic development requires accepting the horrors that we in post-industrial countries seek to impose. We may not be willing to tolerate the killing fields of manufacturing at home – but we are willing to turn a blind eye to shameful production methods elsewhere and to enjoy their output.

Finally, we have noted in the USA that as capital leaves to enjoy the looser regulatory climate of developing countries, labor has moved in the opposite direction. Immigrant workers, some with documents, others without, have taken

over the most dangerous jobs in the US and have little in the way of protection by regulatory agencies, trade unions, or even good-hearted citizens. This underground economy we suspect also operates in Europe – with immigrants from Eastern Europe, Asia and Africa, rather than Latin America. We suspect that their problems are rather more serious than “job satisfaction” and job stress – and we urge that our European colleagues open their eyes just a bit.

The larger context in which we do our work, however, should not distract us from responsibility to act within our roles to seek the largest possible impact on the health and safety

of those workers most in need. The article by Brand et al (2006) points the way toward an important initiative - the need to closely integrate attention to prevention of occupational disease and injury in the workplace with attention to preventing disease and injury in the workforce (see also: Sorensen and Barbeau 2004, Yassi, 2005). Health promotion is the arena in which this can happen but only with serious attention to historical constraints that have kept these two wings of prevention separate – a circumstance that can no longer be accepted.

David H. Wegman and Charles Levenstein

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Address for correspondence

**David H. Wegman, MD, MSc, Dean
School of Health and Environment
University of Massachusetts Lowell
3 Solomont Way
Lowell, MA 01854-5121
USA
e-mail: David_Wegman@uml.edu**



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