

Labour Movement Epidemiology (or O.I.Y. occupational health investigations)

Some meetings took place last year under the above somewhat ungainly title. They attracted some people from Radstats, the Politics of Health Group and the GMWU. Mention of these meetings was made in the Radstats and PoHG newsletters and in Science for people magazine. As a result a number of other people have written to me expressing interest and wanting to be kept in touch. As I was responsible for initiating the original meetings I feel suitably guilty having stimulated some interest. Anyhow I shall attempt here to bring Newsletter readers up to date.

The main idea of the meetings was to increase contact between progressive epidemiologists/statisticians and worker/community groups who might need help in assessing their own ill-health. Usually this means following-up hunches on apparent clusters of illness, for example a cluster of cancers. Increasing this contact is useful for two reasons - firstly to satisfy the demand for such help that sporadically makes itself felt. Secondly to develop a more effective way of working - if those at risk are involved in the project, the results will be more useful and improvements are far more likely to be implemented. A second reason for meeting was to keep in touch, discussing various things under the general title of the politics of practising epidemiology. However, to cut a long story short, the issues discussed contracted down to a) streamlining a network so that if trade unionists need some advice, then the most relevant radstatter could be put in touch with them and b) it transpired that several of the people coming to the meetings had already intended to write (or had written) various types of guides for workers on doing their own surveys.

The network of people is still a very ad-hoc informal arrangement but then requests for help are infrequently made at present. On the writing side, Radstats have now published the guide to occupational cohort studies; a guide to investigating cancer at work is in draft form; I am helping Pat Kinnersley with a guide to questionnaire surveys for the Hazards Of Work; another guide may be in the pipeline. Perhaps these various publications will stimulate some demand from workers for assistance in carrying out these surveys, which will test the "response time" of our ad-hoc network of friends and contacts. After discussing publications, the meetings fizzled out, partly because of lack of enthusiasm, partly through lack of clear ideas around which to meet.

However, the need still exists as is perhaps well illustrated by a tragic saga on one worker battling to get the hazards of chloromethyl ether recognized. Lined up against the unanimous voices of the company, their medical officer, the chemical industry's medical officer, and "independent" statistician who did a whitewash of a survey, the EMAS doctor and the TUC medical advisor, this shop steward alone, in a small Welsh town kept insisting that there was a problem. Eventually a better survey was carried out revealing 20 fold excess cancer mortality rates for the highest exposure groups! After that experience, he asks, why

should he trust any medical or statistical "expert" and where could he find anyone to trust? He seemed unconvinced that there were really a fair number on his side...

I then had an opportunity to attempt to test out some of the ideas coming up at those meetings. In Birmingham there is a Health and Safety Advice Centre which gives advice to workers in the area. Over last winter I worked there on a project with much local publicity aimed at encouraging workers to come forward for help in carrying out health surveys (preferably doing them with them, rather than for them). There were a number of promising surveys that did not get off the ground: stress on buses, office conditions, lead exposure and microfiche readers. A small survey was carried out by their safety reps on the effects of cold on council workers working outside, and some audiometric surveys were carried out. Comments were made on two epidemiological studies carried out for the management and the trade union side wanted a second opinion. Ironically, the most interest was outside the workplace: damp housing and living by waste tips are two issues that aroused much interest and surveys may yet happen, and a large questionnaire survey was carried out of workers who were made redundant, to record the impact of unemployment on their health and well-being.

One cannot really generalise too much from these narrow experiences as to what the best model to adopt is, but the most important things are time and visibility. Time to devote to specific surveys but more important time to build up the trust and confidence of the workers with whom or for whom you may carry out these surveys and time to develop your own sensitivity so as not to baffle everybody! It goes without saying that it is difficult to obtain funds to get paid to do work such as this, unless one already has a secure, say, teaching job. There is much though that can be done on a part-time basis: from critiquing reports to advising on research protocols; from rough estimates of relative risks to fairly ambitious studies. On visibility, we need to develop organisations, departments, individuals that become increasingly known as places that workers can turn to for help on these questions.

Most epidemiological research is sponsored by employers (here I am meaning occupational epidemiology) or state bodies with unions at best rubber stamping the research done on their members. Although, because of funding policies and the attitudes of those in charge, only a small amount of occupational health research is carried out in conjunction with unions in this country, in other countries there are a sizeable number working in this way and in recent months I have been in contact with some of them and have heard of others. Those I know of include the UK, Holland, France, Sweden, Finland, Italy, Canada, USA, Australia, S.Africa, Brazil. Plans are at an early stage to try and pool this collective experience which

has been somewhat isolated in the various countries. Researchers in these countries have been carrying out a wide variety of projects planned, executed or interpreted in conjunction with those workers whose health is affected. Many are very fortunate to work in institutions which expressly permit or encourage research to be carried out for unions or community organisations. Others of course are tolerated.

It seems that there are insufficient number of people active in this work to justify much of a get-to-gether here, but the number of people around the world is impressive. I and those with whom I have discussed it, are all very enthusiastic about increasing contact. Two connected proposals are in the air for exchanging experiences, developing methods, increasing the impact of the research and perhaps most important to encourage more people to take up this kind of work. The less ambitious to produce a collection of papers which would either be published together or over a period of time, for example in a journal such as the Int. J. of Health Services. The other idea is to organise an international meeting, mainly european in the first instance on doing health research with workers, out of which the collection of papers may emerge.

If any readers would be interested in contributing papers to such a collection or know of other people doing Health and Safety research with unions then please let me know at the address below. If you are interested in helping out if we are approached by workers faced with baffling survey reports or health problems and neither I nor Alison McFarlane know that you want to do this, then please let Alison or me know. As for future plans, any events or developments will of course be publicised in these pages, but if you want to more involved, then please get in touch.

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