Dear Colleagues,

Much has happened during the seven months after the Iguassu Congress. Let me briefly inform you on a few (but not all) of these events. The ICOH Officers met in May in London and discussed the internal and external activities of the ICOH Board and the division of work among the Officers. You will find the assignments of the individual Officers and Board Members on pages 5-7 of this Newsletter.

The ICOH 2006 Centennial Congress is well under way. Sergio Iavicoli and I visited our colleagues in Milan, met with the ICOH2006 Executive Committee, and visited the Congress venue. We also agreed on the main principles of organization, discussed the scientific programme and the role of the Scientific Committees. Finally, we agreed to make a formal Contract between the Milan Organizers and the ICOH as required by the Bye-Laws.

Simultaneously, we have started the planning of the Mid-term Meeting of the Board and the Meeting between the Board and the Chairs of the Scientific Committees, to be held in Helsinki in January 2005. At about half-way to ICOH2006 in Milan, we aim to make an inventory of ICOH activities and check the achievements of the Task Groups, Working Groups and Scientific Committees.

The activities agreed upon in Iguassu have been initiated for introducing the Basic Occupational Health Services to ILO and WHO, and for continuing the good working relations with these two International Organizations. At the beginning of August, we had an opportunity to meet the new Director General of the WHO and to discuss the most important international issues in occupational health. We were also invited to the important events of the WHO: Sergio Iavicoli attended the World Health Assembly (see report on page 8) and I attended the WHO Executive Board Meeting in June. Similarly, I participated in the 91st ILO Labour Conference where the ICOH was invited to address the Committee on Standards. There again the development of occupational health services was actively discussed and considered as one of the topics in the production of a new ILO Framework Convention.

On 3-6 September 2003, the ILO and the European Union together with the German HVBG and the Senior Labour Inspectors’ Committee organized a European Meeting on Asbestos. The President of ICOH was invited as a keynote speaker, together with Professor Woitowitz, also an ICOH member, of the Justus-Liebig University in Giessen, Germany. The Dresden Declaration was presented, and ICOH was given an opportunity
to participate in its drafting. Further reference to the Declaration is made on page 9.

The work with the International Organizations will continue: the discussions with the new Director General of WHO in August were very positive and will continue. The Joint ILO/WHO Committee on Occupational Health will be organized in December 2003 and ICOH will participate. We also have a plan to meet with Dr. Philip Landrigan, President of Collegium Ramazzini, in December, for discussions on the collaboration between ICOH and Collegium Ramazzini. This collaboration was so nicely demonstrated already in Iguassu.

This Newsletter has now been reborn after having been dormant for some years. It is published with the view that the electronic journal is not sufficient to meet the present information needs. We hope that the readers will find it interesting, and we welcome ideas and feedback on this issue, which still is much of an experiment.

Jorma Rantanen
President of ICOH
The ICOH Newsletter revitalized

Still some years ago, the ICOH used to publish a Quarterly Newsletter. The publishing was interrupted, however, because of financial and editorial reasons. Meanwhile, various other forms of publishing have been discussed. These have not been realized in practice though. It seems that various organizations and associations need an information channel of their own in order to keep their members abreast with the developments in the activities of the organization. A newsletter is a good way of meeting the membership’s information needs concerning the ICOH organization, on the one hand, and the substantive OH&S information needs, on the other hand.

The previous ICOH President and the ICOH Board (September 2000 – February 2003) established Task Forces clarifying the roles and goals of both the ICOH Newsletter and the ICOH website. On the basis of the previous Newsletter Task Group (Linnéa Lillienberg, Frank Rose, Tee Guidotti, Tar Ching Aw) the new Information Task Group (Tar Ching Aw, Sergio Iavicoli, Rene Mendes, Louis Patry, Ken Taka-hashi, and myself) started planning a regularly published ICOH Newsletter that would be mailed to each ICOH Member. The new Information Task Group is the same as the Editorial Board of this Newsletter. Some modifications have also been made to the plans, as we know that many members do not have a regular Internet access yet. Also, the printed copy of a newsletter is handier in many instances. Therefore, the paper copy format was thought to be the best solution, at least to start with.

Those of you who do not wish to receive a newsletter by mail, but only to read it on the ICOH website, may fill in a feedback form and send it to us at www.ttl.fi/icohnewsletter. If we do not receive a feedback form, we will assume that you wish to receive the Newsletter by mail also in the future. It is, therefore, important that ICOH has your correct mailing address on its membership list. If you notice errors in your address, please send an e-mail to Mr. Carlo Petyx in the ICOH Secretariat: carlopetyx@libero.it.

For financial reasons, and also because we want to have enough material for each issue, we have decided that the Newsletter will come out three times a year. The idea is that you will hear the decisions and developments made by the Officers, the Board and the Various Task Groups. In addition, all Scientific Committee Chairs and Secretaries are encouraged to submit brief articles, news, and other information on various matters to be shared through the Newsletter. We also plan to invite one or two leading articles on topical themes in each issue of the Newsletter. In this issue we discuss the fatalities related to occupational factors. We also pay tribute to the work of the late Professor Antonio Grieco by publishing his article on the history of ICOH.

It is important that all of us can contribute to sharing important information to all members of ICOH in each corner of the world. This will make us strong!

I would like to thank the members of the Editorial Board of the Newsletter already now for their commitment.

We on the Editorial Board look forward to working with all of you, 1700 members of ICOH!

Suvi Lehtinen
Editor
The International Commission on Occupational Health held its 27th World Congress in February 2003 in Iguassu Falls, Brazil. Close to 2,000 occupational health and safety experts from more than 90 countries attended the Congress. A total of 1,000 presentations, keynote lectures, oral and poster presentations, as well as round table presentations were made in the Congress.

The Brazilian Organizers managed to arrange the Congress in a smooth way, and the events ran without major problems.

Professor Bengt Knave, President of ICOH in September 2000–February 2003, handed president’s gavel to Jorma Rantanen who was elected the new President of ICOH for the term February 2003–June 2006.

Professor Jorma Rantanen, President of ICOH, said in his Presidential Address, that a lot of expertise and strength is included within ICOH. In order to make it possible that this expertise be fully utilized more and more international collaboration is needed. Therefore, ICOH made an initiative to the World Health Organization, WHO, and the International Labour Office, ILO, to join forces in the implementation of Basic Occupational Health Services. All the resources available in various countries and at the international level are sorely needed, he said.

ICOH2006

The New Board of ICOH held its first meeting in Iguassu on 28 February 2003. You can read the minutes of the meeting at ICOH website: http://www.icoh.org.sg/eng/news/general/min_2meet_iuguassu.html.

ICOH2009

In the ICOH 2003 Congress in Iguassu Falls, Brazil, it was decided after voting that the ICOH 2009 be organized in Cape Town, South Africa.
President of ICOH has established several task groups, working groups and committees. The idea and purpose of these groups is to utilize the division of work, but also to stimulate the Officers and Board Members to develop the various activities vital for ICOH.

The following Task Groups have been established: Transparency; Information; Constitution, Bye-Laws and Guidelines; Language Matters; Membership, and Child Labour. There are the Finance Committee and the Centennial Committee. In addition, three Networks are working under the headings of: Guidelines on Occupational Medicine Education and Competence; International Communication and Information Technology Network for Occupational Safety and Health; and Tobacco-free Workplaces.

Two Working Groups have also been established which means that it will be monitored whether a Scientific Committee on these topics should be formed in due course. These are Biological Agents and Infectious Diseases, and Women and Work.

All these groups consist of 3-6 members and they work through e-mails, phone calls, meetings, etc. All of these groups are expected to report on their activities in the Mid-term Meeting of the Board in January 2005.

The President and the officers have intensified also the collaboration with the international organizations, WHO and ILO. You will find a report on that activity on pages 8–9 of this Newsletter.

A lot of relevant activities on occupational health and safety are going on in other NGOs. Therefore, it has been agreed that one person in the Board of ICOH will follow up the activities in other organizations and keep ICOH informed of those developments. These are IEA (Ergonomics), IOHA, Collegium Ramazzini, WWCS, ISSA, IEA (Epidemiology), ISEA, ICNIRP, and Club of Geneva.

In order to ensure the smooth flow of information among the ICOH Board and the Scientific Committees it has been agreed that Vice-President Alain Cantineau will have the general coordination of the Committees. However, each Board Member has been assigned one or several information liaisons with the Scientific Committees. You will find all these also at the ICOH website: http://www.icoh.org.sg/eng/tasks.html.

### Task Groups

#### Finance Committee
- Tee Guidotti (chair)
- Sergio Iavicoli
- Petter Kristensen
- Suvi Lehtinen

#### TG on Transparency
- Petter Kristensen (chair)
- Alain Cantineau
- Gustav Schäche
- Ken Takahashi

#### TG on Information
- Suvi Lehtinen (chair and Editor in Chief of the Newsletter)
- Tar Ching Aw (Editor-in-Chief of the ICOH Website)
- Sergio Iavicoli
- René Mendes
- Louis Patry
- Ken Takahashi

#### TG Constitution, Bye-Laws and Guidelines
- Jorma Rantanen (chair)
- Alain Cantineau
- Ruddy Facci
- Sven Hernberg
- Sergio Iavicoli

#### TG on Language Matters
- Tar Ching Aw (chair)
- Sergio Iavicoli
- Kazutaka Kogi
- René Mendes
- Louis Patry

#### TG on Membership
- Sergio Iavicoli (chair)
- Ian Eddington
- Kaj Elgstrand
- Abdeljalil El Kholti
- Ruddy Facci
- Ken Takahashi

### Networks

#### Network for Guidelines on Occupational Medicine Education and Competence, GOMEC
- Ragnar Rylander (chair)

#### International Communication and Information Technology Network for Occupational Safety and Health
- Max Lum (chair)

#### Tobacco free Workplaces
- Ruddy Facci (chair)

### Working Groups

As a response to numerous initiatives in the Iguassu Conference and the discussion by the Board, a new Working Group will be established on:

#### Biological Agents and Infectious Diseases
- Members:
  - Ruddy Facci (chair)
  - Lorenzo Alessio
  - Hua Fu
  - Annie Leprince
  - René Loewenson
  - Kari Reijula
  - Ken Takahashi

#### Women and Work
- Members:
  - Frida Fischer (chair)
  - Alain Cantineau
  - Janine Fanchette
  - Elisabeth Lagerlöf
  - Bonnie Rogers
  - Helena Taskinen

### Liaison officers with International Organizations

#### ILO
- Jorma Rantanen (Substitute: Sergio Iavicoli)
Assignments concerning the Scientific Committees

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<td>To be appointed</td>
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Scientific Committees

Prof. Alain Cantineau, Vice President of ICOH, is the overall coordinator of the Scientific Committees dealing with issues concerning the SCs as a system and issues common to all or several SCs, and all the administrative issues. He has also been assigned as a liaison with individual Committees/Liaison tasks. The President has assigned the scientific information liaison with the Board and the Scientific Committees through individual Board Members. The assignments have been made on the basis of the Members’ professional background and on the expression of their interests.

The Scientific Committees numbered in alphabetical order

1. Accident Prevention
   Chairman: Prof. Tore J. LARSSON
   Secretary: Ms Carin T.B. SUNDSTRÖM - FRISK

2. Aging and Work
   Chairman: Prof. Willem J.A. GOEDHARD
   Secretary: Prof. Juhani ILMARINEN

3. Allergy and Immunotoxicology
   Chairman: Prof. Kanehisa MORIMOTO
   Secretary: Prof. Mario DI GIOACCHINO

4. Cardiology in Occupational Health
   Chairman: Prof. Tage S KRISTENSEN
   Secretary: Prof. Chantal BRISSON

5. Education and Training in Occupational Health
   Chairman: Prof. Bonnie ROGERS
   Secretary: Dr. Andre WEEL

6. Epidemiology in Occupational Health
   Chairman: Dr. Hiliska RIIHIMÄKI
   Secretary: Dr. Manolis KOGEVINAS

7. Fibres
   Chairman: Dr. Utz DRAEGER
   Secretary: To be announced

8. Handicap and Work
   Chairman: Prof. Patrick LOISEL
   Secretary: Dr. Dominique PENNEAU - FONTBONNE

9. Health Services Research and Evaluation in Occupational Health
   Chairman: Prof. Kaj HUSMAN
   Secretary: Dr. Jos VERBEEK

10. History of Prevention of Occupational and Environmental Diseases
    Ag. Chairman: Prof. Pier Alberto BERTAZZI
    Secretary: Dr. Daniela FANO

11. Indoor Air Quality and Health
    Chairman: Prof. Giuseppe ABBRITTI
    Secretary: Prof. Giacomo MUZI

12. Industrial Hygiene
    Chairman: Dr. Håkan B.T. WESTBERG
    Secretary: Dr. Antti TOSSAVAINEN

13. Musculoskeletal Disorders
    Chairman: Dr. Thomas LAUBLI
    Secretary: Prof. Laura PUNNETT

14. Neurotoxicology and Psychophysiology
    Chairman: Prof. Anders IREGREN
    Secretary: Dr. Roberto LUCHINI
Discussions with Dr. Jong-Wook Lee

Dr. Jong-Wook Lee, the newly appointed Director General of the WHO, visited Finland on 4–6 August 2003. He met Ms. Tarja Halonen, President of the Republic of Finland, the Finnish Government, and addressed over 2,000 participants of the World Conference on Tobacco or Health. On his visit to the Finnish Institute of Occupational Health, Dr. Lee was given an overview by Professor Jorma Rantanen on the global occupational health situation and trends. Dr. Lee expressed keen interest in the development of global occupational health, and it was agreed to meet again in Geneva for more detailed discussions on occupational health and collaboration between WHO and ICOH.
Report of the Secretary General

I attended the 56th World Health Assembly held in Geneva, representing ICOH from May 19 to May 22.

The main topics discussed during my participation were

Framework Convention on Tobacco Control

History was made on 21 May 2003 when the first ever treaty entirely devoted to health, the Framework Convention on Tobacco Control (FCTC), was adopted by almost all the countries in the world (all 192 World Health Organization Member States).

Negotiated under the auspices of WHO, the pioneering Convention aims at protecting health and save the lives of billions in present and future generations. This will be achieved through tobacco advertising bans, larger health warning labels on tobacco products, measures to protect against passive smoke including workplaces, tobacco tax and price increases and efforts to eliminate illicit trade. The FCTC is the first international, legal instrument designed to counteract the harmful effects of tobacco consumption.

The NGOs affiliated were very active and the ICOH position paper on Tobacco Free Workplaces, presented and approved at the First General Assembly held in Iguassu was disseminated at the WHA.

The full text of the FCTC can be found at: http://www5.who.int/tobacco/page.cfm?sid=96.

Appointment of the New Director General of WHO

On 21 May, Dr Jong-Wook Lee was elected as the next Director-General of WHO. A medical doctor and national of the Republic of Korea, Dr Lee has worked in WHO for nearly 20 years. In his speech to the Health Assembly, Dr Lee announced that he would undertake a major expansion of WHO’s Global Outbreak Alert and Response Network to identify and respond to future disease outbreaks. Dr Lee began his five-year term on 21 July 2003.

His speech (http://www.who.int/dg_elect/wha56_jwlspeech/en/) held on the day of the appointment at WHA shows many important links to the public health sector.

ICOH communication and relationship with WHO

I had, during my stay in Geneva, a meeting with Gerry Eijkemans (WHO headquarters) and Marilyn Fingerhut (Coordinator of the Network of the Collaborating Centres in Occupational Health).

I also met the Coordinator of the Civil Society Initiatives who is responsible, among other matters, for the administration of WHO’s formal relations with NGOs.

Communication, Administration of the WHO system for official relations with NGOs and the anticipated NGO accreditation system, improvement of ICOH participation and update on the WHO policy of relationship with NGOs were discussed.

New benefits for ICOH members

In order to improve benefits for ICOH members, I met the people in charge of WHO and ILO publication offices and as a result of these meetings the following agreements were reached:

ICOH members will enjoy a 50% reduction in the price of all ILO publications including the Encyclopaedia on Occupational Health and CIS abstracts. ICOH members will also be granted a 40% reduction on all WHO information products. It is required to send a copy of ICOH member cards with the orders to WHO and ILO.

Sergio Iavicoli
ICOH Secretary General

The original ICOH logo was created as early as the Permanent Commission was founded, in 1906. The first emblem served well the Commission for many decades. However, it was now time to somewhat modernize the logo. It has been done by paying special attention to the traditions of the ICOH logo, but also taking into account the new aspects of the ICOH activities. Globalization has been one of the stimuli for the new logo. Here you see it! Should you like to comment on it and give feedback, you can do it on ICOH website at: http://www.icoh.org.sg/eng/contact.html

WHO Executive Board

The President of ICOH attended the 112th Session of the WHO Executive Board on 29–30 May 2003 in Geneva. The post-World Health Assembly Meeting of the WHO/EB is usually a short event and deals mainly with technical issues. This Meeting was especially unique, as it was the last one in Dr. Gro Harlem Brundtland’s tenure. Two agenda items were particularly interesting from the ICOH point of view.

a) The technical issue on genomic and world health: Report of the Global Advisory Committee on Health Research. The ICOH comment called for WHO guidance in issues of genetic screening that may be carried out for working populations.

b) WHO Health Internet Domain Initiative on organizing a health web domain that would be quality-assured by WHO. The ICOH supported the initiative but it was not accepted.
Collaboration between the ICOH and the International Ergonomics Association (IEA)

A co-operative framework between the ICOH and IEA was established in late 2000 and is developing rather slowly but nonetheless steadily. Based on a Memorandum of Agreement signed in 2000, ICOH and the IEA have agreed to exchange information through their Secretaries General. This includes the dates and locations of conferences, inputs for newsletters and homepages and plans for joint sponsorship of meetings. It was also agreed to undertake joint projects in areas of mutual interest.

The future development of mutual cooperation between ICOH and the IEA was discussed on the occasion of an IEA/ICOH/IL/WHO meeting held in San Diego in August 2000 during the IEA 2000 Congress. The meeting agreed to joint efforts in developing ergonomics research and practice to help promote the safety and health of working populations worldwide.

As a result an ICOH/IEA working group is developing Ergonomics Guidelines particularly for use by people in industrially developing countries (IDCs). These Guidelines have reached an advanced draft stage and will be put out for comment and feedback within the next few months. The working group includes B. McPhee (Australia–ICOH), K. Kogi (Japan–IEA), P. Scott (South Africa–IEA), J.-F. Caillard (France–ICOH). Additional members will be recruited for the review phase.

The IEA has raised the question of avoiding the clash of the dates of the Triennial Congresses of ICOH and IEA. However, the problem does not arise until 2006 when the IEA and the ICOH Congresses may be held at much the same time.

Potentially very useful collaboration can be sought in developing other guidelines in areas of common interest. This happens to some degree through personal contacts at international conferences, seminars and meetings. These informal but harmonious contacts are providing a valuable bridge between the two organisations.

The aim now is to encourage the co-operation between ICOH, IEA and the International Occupational Hygiene Association (IOHA), together with their involvement in the activities of the United Nations agencies. We are hoping that exchange of information about various activities and active cooperation will continue to grow. This can be done within the framework of existing Memoranda of Agreement between these organisations.

Barbara McPhee
on behalf of the Joint Committee
20 September 2002

ILO Conference in June 2003

ICOH address on Basic Occupational Health services was put on the agenda of the Committee on Occupational Safety and Health in the ILO Labour Conference in June 2003. Professor Jorma Rantanen briefly described the ICOH initiative offered to ILO and WHO to jointly improve the accessibility to and availability of Basic Occupational Health Services to all workers in the world.

In the recommendation concerning international collaboration of the Report of the Committee on Occupational Safety and Health, it is recorded that “This type of collaboration should be further encouraged and strengthened, particularly in areas where common interests and mandates are shared between several organizations and where outcomes of activities are of benefit to the ILO’s constituents, such as the work of the ILO/WHO Joint Committee on Occupational Health, the International Programme on Chemical Safety, the Industrial–Organization Programme for the Safe Management of Chemicals (IOMC) and the International Commission on Occupational Health (ICOH).”

The tasks expressed in the ICOH General Assembly 2 in Iguassu by the President to strengthen the collaboration between ILO, WHO and ICOH in developing Basic Occupational Health Services have been started.


Dresden Declaration on the Protection of Workers against Asbestos

The Asbestos Conference 2003 in Dresden was organized by ILO, EU, the Senior Labour Inspectors’ Committee (SLIC) and the Hauptverband der gewerblichen Berufsgenossenschaften (HVBG). Professor Jorma Rantanen gave a keynote presentation in the Conference on Incidence and use of asbestos, technical prevention.

The Dresden Conference made a declaration in which among others the following recommendations were mentioned:

The Conference calls upon the ILO to co-operate with other international organizations (e.g. WHO and the World Bank) and NGOs (e.g. IALI and ICOH), to provide guidance and support for a well-governed process to eliminate the use of asbestos.

Eradicating asbestos-related health-risks means disseminating the experiences of Europe and adapting these to the needs of other states. The European Conference on Asbestos 2003 expresses its conviction that the ultimate goal is a worldwide ban on asbestos production and use.

The Declaration can be found on the net at: http://www.hvbg.de/d/asbest/d/declarat.pdf
Ethical guidelines for occupational health professionals (2000)

by Japan Society for Occupational Health

The Japan Society for Occupational Health (JSOH) has published the English version of the JSOH Ethical Guidelines for Occupational Health Professionals. It appeared in Volume 44, Number 3, pp. i-iii of the Journal of Occupational Health. The guidelines are based on the work of a special committee organized within the JSOH and were approved by the General Assembly of the JSOH in 2000. The guidelines, in view of the JSOH members, reflect international developments and are in line with the International Code of Ethics for Occupational Health Professionals of the ICOH.

New working group for developing OH guidelines for working women in development

A new working group for developing practical guidelines for managing work-related health problems of working women in industrial development in Asia has been organized by the Research Group for International Cooperation in Occupational Health within the Japan Society for Occupational Health. The working group is supported by the JSOH fund provided for this project.

To launch the activities of the working group, the Asian Regional Forum on Industrial Development and Health of Working Women was held on 10 April 2002 in Kobe. The Forum was held as part of the 75th Annual Conference of the JSOH jointly by the Research Group for International Cooperation in Occupational Health and the Research Group for Working Women's Health. Occupational health experts from Japan, Korea, Laos, Malaysia and the Philippines took part in the Forum. Reports on the current issues of working women's health were presented by Dr. Agus Salim, National Institute of Occupational Safety and Health of Malaysia, Ms. Niphannan Keola, Design Centre of the Lao National Chamber of Commerce and Industry, Ms. Teresa Soriano, Institute for Labor Studies of the Philippines, Ms. Rita G. Villanueva-Tamse, Philippine Nurses Association, and Dr. Chieko Tanaka, University of Occupational and Environmental Health of Japan. Dr. Yangho Kim, University of Ulsan of Korea, acted as a commentator.

These reports depicted the urgent occupational health problems of working women in industrially developing countries in Asia and the new activities undertaken to solve some of these problems. A range of work-related health problems, including overworking, musculoskeletal disorders, biological hazards, reproductive health issues and stressful work life, were reported. In the general discussion that followed, it was agreed to develop jointly the above-mentioned guidelines by studying the effective preventive measures and learning from many on-going activities. A special attention was drawn to participatory approaches that can have real impacts on managers and workers. The active members of the two Research Groups agreed to cooperate with the working group.

In 2002 and 2003, there will be serial workshops organized by the two Research Groups. These workshops will discuss the results of surveys on work-related health problems and better practices in the participating countries. The working group will then develop draft guidelines taking into account both the various constraints and the positive experiences gained in these countries. The secretariat of the working group is situated at the Institute for Science of Labour in Kawasaki, Japan (E-mail: t.yoshikawa@isl.or.jp).

Kazutaka Kogi
E-mail: k.kogi@isl.or.jp
We have estimated the proportion of annual deaths related to occupational hazards in Finland. The statistics on the underlying causes of death, numbers of subjects exposed, and risk estimates obtained from epidemiologic studies were used to calculate the population attributable fraction and disease burden for causes of death from work-related diseases. Sex-, age- and disease-specific numbers of deaths were provided by Statistics Finland for 1996. Information on the size of the population, broken down by sex, age, occupation, and industry, was acquired from population censuses. A Finnish job-exposure matrix supplied data on the prevalence of exposure for specific agents and on the level of exposure among exposed workers.

Existing Finnish statistics on fatal occupational accidents are readily available and reliable, and these figures were used in our study. But a reliable national estimate on fatal work-related diseases should not be based on data from official statistics, because the only deaths from work-related diseases that are identifiable in the compulsory reporting sources are those compensated under the workers' insurance system or the farmers' insurance system. Thus the reported number of fatal diseases is an underestimate of the true number. The discrepancy is due to the fact that diseases such as work-related heart disease and cancer due to exposures other than asbestos are not covered by official statistics.

Work-related mortality as a fraction of the total mortality in Finland was estimated to be 3.7% (6.4% for men and 1.0% for women). When only those disease and age categories were included in which deaths due to occupational causes could conceivably occur, the corresponding estimate was 6.7% (10.2% for men and 2.1% for women). For the major cause of death categories, the attributable fractions became: circulatory system diseases 12%; malignant neoplasms 8%; respiratory system diseases 4%; mental disorders 4%; nervous system diseases 3%; and accidents and violence 3%. The following estimates were obtained for specific important diseases: lung cancer 24%; ischemic heart disease 17%; chronic obstructive pulmonary disease 12%, and stroke 11%. Based on these fractions the total number of work-related deaths that occurred in Finland in 1996 (employed workforce 2.1 million) was calculated to be approximately 1800; 86% were men.

Our estimate of work-related fatalities annually indicates that there is no reason to believe that occupational factors no longer cause any harm. Although methodologic improvements may be achieved in future studies, preventive efforts should not be impeded by the uncertainties of the current estimate. Debating whether the actual number of work-related deaths in Finland due to hazardous substances or environments is nearly 2000 or only 1000 is missing the point, unless one truly feels that those 1000 deaths annually are acceptable.

High-quality epidemiologic studies and national survey data are essential for obtaining reliable estimates of the proportion of deaths due to occupational factors. The magnitude of work-related mortality is an insufficiently recognized contributor to the total mortality in Finland caused by preventable risk factors, especially from heart diseases and other diseases caused by exposure to agents other than asbestos such as environmental tobacco smoke. Although this study was designed from the point of view of Finnish condition, it may nevertheless offer a perspective of work-related mortality for wider circumstances.

References

Markku Nurminen
Antti Karjalainen
Department of Epidemiology and Biostatistics
Finnish Institute of Occupational Health, Helsinki
Topeliuksenkatu 41 a A
FIN-00250 Helsinki, Finland
e-mail: markku.nurminen@ttl.fi
antti.karjalainen@ttl.fi
At the end of April 2003, a sad message reached us. Professor Antonio Grieco had passed away. We publish this article to pay tribute to his work in Italian and international occupational health.

Some Historical Notes on the Origin of ICOH

Prof. Antonio Grieco

Many events relevant to the history of occupational health marked the beginning of this century in Italy.

On December 1, 1901, the first of what is today “La Medicina del Lavoro” (formerly “Il Lavaro”), probably the oldest journal in the world still active in the field of occupational and environmental health, appeared. Luigi Devoto, at that time Associate Professor of Pathology (Demonstrative Clinical Pathology) at the University of Pavia (50 km from Milan), Milan did not have a university until 1924) was the founder of the journal. Working with him on the editorial board was Carlo Moreschi. Luigi Carozzi joined them shortly and later became the Secretary of ICOH and served the Commission for more than fifty years.

In April 13, 1902, the Governor of the Milan Municipality invited the participants of the Seventh National Congress on Idrologia and Climatologia (Hydrology and Climatology) to dinner at the Savini restaurant. At the dinner, Dr. Malachia De Cristoforis (a hygienist who was the Head of the Department of Education of the City of Milan, Senator of the Italian Kingdom, and Chairman of that congress, gave a welcoming speech and immediately established. Dr. M. De Cristoforis was appointed Chairman, and Prof. L. Devoto accepted the position of Secretary of the organizing committee of the conference.

Owing to delays in the inauguration of the Simplon Tunnel, the congress took place only in 1906, in Milan from June 9 to 13. The attendance was overwhelming and many suggestions were made to repeat such an event and the best way to do so. On the morning of June 13, 1906, Dr. De Cristoforis formally invited all the participants to discuss a proposal to hold such conferences on a regular basis. An International Permanent Commission was considered necessary and was immediately established. Dr. M. De Cristoforis was appointed President and Prof. L. Devoto accepted to serve as Secretary of the Commission.

The idea of having a bulletin in the immediate future was also raised during the same meeting.

We know that the majority of the ICOH members probably know the history of the origins of the Commission but some details have not been described elsewhere, at least in English.

November 20, 1902, the Governor of the Municipality (Mayor Guiseppe Mussi), approved with a large majority (64 votes, 57 for and 7 against, and it is interesting to note that 3 out of these 7 were renowned physicians) the project of founding a Post-graduate School for young physicians. This school included the “Clinica dal Lavoro” aimed at “...scientifically studying the origins of occupational diseases, spreading clinical knowledge among physicians, admitting with diagnostic and therapeutic purposes the workers with suspected (or affected by) occupational diseases, periodically checking the health of workers in general and of those employed in unhealthy activities in particular.” The approval of

the project was mainly due to the perseverance and commitment, even political persuasion, of Luigi Mangiagalli, Full Professor of Obstetrics-Gynaecology at the University of Pavia and town councillor.

Why all these events occurred specifically in Italy at the turn of the XXth century is still under debate as many occupational health related events had also taken place in other countries in the same period. In this historical context, Italy probably had a better advantage in terms of its social and cultural perception towards work-related health problems than other countries.

In particular, it is easy to explain why many of these events occurred in Milan. Problems associated with hygiene conditions, occupational health, women and children at work, among many others, called for more attention here than in other towns. But it is also worth noting that all these events had Luigi Devoto as a major protagonist: if we had ever needed the right person in the right place, Devoto was the person and Milan the place.

As a consequence of the events briefly described above, it is not surprising that many Italian scientists (De Cristoforis, Devoto, Carozzi, Vigiani, Parmeggiani, among many others) have played a fundamental role, for a long time and since the very beginning, as servants to the International Commission on Occupational Health. A further testimony that this tradition is still alive is the setting up of the “International network for the history of occupational and environmental prevention”, which has been recently (1992) established in Milan.

Published earlier in:
L'Italie du début siècle fut le siège de plusieurs événements historiques dans le domaine de la santé au travail. Le ler décembre 1901 marqua la partition de "Il Lavoro," qu'on appelle aujourd'hui "La Medicina del Lavoro," et qui doit être sans doute la plus célèbre. Le Sénateur G. Mussi, Maire de Milan, se déclara favorable à l'accueil de la conférence, et bien vite, fut mis sur pied, un comité regroupant plusieurs employeurs dont Luigi Bertarelli, pour s'occuper de l'organisation.

Les retards apportés à l'inauguration du tunnel de Simplon firent que le congrès n'eut lieu qu'en 1906, du 9 au 13 juin, à Milan. Ce fut un véritable succès d'affluence, et clairement, de l'avis de beaucoup, une initiative à encourager dans la meilleure voie possible. Au matin du 13 juin 1906, le Docteur De Cristoforis soumit formellement aux participants un projet de conférences à intervalles réguliers. Une Commission permanente internationale vit le jour, avec le Docteur De Cristoforis comme Président et le Professeur L. Devoto comme Secrétaire. C'est lors de la même réunion qu'on se proposa de créer un bulletin dans un très proche avenir.

Nous savons que l'histoire de la création de la Commission est déjà assez connue de la majorité de nos membres mais certains détails n'apparaissent pas ailleurs, du moins en anglais, méritent d'être signalés.

Le 20 novembre, 1902, le Gouverneur de la Municipalité de Milan profita de la venue en ville du Septième congrès sur l'hydrologie et la climatologie pour en inviter les participants à un dîner au restaurant Savini. A table, il revint au Docteur Malachia De Cristoforis, hygiéniste de formation, mais agissant alors en sa triple qualité de Chef des services éducatifs de la ville de Milan, de Sénateur du Royaume d'Italie, et de Président du comité, de prononcer un discours d'accueil. Il y mit l'accent sur un événement qui, selon lui, était d'une grande valeur historique: l'ouverture du tunnel de Simplon. Plutôt que de porter un tohu-bohu, il fallait nettement plus d'attention en matière d'hygiène, de santé au travail, de main-d'oeuvre féminine, et d'embauche d'enfants. Mais on ne saurait dissocier ces événements de leur fil directeur commun: la présence à Milan de Luigi Devoto.

Suite aux événements décrits brièvement ci-dessus, il n'est guère surprenant que bien nombre de scientifiques italiens (De Cristoforis, Devoto, Carozzi, Vigliani, Parmeggiani, et bien d'autres) aient été appelés dès le début à jouer un rôle crucial et durable au service de la Commission internationale de la santé au travail. La mise sur pied du "Réseau international pour l'histoire de la prévention de maladies du travail et de l'environnement" en 1992 à Milan, n'est venue que confirmer que certaines traditions seront toujours tenaces.

Cet article a été publié dans le rapport du triennal 1993-1995 de la CIST.
**Bulletin d’information de la CIST réactualisé**

L’Equipe de Travail pour l’information du nouveau Conseil a commencé à développer un bulletin d’information en se basant sur le travail fait par une des équipes du précédent Conseil. Il a été finalement décidé de relier un bulletin qui apparaîtrait trois fois l’an. Le but du bulletin est de communiquer aux membres les décisions, les différents projets et développements afférents à la CIST. De plus, les Comités Scientifiques sont encouragés à contribuer au bulletin par la publication d’articles ou de chroniques. L’équipe éditoriale compte aussi inviter divers spécialistes afin de traiter des sujets actuels. Au début, l’idée était de diffuser le bulletin seulement par email, mais étant donné que tous les membres n’ont pas accès à Internet, il sera aussi imprimé. Si vous ne désirez pas recevoir la version imprimée par courrier, veuillez nous le signaler sur www.ttl.fi/icohnews-letter. Pour tout changement d’adresse, veuillez en informer M. Petyx sur l’adresse Carlo.Petyx@libero.it.

**CIST2003 au Brésil**


Le Président désire aussi intensifier la collaboration avec les organisations internationales comme l’OMS et l’OIT. Comme plusieurs autres ONG exercent aussi des fonctions importantes dans le domaine de la santé et de la sécurité au travail, le Président a nommé des chargés de liaison entre le Conseil de la CIST et certaines ONG. Pour faciliter la communication entre le Conseil et les Comités Scientifiques, le Professeur Cantineau en tant que Vice-Président assume la responsabilité de la coordination générale des comités. En outre, chaque membre du Conseil est responsable du suivi d’un ou plusieurs Comités Scientifiques.

**Groupes de Travail, comités, réseaux, équipes de Travail et chargés de liaison**

Le Professeur Rantanen, Président de la CIST, a établi plusieurs groupes et équipes de Travail ainsi que des comités. L’objectif de ces groupes est d’encourager le Bureau et le Conseil afin de développer les nombreuses activités vitales de la CIST. Les membres de ces groupes ainsi que les thèmes traités peuvent être retrouvés à l’adresse suivante : http://www.icoh.org.sg/eng/tasks.html.

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**Nouveau logo de la CIST**

Le logo original de la CIST a été créé lors de l’établissement de la Commission permanente en 1906. Bien que le premier emblème ait bien servi la Commission pendant plusieurs décennies, il est maintenant temps de le moderniser. Le nouveau logo a été fait dans le respect des traditions de l’ancien tout en tenant compte des nouveaux aspects des activités de la CIST. La globalisation a été une des inspirations pour la modification dont vous voyez le résultat ci-dessus. Les membres sont cordialement invités à nous faire part de leur impressions sur les pages Internet de la CIST à l’adresse : http://www.icoh.org.sg/eng/contact.html

**Rapport du Secrétaire Général de l’Assemblée mondiale de la santé**

Le Docteur Iavicoli, en sa qualité de Secrétaire Général, a représenté la CIST lors de l’Assemblée mondiale de la santé qui a eu lieu du 19 au 22 mai 2003 à Genève. Du point de vue de la CIST, les thèmes les plus importants abordés pendant la visite étaient les suivants :

Conjonction-cadre pour la lutte antitabac

Une convention-cadre historique pour la lutte antitabac a été adoptée par presque tous les pays du monde le 21 mai 2003. Cette convention pionnière vise à protéger la santé, à sauver la vie de milliers de personnes en adoptant, à titre d’exemple, des mesures contre le tabagisme passif dans les lieux de travail. Le rôle des organisations non gouvernementales (ONG) affiliées y a été prépondérant, et la proposition de la CIST sur les lieux de travail sans tabac a été diffusée lors de l’Assemblée.

Nomination du nouveau Directeur Général de l’OMS

Un médecin de nationalité coréenne, le Docteur Jong-Wook Lee a été élu comme prochain Directeur Général de l’OMS. Son discours prononcé lors de sa nomination (http://www.who.int/dg_elect/wha56_jwlspeech/fr/sa nomination.html) a fait référence au secteur de la santé publique à plusieurs reprises.
et ce d’une manière importante.

Communication et rapports de la CIST avec l’OMS

Lors de sa visite, le Secrétaire Général a eu l’occasion de discuter des rapports entre la CIST et l’OMS, entre autres, avec le Coordinateur des Initiatives de la Société Civile qui est aussi responsable de l’administration des relations officielles de l’OMS avec les organisations non gouvernementales.

Nouveaux avantages aux membres de la CIST

Le Docteur Iavicoli a aussi rencontré les personnes en charge des bureaux de publication de l’OIT et de l’OMS afin d’améliorer les avantages dont bénéficient les membres de la CIST. En conclusion, les membres de la CIST obtiendront une réduction de 50 % sur toutes les publications de l’OIT et une réduction de 40 % sur les produits de l’OMS. Pour obtenir cette réduction, une copie de la carte de membre doit être jointe à la commande.

Estimation de la fraction de la mortalité liée au travail en Finlande

M.M. Nurminen et Karjalainen ont réalisé une étude où la proportion de la mortalité annuelle en Finlande liée aux travail a été estimée. Les statistiques existantes sur les accidents mortels du travail utilisées dans cette étude sont fiables et facilement disponibles. Pourtant une estimation plausible sur les maladies mortelles liées au travail ne devrait pas se baser uniquement sur les données tirées des statistiques officielles, car seulement la mortalité liée aux maladies identifiées dans le système obligatoire de l’enregistrement est indemnisable. Ainsi le nombre des maladies mortelles enregistrées est une sous-estimation du nombre réel. La fraction de la mortalité liée au travail par rapport à la mortalité totale en Finlande a été estimée à 3,7% (6,4% pour les hommes et 1,0% pour les femmes). En incluant seulement les catégories d’âge les plus exposées à la mortalité liée au travail et les maladies les plus courantes susceptibles de cause de mort, l’estimation correspondante était de 6,7% (10,2% pour les hommes et 2,1% pour les femmes). Ces estimations indiquent clairement qu’il n’y a pas de raison de croire que les facteurs liés au travail soient négligeables.

Collaboration entre la CIST et l’Association Internationale d’Ergonomie


Nouveau groupe de Travail sur l’élaboration des lignes directrices pour la santé au travail des femmes

Pour résoudre de nombreux problèmes de santé au travail subis par les femmes dans les pays en voie de développement industriel en Asie, un nouveau groupe de Travail chargé d’élaborer des lignes directrices et des mesures préventives a été établi par le Groupe de Recherche pour la Coopération Internationale en Matière de Santé au Travail ensemble avec la Société japonaise de la Santé au Travail. Le secrétariat de ce nouveau groupe de Travail se trouve à l’Institut pour les Sciences du Travail à Kawasaki au Japon (e-mail : t.yoshikawa@isl.or.jp).

Dates de publication du bulletin d’information de la CIST pour la période 2003 et 2004

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