Message from the President

Dear Colleagues

ICOH in progress

The year 2007 approaches its end and again it is time to look back on the past 12 months. ICOH has been very busy during the whole year; the Officers have carried out their duties by keeping the organizational routines going and coordinating the Scientific Committees (SC) and National Secretaries. Preparations for the Mid-term Board Meeting next March and the ICOH 2009 Congress have been carried out in parallel. As usual, we have not been able to avoid some problems, but we have intensified our actions for solving them. In general ICOH activities towards both of the forthcoming Meetings are running smoothly. Our German and South-African colleagues are working hard to complete the local practical arrangements.

The ICOH Scientific Committees have organized a high number of Scientific Symposia or Conferences this year. In my records, 13 SC Conferences are listed and I have had the privilege to attend some of them. All of them have been topical, at a high professional and scientific level, and well-organized. Reports from meetings I have not been able to attend convey a similar message. May I again repeat the old plea for three important points concerning the SC Conferences and Symposia: First, we would very much like to see short summaries of each event in the ICOH Newsletter. The reports published in this issue provide a good example. We look forward to receiving them from all scientific events of the Committees. Second, I would like to remind you of the importance of publishing the outcomes of the Conferences and Symposia so that the most valuable information is shared with the Members and others who were not able to attend. And third, on the basis of my observations we still have much scope to activate the ICOH membership campaigns in connection with the SC events. Some of the Meetings have yielded a substantial number of new members; while many others should perhaps increase their efforts concerning the campaign. The more new members in good standing we receive, the better opportunities we have to support the future activities of the Scientific Committees. In general, the ICOH Scientific Committees have shown very high activity during the past year, and there is a good chance we will meet the objective of each Committee organizing at least one scientific event during the triennium.

The world around us

The world around us is changing faster than at any point since the beginning of industrialization. The change takes place in all dimensions of modern life; the changes affecting work life are among the most prominent, but transitions are also being faced by the economy, environment, demography, politics, values and cultures. It is important to keep track of the changes, analyse the trends, and recognize the breakthrough events leading to real development, but also to identify the passing trends that will leave no permanent mark. It is equally important to
recognize the quasi-changes which are in fact old things introduced with new names and masqueraded as progress. It is also important to try to detect hidden agendas behind arguments that are effectively distributed in the worldwide media and that may serve purposes drastically different from the aims they purport to advocate.

Why is all this so important? Why not just follow the trends and surf the wave? The answer is very clear: the future and history are both unbrribable. They cannot be cheated. A real and, in particular, sustainable development can only be based on realities. And it is the mission of the scientific community to identify, characterize and communicate these realities to the rest of the world. Consequently, the role of occupational health and safety research is to highlight realities in the modern globalizing work life filled with sometimes contradictory and often confusing trends. In the present one-dimensional world, we, if the results of our analysis so require, should not be afraid of also presenting critique of the popular trends even if it would oppose the mainstream doctrines. Yet we must also be able to recognize the breakthrough events and use the momentum for the generation of real development in health and safety at work. How well we succeed in this will determine how we are viewed by our successors, the younger generations and the scientists and work life of the future.

The key concepts in the search for sustainability have been listed as follows: sound scientific basis, recognition of the real breakthrough events, and ability to use the momentum. ICOH with all its capacities – found in Scientific Committees: research, training and information; introduction of good practices; interaction between the members; and interaction and collaboration with the outside world as well as alertness in using the momentum — has excellent opportunities to represent a real and sustainable change and development in work life. We also need to recognize the elements in our lessons from the past that are valuable enough to be preserved and maintained.

In the centennial history of ICOH we can find a big basket of high-value assets that support the sustainability in the future. I believe we all can agree that among the most important contents of that basket are our shared mission for better health and safety for workers of the world, our determination and cohesion as an association, and our values and ethical principles as defined by our regulations and the ICOH International Code of Ethics for Occupational Health Professionals.

May I thank the ICOH Officers, Chairs and Secretaries in different positions and all our Members for all the activities in the year 2007. I wish the best success to all of you in the year 2008!

Jorma Rantanen
President of ICOH
Contents of this issue

Ethics is an extremely important issue, not only for all people working in the field of health in general, and occupational health and safety in particular, but for all people in the globalizing world. Ethical considerations are not always easy. For the series of articles on topical issues of occupational health and safety, we have therefore selected a paper by Jorma Rantanen, based on his presentation made at the 7th International Conference on Occupational Health for Health Care Workers, in October this year.

For the Newsletter issues in 2008, should you have some issue of occupational health and safety in mind that you think would be of interest to experts in other countries, we would very much appreciate having your ideas and proposals.

The feedback and material from so many Scientific Committees in informing other experts about their forthcoming meetings and using the Newsletter to recount their activities is also more than welcome. In this issue, the number of contributions from the Scientific Committees is richer than ever. Thank you so much for that!

ICOH Mid-term Meeting

The ICOH organizes a Mid-term Meeting of the Officers, Board and the Chairs and/or Secretaries of the Scientific Committees in-between the Triennial Congresses. This meeting is scheduled for 14 March 2008. See more information on page 17. All Scientific committees have been submitting information to Dr. Marilyn Fingerhut, ICOH Vice-President. The progress of the work of the Scientific Committees and Working Groups will be followed up in mid-March.

Next issue

The next issue of the ICOH Newsletter will be out at the end of April 2008. The deadline for materials is 10 March 2008. Please send your contributions to suvi.lehtinen@ttl.fi.

Changes of addresses

To ensure that you receive the Newsletters in time, please check that you have paid your membership fee and informed the ICOH Secretariat of possible changes to your address, at carlo.petyx@ispesl.it or pierluca.dionisi@ispesl.it.

I would like to take this opportunity to wish you all Season’s Greetings and a Happy, Healthy and Prosperous New Year! Thank you all for good collaboration in 2007.

Suvi Lehtinen
Editor
Challenges Posed by Globalization to Ethics in Occupational Health

Professor Jorma Rantanen, MD, PhD
President, International Commission on Occupational Health,
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Globalization and its diverse effects

Although globalization is often seen principally as a cross-border movement of capital and dissemination of new technologies, the real phenomenon is much more complex, including demographic, cultural, ecological, health, safety, security, political, as well as ethical dimensions. There is evidence on the positive impact of globalization on the economic growth of the world, particularly on the growth of world trade and improved distribution of wealth also to the developing world. A similar impact is seen in the distribution of new technologies throughout the continents. Also Africa as a whole will very soon be covered by the Internet (Multinational: East African Submarine Cable System (EASSy) Project). But observers of globalization report on other impacts; on the mobility of people, for instance in the form of growing migration; employment and unemployment; changes in living conditions; distribution of wealth and poverty; spread of diseases; morbidity; and even mortality. The most recent observations deal with the alarming ecological impact of globalization, particularly through the climate change, but also through a more direct local impact on air, soil, water, flora, and fauna. The social impact of globalization has also been discussed during the past decade, and changes in the social determinants of health have been associated with the globalization process.

Many of the effects of globalization on occupational health are positive, including increased opportunities for better jobs and the dissemination of new technologies and good practices. Also negative trends are seen, such as the transfer of jobs from one continent to another causing insecurity and unemployment among large groups of workers and the exploitation of cheap labour to maximize profits. It is interesting to observe that leading religious institutions in the industrialized countries, such as Pope Benedictus XVI and, for example, the Swedish Christian Council have voiced criticisms on the prevailing neo-liberalistic thinking, originally an economic theory, but later transformed into a dominating political ideology bordering on religion, and now functioning as the main engine behind globalization. According to these and other critics, the identification of and discussion on possible negative effects of globalization are practically banned by the "globalists". We are offered only one option of global governance and development, and asking questions is labelled as anti-globalization. Such a conflict of opinions is by no means unique in the history of the world.

In spite of these difficulties in dialogue, there is growing interest among UN organizations, scholars, NGOs, student movements, environmentalists, trade unions, religious organizations, and ethicists to thoroughly examine all the effects, including the negative ones of globalization. Some global responses are also visible. The former Secretary General of the UN, Mr. Kofi Annan's Global Compact initiative (1999) has gained some response from economic operators: As the number of multinational business operators is estimated at about 50,000, some 3,500 companies in 116 countries signed the 10 Global Compact principles by the year 2006. Not all of them, however, are included in the 50,000, but are small or medium-sized enterprises. A visible example of a new critical voice is Al Gore's advocacy for the environment, (particularly the film "An Inconvenient Truth"), which was awarded the 2007 Nobel Peace Prize together with the Intergovernmental Panel on Climate Change (IPCC). According to the UN and non-governmental organizations (NGO), pressing concerns in addition to the environmental concerns include social, economic, and health inequalities among countries, communities, families, and individuals. The key observation is that in spite of the average growth of wealth and well-being, the gaps between the poorest and the richest countries and the poorest and the richest people are growing. Even in the poorest countries the richest, not the poorest, benefit the most from globalization while the poorest continue to decline.

Challenges to ethics

The ethical dimension is a little discussed aspect of globalization; in fact, the first International Congress on Global Ethics was organized in Ghent, Belgium, as late as 2006. The Ghent Congress posed the question of whether or not a global ethics can be said to exist. The answer given by the Congress, the UN Organizations, and the ethicist research community, as well as of many NGOs is definitely yes. There is a need to define the basic principles of global ethics and to “globalize social dimension and solidarity” In fact, the UN Millennium Summit in 2000 concluded that poverty is an ethical issue. Because we in the contemporary world would have enough resources to completely eliminate poverty, the existing and continuing
Globalization constitutes a major challenge to the governance of people, nations, communities, corporations, social partners, employers, trade unions, and inter-governmental organizations. Equally, Non-Governmental Organizations, such as ICOH face a number of challenges set by globalization. First of all, the huge inequalities in the distribution of health, safety, and other conditions of work among the global working population constitute a major ethical issue for ICOH. This challenge contains three main dimensions: the substantive, distributional and content.

The substantive dimension

The substantive dimension refers to the severity and occurrence of occupational health hazards in the world. Occupational health has a distinct global dimension. Traditional risks, occupational accidents, occupational diseases, and physical overload still continue to occur in both industrialized and developing countries. Depending on the study, 20–30% of the workers in the “old” EU countries, for example, are exposed to such hazards at work. The corresponding figures according to the few available studies from developing countries and countries in transition report a 40–60% prevalence of hazardous exposures. Such traditional hazards and exposures lead to an estimated 2.2 million fatalities a year globally (375,000 accidental deaths and 1.8 million deaths from occupational diseases).

To a large extent these hazards constitute burdens from the past, but to a certain extent globalization has facilitated the dissemination of risks and weakened the management of risks through de-regulation of occupational safety and health standards or their implementation. There is an enormous inequity in the distribution of such traditional risks between continents and countries as well as between occupations, sectors of economy, provinces, districts, and communities.

Simultaneously, several new challenges are emerging, such as the worldwide stress epidemic and the risks entailed in new technologies, new substances and materials, new types of employment, and new ways to organize work. Work stress is a problem to about 30–50% of workers – in some sectors the figure is even higher – leading to stress-related psychological and somatic disorders. In extreme cases, long-term exposure to unreasonably high levels of stress is found to increase mortality among exposed workers 2–2.5-fold. Similarly, elevated mortality from cardiovascular disorders and the prevalence of several other stress-related disorders have been found among workers subjected to unfair management, job insecurity, and unemployment.

The global risks of pandemics from animal-born microbes, such as SARS and avian influenza A/(H5N1) virus, are in principle occupationally originated. WHO warns that the threat of a pandemic from avian influenza has not disappeared and even SARS may re-emerge. Factors such as the high density of populations, their varying community structures and animal husbandry practices, the high transformation capacity of viruses, as well as the growing mobility of people and food products contribute to the risk of pandemics. International travel has been growing continuously for the past 20 years. The number of annual international tourist arrivals constitutes about 12% of the world’s population at the moment (800 million).

Although public health preparedness and response is vital in the prevention of epidemics and when responding to an epidemic outbreak, it is not a solution for controlling the pandemic risk at the source. To eliminate the hazards, we need to develop the living and working conditions of people in densely populated areas. A total reorganization of the structures and practices for animal husbandry in rural and suburban communities, vaccination of poultry, and prevention of contact between wild avians and poultry production, as well as control of contact between poultry and humans are also needed.

The HIV/AIDS epidemic affects the life, health, security, and integrity of working people and has severe social side-effects, such as stigmatization and discrimination of HIV positives in work life. There is a world-wide need for ethical enlightenment and human-oriented conduct in health, employment, and migration policies and in the personnel policies of organizations. Occupational health experts can promote such enlightenment in their own work and within their constituents, thus making their contribution to the protection of the basic human rights of patients.

The global spread of HIV/AIDS takes place primarily among the working-age populations, and HIV contamination has certain work-related determinants. Health care workers and certain other service occupations are likely to be exposed e.g. through needle-stick injuries or through other work-related mechanisms. Certain occupations are exposed through their impact on the workers’ mobility or through social exposures. Therefore, ILO and WHO have given a high priority to the prevention of work-related HIV and hepatitis virus infections by focusing on needle-stick injuries, but also by carrying out a more thorough examination of the various aspects of work life connected with HIV/AIDS.

As new types of morbidity emerge, new methods for risk assessment are needed. A more anticipatory and predictive approach has been discussed in view of the special nature of the new threats. This constitutes both a scientific and an ethical challenge. Medical ethics has adopted the principle of acting only on the basis of scientifically sound evidence. In the emergence of new risks and epidemics, the evidence may remain weak for long periods. If we wait too long for evidence perceived as sufficiently strong, we run the risk of the spread of the hazard reaching global proportions. Besides being an intellectual and scientific question of risk assessment, this is also an ethical challenge of how the risk of global epidemics is managed in the uncertainty that prevails under the threat of major, often, irreversible and unreparable, occupational health and public health consequences and economic loss. And, how to avoid wrong decisions and costly large-scale actions if evidence is insufficient? Proposals for special research on decision-making under uncertainty have been presented to solve the problem.

The distributional dimension

The distributional dimension concerns the coverage of preventive and protective policies and services for workers at risk. At present, only a minor percentage, according to an optimistic estimate, about 10–15%, of workers of the world are covered by adequate occupational health and safety services, labour inspection, and social security systems. Such inequity constitutes a major issue of global ethics.

The need for occupational health is increasing in both developing and industrialized countries. The role of the national occupational safety and health authorities has, however, weakened in the era of globalization. This has happened through the de-regulation of OSH standards and even more in weakness in their implementation. Although several good examples
of sound occupational safety and health policies and practices can be seen among global operators, many companies are also compromising the occupational and environmental standards. In intense competition for foreign investments and employment national governments may also be prone to give lower priority to safety and health requirements. Certain free economic zones constitute typical examples of this. Some governments have discontinued national occupational health programmes. Even Northern Europe has experienced the closure of Institutes of Occupational Health by Governments in two countries. Simultaneously, the numbers of SMEs and the self-employed is increasing. The pressures of globalization are felt particularly strongly by small-scale enterprises, micro enterprises, and the self-employed who would thus require support and services from occupational health institutions and service infrastructures. Regulators everywhere in the world are quick to grant exemptions for SMEs from the implementation of OSH regulations. From the ethical point of view, such policies accept the principle of double standards that place the workers in these companies and their health in an unequal position compared to workers in better regulated and serviced sectors. Workers of SMEs are often people who have the least resources to defend their rights despite they are the most exposed to risks. This ethical dilemma is not often recognized by policy-makers or practical operators. Instead of granting exemptions, the sustainable solution would be to help the SME sectors to comply with regulations through arranging the services for them. Unfortunately, many governments have been very passive in the development of such services, relying exclusively on the market mechanisms that are not effective in the SMES, self-employed and informal sectors.

The challenge to contents

Ethics, as well as several other aspects of occupational health are challenged by globalization. The ethics discussion is well developed in professional health communities and among researchers. It focuses particularly on the autonomy, respect, beneficence and non-maleficence in dealing with an individual patient or a client worker. The elements of modern work life, including globalization, bring new dimensions to this discussion. In addition to individual professional ethics, we face the challenges of the ethics of groups, ethics of work communities, ethics of enterprises, ethical principles for policy-makers, and, as a new concept, global ethics. In the professional ethics of individuals, the traditional principles effectively defined by the international and national ethics codes remain valid. Their implementation in new situations and new contexts is, however, a question to be explored.

While the researchers of ethics and world ethical leaders have recognized the need for global ethics, some business representatives and politics analysts have presented doubts about the relevance of the concept in general. According to this view, international relations between countries will be determined by each country’s right to watch out for national interests. Respectively, according to some business leaders, “the only ethics in business consists of maximizing profit for the shareholders”. Both of these views are logical in view of the neo-liberal ideology. This view is not, however, shared by the UN organizations, several NGOs, and professionals. Most countries have guides for ethics of the medical profession, but as occupational health teams become more multidisciplinary, there emerges a need for ethical conduct guidelines in other occupations, too.

Corporate ethics is often linked with corporate social responsibility (CSR). There are, however, several other aspects in corporate ethics outside of CSR. One example of such aspects is the question on how corporations use natural resources and workforce of the least developed countries to maximize their profits. In many cases, this means exploiting the low prices of raw materials and cheap labour and compromising the standards for occupational safety and health and the social conditions of the workers. Without prejudicing the value of CSR, it has focused more on environmental issues than on the safety, health and social issues of the workers; the concepts of equity and justice have been given less emphasis, and the social determinants of health have not been considered at all.

Global ethics is a new aspect in the discussion of ethics in occupational health. We are all still students in this discussion. More research and much discussion are needed to clarify the key aspects of global ethics. Several new ethics issues are presented, such as cross-cultural ethics, cosmopolitan ethics, ecological ethics, and the issues of global justice, including horizontal aspects, such as distributional justice, and vertical aspects, such as intra-generational and inter-generational justice. The issue of poverty is one of the most important topics in the global ethics discussion. The main guardians of global ethics are the UN organizations in their respective jurisdictions. They, in collaboration with international NGOs, provide most valuable leadership in the ethics development. Also, the international research community has recently initiated international discussion on global ethics. It is important that ICOH carefully follows such discussions and is willing to learn as well as to contribute its view on the occupational health aspects in discussions on global ethics.

The existing national and international ethics guidelines, such as World Medical Association WMA, Council for International Organizations of Medical Sciences, CIOMS, ICOH, and, for example, the Faculty of Occupational Medicine, UK and the American College of Occupational and Environmental Medicine, ACOEM, forthcoming guidelines, have mainly focused on ethics at the individual level. Such guidance continues to be needed even more than before. But we also need guidance in dealing with new aspects related to globalization. New actors and new target groups for guidance also need to be considered.

Role of experts and their associations

The development of new ethics competences among occupational health personnel needs broadening of their scope of knowledge concerning the challenges related to globalization. New and emerging challenges and risks to health and safety need new approaches and present a new ethical dimension: global ethics. Research on these new aspects of ethics is needed as is the practical implementation of the research results. Particularly the recognition and prevention of new psychosocial problems at work, including stress-related morbidity, work-related morbidity and new infectious epidemics, require novel approaches and better guidance. Major changes in client structures and the issues of inequities and social determinants in the health of working people need to be considered. Occupational health experts should also be well aware of the issues of environmental and social ethics, as their activities may also have an impact on these dimensions.
Ethics should constitute an integral part of the training of all occupational health professionals and multidisciplinary occupational health teams. Also research and training in occupational health need ethical guidance in several aspects of modern work life. One of the most challenging questions is how to organize our services for all working people of the world and thus support the realization of their basic rights to a healthy and safe work environment. ICOH – in collaboration with the WHO and ILO – has developed a new service provision approach called Basic Occupational Health Services, BOHS, which is distributed to all continents. It aims to relieve the global inequities in occupational health and conditions of work. Ethical dimensions in the implementation of BOHS should also be studied.

It is not sufficient for occupational health experts to be aware of ethical principles and follow them in their everyday practices. Occupational health communities, professional associations and leading experts also need to emphasize the principles of ethics to policy-makers, decision-makers, managers, and the social partners, employers and trade unions, and not least to the neighbouring disciplines and professions. By challenging others to recognize ethical aspects in their activities and ethical consequences of their decisions, occupational health professionals also support their own opportunities to implement ethics in their own practices.

The basic ethical values according to the main religions of the world, as well as among the leading ethics philosophers, researchers, and scholars and as indicated by people in population surveys in different parts of the world seem to be very close to each other. The key messages can be crystallized to a few principles which are traditionally thought to apply to inter-individual relationships, group and community-level relations, and to the relations between nations, corporations and global operators:

- Respect the basic rights, freedom, dignity, autonomy and value of the human being, which is equal and immeasurably high.
- Do good, not harm.
- In all actions, exercise justice, solidarity and fairness.

With certain modifications, these principles of individual ethics are transferrable to group, community, corporation and national levels. Appropriate realization of the environmental and social dimensions in ethics require that the target group is expanded from individual human beings to social groups, communities and populations and also to the ecosystem, the environment, flora, and fauna and to the whole geophysical system, including space and universe at large.

Conclusions

It is likely that whatever the future development of the globalization process will be, the strong ethical imperative for everyone responsible for associated decisions remains the protection of the basic ethical values of humans. These principles are strikingly similar in different parts of the world. The globalization process challenges us to apply these principles beyond the humanity, to the whole biological and ecological system of the world and to the entire geophysical universe.

Each professional group and association has the responsibility to decide for which purposes their competence is used for. This responsibility cannot be delegated to outsiders, and guidance from professional ethics is needed. ICOH is committed to retain ethics in occupational health permanently high on its agenda. ICOH should also be cautious not to let the endless calls for better evidence be used for preventing us from actions, which are needed for the correction of obvious injustices, inequalities or threatening health risks. The choice of non-action in the case of obvious need can be considered unethical.

In collaboration with international allies, ICOH wants to develop ethics guidelines to meet the challenges of globalization and particularly the need for ethics in the modern globalizing work life. ICOH has declared its commitment to work for fair globalization and thus support the work for the UN Millennium Objectives as spelled out in our Centennial Declaration of the Milan Congress 2006 (www.icohweb.org). The statements of the Declaration also present the global ethics commitments of ICOH as an international professional NGO.

Literature


UN General Assembly 17 June 1997. Seoul Appeal to Outsiders, and Guidance from Professional Ethics which purposes their competence is used for. This responsibility cannot be delegated to outsiders, and guidance from professional ethics is needed. ICOH is committed to retain ethics in occupational health permanently high on its agenda. ICOH should also be cautious not to let the endless calls for better evidence be used for preventing us from actions, which are needed for the correction of obvious injustices, inequalities or threatening health risks. The choice of non-action in the case of obvious need can be considered unethical.

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Literature


SCOHN – Scientific Committee on Occupational Health Nursing

Purpose

SCOHN aims to foster the scientific progress, development of occupational health nursing and promote the level of knowledge in the profession on an international basis. The specific objectives of the committee are:

· To establish a research working group to document nursing research being conducted by OHNs throughout the world and to foster active research among nurses

· To convene SCOHN seminars in various countries in the interim years between the ICOH World Congresses. The seminars will focus on selected themes and local nurse members of ICOH will be invited to present papers.

· To organize sessions on topics central in occupational health nursing at each ICOH Congress. These include free papers, as well as Mini-Symposia. Nurse members and non-nurse members of ICOH may submit abstracts for presentation at these sessions. Nurses are also free to present papers in other sessions in the Congresses. A group meeting for nurses attending the ICOH Congresses will also be arranged. These are convened by SCOHN for the purpose of discussing relevant global issues in nursing and may not take place at every Congress. A Forum of Nursing Associations will be arranged at the ICOH Congresses to foster collaboration on OHN issues.

· To meet in order to share and discuss progress in occupational health nursing practice, education, research, and management.

· To publish documents relating to occupational health nursing.

SCOHN membership

· Members of the Committee should be nurse members of the International Commission on Occupational Health (ICOH), enjoy good standing, and be actively engaged in occupational health nursing, practice, administration, consultation, research, or education. Currently, there are about 80 SCOHN members around the world.

During the ICOH Congress in London in 1948, nurses participated in the advisory committee for the Congress and in the sessions arranged during the Congress. In the ICOH World Congress in Helsinki in 1957, three nurses from Finland, the United Kingdom, and the United States were elected as members of the Permanent Commission. The Nursing Committee was formally established at the XV Congress held in Vienna in 1966. In 1987 the name Scientific Committee on Occupational Health Nursing (SCOHN) was adopted.

Participants in 11th International Congress in Naples, 13–19 September 1954

(Pho
The Executive Committee 2006–2008

The Executive Committee consists of the following persons:
· Chair Marjatta Peurala, Finland
· Vice-Chair Louwna Pretorius, South Africa
· Secretary Megan Kingham, Australia
· Treasurers Mieko Nakajima, Japan, and Marjatta Peurala Finland
· Nurse member of the ICOH Board (ex-office) Jenny Serfontein, South Africa

Nominations for election of SCOHN Executive Committee for the triennium 2006–2008 took place at the end of October 2005. Megan Kingham from Australia and Louwna Pretorius from South Africa were elected.

To ensure global representation, all members of the Executive must be from different countries. This is not applicable to ex-office members.

Current activities

In the ICOH World Congress in Milan 2006, SCOHN established a research group to investigate the role of an occupational health nurse in a multidisciplinary team of workers. The main responsibility for planning and organizing the research is with Professor Bonnie Rogers from the USA. The Finnish members of the group are Maria Rautio and Anne Boström. Other members are Jennifer Radford UK, Maria Helena Marziale, Brazil, Katie Slaven, USA, and Keiko Kono, Japan. As a vice-chair of the SCOHN Executive, Louwna Pretorius is co-ordinator for the study. The results of the investigation will be reported in Cape Town 2009.

The 2nd Intel Congress on Occupational Health Nursing was held in Bangkok in August 2007. The congress was attended by SCOHN members, and other nurses around the world (250). The SCOHN Executive contributed to the organizing of the congress. In the future, SCOHN will contribute to the 3rd Intel Congress on OHN which is planned for 2010 in Tokyo. The Scientific Committee on Occupational Health and Development has invited SCOHN, the Scientific Committee on Health Service Research and Evaluation in Occupational Health, as well as the Scientific Committee on Unemployment and Occupational Health to contribute to the Mid-Term workshop to be held in India, Mumbai in January 2008.

SCOHN is also planning the 29th ICOH International Congress on Occupational Health entitled: Occupational Health: a Basic Right at Work – an Asset to Society. The Congress will be held in 2009 at the Cape Town International Convention Centre, South Africa. SCOHN aims to arrange a Pre-Congress workshop for nurses as well as one or two nurses’ sessions for oral presentations.
Princess Samsawalee of Thailand opened the conference, followed by the opening presentation by ICOH President, Professor Jorma Rantanen on Alliance for promotion of work life: challenges in occupational health, safety and environment. His presentation set the scene for an outstanding conference.

Although the Conference covered many themes, use of asbestos and the occurrence of asbestos-related diseases in Asian countries and Australia, and the prevention of these diseases was a central theme of the meeting.

Australia: Peta Miller discussed the Australian asbestos situation. Efforts to reduce the use of asbestos have been made since the late 1970s. All forms of asbestos are banned since 2003. In the 1950s, Australia had the highest per capita use of asbestos in the world. As of 1975 the total use was 70,000 tons. Products containing asbestos are still imported to Australia.

The yearly number of new cases of mesothelioma has now reached some 530–540. The authors, Clements et al., estimated in 2003 that mesotheliomas will peak in 2028–30 and subsequently turn to a declining slope. The annual potential liability related to this cancer site is calculated at about 4 billion Australian dollars. She also said that the mesothelioma register is no longer as exhaustive as it used to be. Therefore, Australian researchers rely more on the cancer registry for monitoring the incidence.

Japan: Professor K. Morinaga reported on the asbestos situation in Japan. He reported on the “Kubota Shock” referring to the Kubota Kanzaki plant where 63 workers contracted asbestos-related diseases. Also five residents, all living close to the plant, developed mesothelioma. The plant has produced asbestos-cement products, including piping. Professor Morinaga stated that a significant number of mesotheliomas among workers at the plant have been compensated for, but did not report on other asbestos-related cancers.

He reported on the problem of misdiagnosis of mesotheliomas that may lead to underreporting of the disease and the still existing difficulties in the histological diagnosis of mesothelioma. As of 2005 Japan had diagnosed 530 mesothelioma cases, nearly all in males, and the incidence has increased significantly over the past 10 years. The mean “latency” between the first documented exposure and diagnosis at the moment is 38.3 years for the compensated mesothelioma cases. To cover the costs of the compensations, the government has set up a separate asbestos relief foundation funded by the government and involved businesses. So far, a slightly higher number of mesothelioma cases (721) have been compensated by this relief law, as have 192 lung cancers.

Since 1 September 2006 all chrysotile is forbidden except for use in some gaskets.

Korea: Dr. Soeng-Kyu Kang presented the asbestos situation in Korea, with a current population of 47 million people. Korea has done some chrysotile mining on the west coast of the country. He reported 517 lung cancers and two mesotheliomas in these mine workers producing about 15,000 tons of chrysotile per year in the 1980s. As of 1992, Korea imported 100,000 tons of chrysotile per year, but the import has since declined.

About 90% of the asbestos is used for roof tiles and construction. Asbestos textiles are still used, and Korea still imports many products containing asbestos, particularly friction materials, asbestos textiles, and construction products. Only 3,000 current and retired asbestos workers are within the health surveillance scheme related to asbestos exposure.

A total of 40–60 mesotheliomas are diagnosed per year, and there are about 11,000 lung cancer deaths each year in the whole population. These mesothelioma figures are much lower than for other countries, constituting, for instance, one tenth of those for Germany and one third of those of the UK.

Korea never used asbestos for spraying and the country stopped using roof tiles in 1976. All types of asbestos, with the exception of chrysotile, were banned in 2003. Both the import and production of asbestos-containing products will be forbidden in 2009.

Thailand: Wantanee Phanprasit, Department of Occupational Health and Safety, Mahidol University, reported on the asbestos situation in Thailand. Chrysotile has been produced in the northeast of Thailand. As of 2006, the country imported 120,000 tons per year, with a peak of 190,000 tons in 2002–3. About 40% is imported from the Russian Federation. About 90% of the volume is used for sheet plants, 2% for friction material, and 2% for vinyl tiles, which are much used in Thailand.

Ms. Phanprasit showed an image of a worker cutting tiles, using only a simple mask. The polishing of the roof tiles causes the highest levels of fibres in the air. Also, measurements at a new brake factory indicated an asbestos fibre concentration of 0.21f/cm³. She also reported that cutting corners of tiles with a cutter gives a concentration of 12.41f/cm³.

Asbestos factory indicated an asbestos fibre concentration of 0.21f/cm³. She also reported that cutting corners of tiles with a cutter gives a concentration of 12.41f/cm³. In brake pad production, the average fibre concentration is 6.93f/cm³, and in cement production the average is just below 1f/cm³. She also reported that the turnover in asbestos factories is very high, which makes the follow-up difficult.

Still today, with the exception of some cases of pleural plaques, asbestos-
related diseases are not reported in Thailand, most likely due to lack of surveillance system, insufficient knowledge among doctors, and the long latency period. She did not discuss the fact that only little asbestos was used until the 1980s, which means that cancer cases are only now starting to appear.

Prevention: Training in occupational medicine has been poor until recently, when medical students started to have occupational health in their curriculum. A concentration of 50 f/cm³ has been proposed as an upper accepted level in workplaces. Ms. Phanprasit said that the users are not willing to stop the use for the next 10 years, while the government wants to stop import after five. During the discussion, it emerged that Western exporters of chrysotile asbestos lobby the government of Thailand, announcing that their chrysotile asbestos is not hazardous. Apparently, the government has some confidence in this information, partly because “no asbestos-related cancer cases are seen” in Thailand.

The use of asbestos in Thailand is still very high. Thai scientists expressed their concern about visits and lobbying from a Western asbestos exporter, and talked about their efforts to convince the government to find substitute materials (e.g. for insulation) as quickly as possible. They are also actively promoting the search for replacements for eternit and tiles covered by asbestos.

Strategies for prevention of asbestos-related diseases

I was asked to give a key-note on strategies for prevention of asbestos-related diseases. Emphasizing the huge potentials for prevention, both primary prevention among the 6–10 million workers still significantly exposed to asbestos fibres and, especially, secondary prevention among the about 170 million previously exposed. The figure of 170÷ million former exposed exceeds the ILO/WHO estimate of 100 million, and was generated in two different ways based on the total use of 5,000 tons yearly in the 1960s and 1970s in Norway and the documented about 200,000 former exposed in Norway as of 1990 (4 million inhabitants as of 1990). Given that about 400 incident cancer cases, i.e. 60 mesotheliomas, about 200 lung cancers, and about 150 cancers at other sites, are primarily caused by asbestos in Norway, the worldwide potential to prevent these cancers among former asbestos exposed is enormous.

I further presented strategies for identifying the former exposed, including semi-quantification of exposure, and for secondary prevention of asbestos-related diseases, i.e. cancers, among former exposed. (For reference, see: Langård S. Scand J Work Environ Health 1994;20 special issue;100–7, and Langård S. In: The Identification and Control of Environmental and Occupational Diseases. Part II. (Mehlman MA, Upton A, eds.). Advances in Modern Environmental Toxicology 1994;23:21–32).

Other topics:

Dr. Habibullah Saiyed, WHO, SEARO, made a presentation on “Occupational health situation in SEAR countries” and stated that there are about 40,000 fatal work-related accidents yearly in India. The corresponding figure for Indonesia is around 17,000 and for Bangladesh 11,800.

Pesticides, Thailand: Waruntorn Jongrungrotsakul presented a small screening study from a random sample of 31 out of the about 5.2 million rice farmers and farm workers. The subjects were screened by self-reported symptoms and by a screening method on inhibition of cholinesterase during spraying seasons for organophosphates (OP). According to Ms. Jongrungotsakul up to 75% reported symptoms that fit well with exposure to OP compounds and a very high percentage (40%) had significantly reduced cholinesterase in blood. These high figures are in agreement with the 1,800 fatal or serious OP poisoning cases reported in the country each year. Hence, there appears to be a huge potential for preventing these serious poisonings due to OP compounds by brief training programmes arranged for rice farmers and workers, as well as for dealers of pesticides in rice producing countries.
14th International Congress on Occupational Health Services in Dubrovnik

On 8–11 November 2007, the beautiful city and environment of Dubrovnik was the venue of the 14th International Congress of the ICOH Scientific Committee on Health Services Research and Evaluation in Occupational Health that was held in conjunction with the 4th Croatian Congress on Occupational Health. This international congress was hosted for the first time in Croatia, after recent congresses in Denmark (Aarhus, 2001), the Netherlands (Amsterdam, 2002), Belgium (Gent, 2003), Italy (Modena, 2004), and Japan (Utsunomiya, 2005). In total, more than 300 participants attended the congress.

The programme comprised 9 keynotes, 85 oral presentations, 50 posters and some special sessions. The main themes of the congress were ‘occupational health services in transition in Eastern and Western Europe’ and ‘Health and work - key of life’. Many different topics were presented and discussed.

Arranged by subject matters, these topics can be summarized in five areas:

- ‘Finding a new balance in OHS in or after a transition process’ (post-war, legislation, EU regulations, privatization, shift in responsibility for occupational health from employers to partly also employees);
- ‘From Occupational Health to Workers’ Health’ (WHO Global Plan of Action on Workers’ Health, health promotion, the obesity epidemic, mental health at work, relationship with primary health care and sports medicine);
- ‘The need for evidence-based workers’ health care’ ((cost-)effectiveness studies, systematic reviews, evidence-based guidelines, Cochrane Occupational Health Field, HINARI project);
- ‘New technologies’ (related health problems, internet-based services, knowledge sharing);
- ‘Permanent issues in OHS’ (professional ethics, quality assurance, small and medium-sized companies, occupational rehabilitation).

In addition to research results, also good practices and personal experiences were presented. The congress took place in a collegial, stimulating, and friendly atmosphere.

Next year, the 15th jubilee congress of the ICOH Scientific Committee on Health Services Research and Evaluation in Occupational Health will be held from 22–24 October 2008 in Paris. The theme of this congress will be ‘Indicators in Occupational Health’.

Carel Hulshof (chair) and Timo Leino (secretary)

SCHSREOH

Supporting Health at Work


I
n the article referring to this special issue (Eds Peter Westerholm and David Walters) describing Occupational Health Service systems in 12 countries, the list of contributing countries was incomplete by accident in that the Netherlands was not included. Special issue editor Peter Westerholm assumes the responsibility for this omission and offers his apologies to chapter authors André Weel and Nico Plomp. The Netherlands developments of occupational health services are described in chapter text as a transition of the Dutch OHS consisting of four stages of a) Medical OH services; b) Multidisciplinary team-building; c) Commercialized OH-services; d) Professional monopolies discarded. All through this process there is a measure of experimentation with quality standards. We all have much to learn from the Dutch experience.

Peter Westerholm
The 7th International Symposium on Biological Monitoring in Occupational and Environmental Health (ISBM-2007) took place on 10–12 September 2007 at Jiu Hua Resort and Convention Center, Beijing, China. The symposium, entitled ‘Biological Monitoring in a Globalized World’, was arranged by the Scientific Committees on Occupational Toxicology (SCOT), Toxicology of Metals (SCTM), and Rural Health (SCRH) of ICOH, with the patronage of the Ministry of Health of China, the National Natural Science Foundation of China, and the Peking University Health Science Center. ISBM-2007 was announced on the website http://www.isbm2007.org and on the August 2007 ICOH Newsletter (Vol. 5, Number 2). This is the first time that three SCs of ICOH jointly organized an international activity in the field of biological monitoring.

The Scientific Committee for the symposium consisted of Drs. Claude Viau (Chair of SCOT), Maurizio Manno (Secretary of SCOT), Monica Nordberg (Chair of SCTM), and Claudio Colosio (Chair of SCRH), together with the local organizer Professor Sheng Wang from the Peking University Health Science Center.

The Organizing Committee consisted of S. Wang (China), C. Viau (Canada), M. Manno (Italy), and H. Yan, J. Wei, S. Zhang, T. Wu, X. Wang, X. Bai, X. Huang, Z. Su, Z. Zhuang, Z. Zhou, and Z. Zhang representing several Universities and Centers for Disease Control and Prevention throughout China.

Financial and other support was provided by ICOH and the Peking University Health Science Center.

The scientific objectives for the symposium were:

1) to present and discuss state of the art research on occupational and environmental health biomarkers with the aim to improve the standardization of methodologies and the interpretation of biomonitoring results at the global level

2) to facilitate interaction and collaboration among eastern and western occupational health scientists and professionals, and

3) to strengthen institutional collaboration among the three ICOH Scientific Committees participating. ISBM-2007 was the first event of its kind to be held in China.

Biomonitoring scientists as well as occupational health professionals interested in this prevention tool, including all members of SCOT, SCTM, and SCRH, were invited to participate (ICOH members and students were eligible for a reduced registration fee). Some 170 scientists and physicians from 29 nations took part in the three-day meeting.

The opening ceremony was chaired by S. Wang, whose introduction was followed by a welcome speech by Mr. Qinghua He, Director of the Division of Occupational Health & Radiation Protection Supervision and Management, Bureau of Health Inspection, Ministry of Health, China. On behalf of their respective scientific committees, Drs. M. Manno, M. Nordberg, and C. Colosio welcomed the participants. Dr. Manno introduced ICOH as an organization and described the mission and activities of SCOT. Drs. Nordberg and Colosio also provided introductions of their respective SCs. During the symposium we were also fortunate to gain some new ICOH members.

The symposium featured several plenary, parallel, and poster sessions, various collateral scientific events and the following keynote lectures:

- Claude Viau, Canada: If biomonitoring is the solution, what is the problem?
- Sean Hays, the USA: Biomonitoring equivalents and risk assessment
- Gunnar Nordberg, Sweden: Biomarkers of exposure, effects, and susceptibility in humans and their application in studies of interactions among metals in China
- Juha Ari Laitinen, Finland: Fire fighters’ trainers’ exposure to carcinogenic agents in smoke diving
- Michael Alavanja, the USA: The effect of pesticide exposure misclassification on cancer risk estimates in the agricultural health study
- Tetsuo Sato, Japan: Extremely sensitive biomarker of organophosphate insecticide exposure in rats and humans.

The Programme was arranged so that each SC had the main, but not the whole responsibility for one day of the Programme. This arrangement produced...
a very good interaction during the three days of the symposium. There were 14 oral and 3 poster sessions, and one special session. The sessions covered the following main topics: effect biomarkers, general population studies, analytical methods, susceptibility, metals biomonitoring and risk assessment, biomarkers of exposure (4 sessions), pesticide exposure assessment, pesticide exposure and effect biomarkers, pesticide effect biomonitoring and prevention, and experimental studies. Additional topics addressed in the oral and poster sessions included the following: adducts and other markers of exposure, endocrine disruptors, ethics of biomonitoring, new tools in biomonitoring, toxicokinetics, trace elements, and variability in biomonitoring results. In total, 68 oral presentations and 78 posters were scheduled in the Programme. With a few individual exceptions, the presentations were held according to plan.

The Special Session consisted of the presentation of a draft Position Paper by SCOT on biological monitoring, and it took place right before the closing ceremony. The Chairs of SCOT, SCTM, and SCRH provided a general introduction of the document that was also available in the abstract-programme book. Then, the reasons for the preparation of the position paper, its objectives, and the main parts of the document were presented briefly by Dr. Manno. This began an extensive and stimulating plenary discussion on how the proposed paper should be revised and expanded. The proposal to finalize the text and submit it to ICOH for approval was met with enthusiastic support from all participants in the symposium. The approved document will be publicized within the international scientific and professional occupational health community.

A selection of the scientific contributions to ISBM-2007 will be published in Toxicology Letters, a large circulation peer-reviewed journal which has already published the proceedings of several previous ISBMs, thus contributing to the success of the ISBM series.

Among the collateral events, just before ISBM-2007, the Biological Exposure Indices (BEI) Committee of the American Conference of Governmental Industrial Hygienists (ACGIH) held a regular BEI Committee meeting on 8–9 September in Beijing. The members also signed up for participation in ISBM ’07.

In order to facilitate interaction, each day a separate business meeting for each of the three ICOH Scientific Committees took place with invitations to the officers of the other two SCs to attend. One common topic was the planning of activities during ICOH2009 by SCOT, SCTM, and SCRH.

The meeting was highly successful, both scientifically and socially. The high quality of the presentations, enough time for questions and discussion, and the warm Chinese atmosphere (delicious hot tea was continuously served to all participants during the sessions) all contributed to the success of the meeting. Also, all participants enjoyed the hospitality and excellent assistance of the personnel of the Peking University Health Science Center.

As part of the social programme, the local hosts arranged a banquet that was very much enjoyed by all of us, and not only because of the extremely delicious meal but also because of the Chinese entertainment of music, songs, and acrobatics. At the end of the banquet, there was a spontaneous karaoke. The single delegations, invited to the floor by the Chair of SCRH, sang a typical national song for the banquet participants. This informal karaoke lasted for about one hour and provided a good opportunity for the symposium participants to get to know each other better and strengthen connections and friendship, despite the linguistic and cultural barriers. Moreover, it reflected the friendly and collaborative atmosphere present throughout the whole event.

The symposium certainly fulfilled the aim of ICOH to increase collaboration between the scientific committees and with national and international organizations and to gain new members for ICOH. A number of proposals for ICOH membership were collected and sent to the ICOH Secretary General.

Sheng Wang, Chair of the Organizing Committee
ISBM-2007

Claude Viau, Chair of SCOT

Maurizio Manno, Secretary of SCOT

Monica Nordberg, Chair of SCTM

Claudio Colosio, Chair of SCRH
In the recent ICOH Newsletter, I read the message of the death of Professor Gu Xue-qi last June. Professor Gu was the oldest member of the ICOH Scientific Committee on Aging and Work. Some years ago, in 1999, I had the opportunity to meet him in Shanghai upon his invitation to come to Shanghai and present some lectures about aging employees. I then found out that he was already in his 89th year of life. He appeared to be active yet and was present and working at the University daily. In our mutual discussions he showed much vitality and a great interest in the different aspects of aging in relation to occupational health. At the beginning of the recently held symposium on “Aging and Work Ability” (22–24 October 2007, Hanoi, Vietnam) Prof. Gu was remembered at the opening of the conference by Professor M. Kumashiro (Japan), chairman of the committee. During the symposium much attention was given to the topic “Extending the Working Life”. I think that Prof. Gu has given an exemplary model of the way the work life can be extended.

Prof. Willem J.A. Goedhard, MD, PhD
former chair of SC on Aging and Work

An ICOH/ACOEM Pre-conference Workshop on Occupational Health Services for Health Care Workers in Rural/Remote Areas and Developing Countries was organized on 25 October 2007, in Vancouver, BC, Canada, in connection with the SOTAC/ICOH International Conference on Occupational Health for Health Care Workers.

The Workshop was attended by 40 experts from different parts of the world. The goal of the Workshop was to enable occupational health professionals to share knowledge, expand understanding, and enhance occupational health services for health care workers in rural/remote areas and developing countries. The Workshop was divided into four Working Groups, which dealt with bloodborne and airborne diseases, immunizations and post-exposure prophylaxis, and organization and delivery of occupational health services.

An intended outcome of the workshop is to publish a manual on current realities and possible strategies for providing the best possible occupational health services in rural/remote areas and developing countries. The US National Institute for Occupational Safety and Health (NIOSH) will publish and disseminate the document.

The Workshop was conducted under the proficient guidance of Dr. Annalee Yassi of the University of British Columbia and Dr. Maritza Tennessee of PAHO. Ms. Rachelle Rebman was the Coordinator of the activity. This Workshop was also a collaborative effort of two ICOH Scientific Committees, namely on Occupational Health for Health Care Workers and on Occupational Health and Development.

SL
The Sixth International Scientific Conference on Prevention of Work-Related Musculoskeletal Disorders, “PREMUS 2007,” took place in Boston in August 2007. PREMUS is the triennial meeting of the Scientific Committee on Musculoskeletal Disorders, first held in 1992. The highly successful 2007 meeting attracted more than 475 participants from 32 countries, making it the largest PREMUS to date.

Seven well-received keynote presentations illustrated the conference themes in practice and stimulated substantial discussion in the meeting:

1. Professor Leslie I. Boden, Department of Environmental Health, Boston University (USA): Social and economic costs to workers with musculoskeletal disorders
2. Dr. Hester J. Lipscomb, Division of Occupational & Environmental Medicine, Duke University Medical Center (USA): Work and health disparities: challenges in studying vulnerable workers
3. Dr. Leslie A. MacDonald, ScD, Industrywide Studies Branch, Division of Surveillance, Hazard Evaluations and Field Studies, National Institute for Occupational Safety and Health (USA): Work organization and risk factors for musculoskeletal disorders
4. Professor Hilinka Rihimäki, Director, Centre of Expertise Health and Work Ability, Finnish Institute of Occupational Health (Finland): Workplace intervention studies for MSD prevention (Åsa Kilbom Memorial Lecture)
5. Dr. Lys Esther Rocha, professor in the Department of Legal Medicine, Medical Ethics, and Social and Occupational Medicine at the University of São Paulo School of Medicine (Brazil): International disparities in development and how they impact work-related musculoskeletal disorder prevention
6. Jos Twisk, Professor of Biomechanics, Institute for Fundamental and Clinical Human Movement Sciences, Vrije Universiteit Medical Center, Amsterdam (The Netherlands): Multi-level modeling in the analysis of work-related health problems
7. Jaap van Dieën, Professor of Biomechanics, Institute for Fundamental and Clinical Human Movement Sciences, Vrije Universiteit Medical Center, Amsterdam (The Netherlands): Injury models in observational and experimental research

Three pre-conference workshops were offered: (a) Physical exposure assessment of hand activities; (b) Surface electromyography (to identify pathophysiological mechanisms and to assess exposure); and (c) Tendencias Actuales en la Epidemiología Musculoskeletal [Current trends in musculoskeletal epidemiology, in Spanish]. The third workshop led to a subsequent meeting and creation of a Spanish-language MSD SC network, which is currently developing a cross-national survey of working conditions and MSD symptoms. Membership in this new network is open to all ICOH members (please contact Maria_Brunette@uml.edu for more information).

The Local Organizing Committee consisted of Dr. Laura Punnett and Ms. Jamie Tessler, Department of Work Environment, University of Massachusetts Lowell; Dr. Jack Dennerlein of Harvard School of Public Health; Dr. Nick Warren, of University of Connecticut Health Center, and Dr. Glenn Pransky, Liberty Mutual Research Institute for Safety. The organizers sponsored a 2007 Best Student Abstract Contest, which had 5 winners and 3 close runners-up.

ICOH and the Pan American Health Organization (WHO) contributed funds to assist with travel expenses for participants from less developed countries. Financial support was also received from the Liberty Mutual Research Institute for Safety; the Office Ergonomics Research Committee (OERC); Department of Environmental Health, Harvard School of Public Health; Microsoft Corporation; and the U.S. National Institute for Occupational Safety and Health. Logistical arrangements were handled superbly by the Harvard School of Public Health Center for Continuing Professional Education.

In the post-conference evaluations, 82% rated the overall conference quality as 4 or 5 (“best scientific conference ever attended”) on a scale from 1 to 5. Letters received from participants after the meeting included these accolades:

- “Congratulations for an extremely enjoyable and informative conference” [England];
- “very enlightening. A superb job” [Brazil/USA];
- “very rewarding. I learned a lot [and] am inspired to study more” [Sweden];
- “nearly flawless. The best PREMUS Conference to date” [USA];
- “A very large thank you to the PREMUS 2007 organizing committee and support team for a tremendous conference. It was a privilege to be amongst the world’s top research scientists in this field during the week, hear some very powerful plenary presentations, and hear of the detailed work being carried out around the world. I have returned with a long list of bullets identifying contacts, information gained and jobs to do!” [England]

The next two PREMUS conferences will take place in 2010, in the Loire region of France, and in 2013 in South Korea. The 2007 programme, speaker list, and abstracts will remain on-line at http://www.premus2007.org/. The 2010 conference organizers can be contacted at the meeting website: www.premus2010.com, or write to <premus2010@st-maurice.inserm.fr> to be added to the mailing list for future announcements.
Dear Colleagues and Friends,

The 8th international Congress of the Scientific Committee on Education & Training in Occupational Health will take place on 9–12 April 2008 at the Glynhill Hotel & Leisure Club Glasgow, Scotland. The previous one which was arranged in Strasbourg was a great success; no doubt this 8th event hosted by our Scottish colleagues under the local organization chaired by Ewan McDonald, Director, SALUS Occupational Health and Safety, Lanarkshire, Head, Healthy Working Lives Research Group, University of Glasgow, the UK will be most successful. You are all invited.

The 2008 conference will address three major themes: Curriculum development, Training methodologies and Assessment. The scientific programme entitled “Healthy working lives for all” is anticipated to be excellent just as the social programme. Knowing very well our Scottish colleagues and friends, we can trust them.

A healthy work life is one in which individuals are allowed to do as much as they would like, for as long as desired, in both their work and non-work life. OH professionals require the necessary knowledge and skills to help sustain and improve the health and well-being of working-aged individuals. The aim of this conference is to discuss and develop the competencies and training required of OH professionals, who often work as part of a multidisciplinary team, to equip them for the tasks they perform.

**Intended Audience:** Occupational health professionals, such as Doctors, Nurses, Occupational Therapists, Occupational Psychologists, Physiotherapists, Ergonomists, Occupational Hygienists, Occupational Epidemiologists, Case/Condition Managers, Health Promotion Specialists, Health and Safety Engineers, Toxicologists, Microbiologists, Chemists, Information Technicians, Statisticians, Research Academics, Work Organisation Specialists, Trade Union Representatives.

For sending abstract/paper for presentation as well as for more information, please contact:

**Secretariat:**
Healthy Working Lives Research Group, Public Health and Health Policy University of Glasgow, 1 Lilybank Gardens, Glasgow G12 8RZ
Tel: +441413303719, Fax: +441413304038
Email: a.costigan@clinmed.gla.ac.uk
http://www.gla.ac.uk/hwlresearchgroup

On behalf of SCETOH Chair, Professor Bonnie Rogers, our international scientific committee team as well as local organizing team, we welcome you all to Scotland.

Janine Cantineau
SCETOH secretary

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### Third ICOH-WOPS International Conference

**Québec, Canada**

The Third ICOH-WOPS International Conference “Psychosocial Factors at Work: From Knowledge to Action” will take place in Québec City, from September 1 to 4, 2008. This conference will update the state of knowledge with international leaders in the field.

The 2008 conference will address four major themes: Preventive interventions; Disability management and Return to work; Psychological harassment at work; and Public policies on mental health at work. Papers will include mental health, musculoskeletal and cardiovascular diseases; quantitative and qualitative methodology.

**Proposal submission deadline:** January 31, 2008

For more information on conference and online submission, please visit the conference website [http://www.icoh-wops2008.com](http://www.icoh-wops2008.com)

We hope that you will attend the Conference – it is a pleasure to welcome you.

Renée Bourbonnais (Laval University)
Michel Vézina (Laval University and Québec Public Health Institute)

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### The ICOH Mid-Term Meeting

The ICOH Mid-Term Meeting will be held on 14 March 2008 in Hamburg as a satellite to the German Society of Occupational and Environmental Medicine (DGAUM) 48th Annual Scientific Conference.

It is the most important meeting in between the Triennial Congresses and is mainly aimed at discussing the state of progress of ICOH current work plan by sharing important outcomes, monitoring ongoing activities and defining future developments.

The scheduled meetings are as follows:

ICOH Board Meeting
Joint Meeting of ICOH Officers, Board and Scientific Committees
Officers Meeting
Meeting of National Secretaries
New Members

Christine TSIMI NJOLE Cameroun
Doris MEJIA PARRA Colombia
Sandra GALLEGOS Colombia
Luis Angel MORENO DIAZ Colombia
Lelis del Carmen ARCHILA ESCORCIA Colombia
Federico A. GOMEZ GALLEGOS Colombia
Mery REINA ESPITIA Colombia
Carlos Efrain CORTES Colombia
Jovanka Karadzinska-Bislimovska Former Yugoslav Republic of Macedonia (FYROM)
Yathiraj RAGHAVAN India
Untung S. SUTARJO Indonesia
J. Nieves SERRATOS - PEREZ Mexico
Cecilie AAGESTAD Norway
Amaanulla MOHIDEEN Oman
Mohammad Arshad KHAN Pakistan
Margret Charmaine CLACK South Africa
Claudina M.C.A. NOGUEIRA South Africa
Lars BARREGARD Sweden
Mehmet Sarper ERDOGAN Turkey
Jane Dorolene HINGSTON USA
Leo CAREY USA
Walter Aquiles ALARCON PUENTE USA
Bhavesh Robert J. PANDYA USA
Mark B. RUSSI USA

Dear Colleagues,

The 1as.Jornadas Rioplatenses de Salud Ocupacional that were held in Colonia del Sacramento was successful. More than 140 participants from Uruguay, Argentina, Chile and Brazil attended.

The ICOH Congresses 2009 and 2012 were presented in the Conference.

Raul D. Barañano MD MSc
National Secretary, Uruguay

Voting procedure for election of Officers and members of the Board

Dear ICOH member,

In accordance with the ICOH Bye-Law 6, we take the opportunity to remind you of the procedures for the election of ICOH Officers and Members.

The names of candidates shall be submitted in writing to the Returning Officer - who will be appointed by the ICOH President - at least nine months before the first day of ICOH 2009 Congress, supported by at least five members in good standing, accompanied by the written agreement of the nominee that he/she is willing to serve if elected, and a curriculum vitae of no more than 150 words. The candidate must be eligible according to the article 5 section 2 and 8 of the ICOH Constitution. Out of these names, the Returning Officer will prepare the ballot form, with the name of the candidates for each office.

Furthermore, the curricula will be published in the ICOH newsletter and on the website six months before the beginning of the Cape Town Congress.

More detailed information will be available starting from March 2008 on ICOH website at www.icohweb.org and in the next newsletter issue 1/2008.

New Members
A special issue of Ergonomics in memory of Professor Antonio Grieco has just been published, including contributions by a number of reputed scientists, mostly occupational physicians from all over the world, some of them having closely collaborated with Professor Grieco along the years.

**Ergonomics**

Vol. 50, No. 11, November 2007

**Editorial**

In memory of Antonio Grieco
(1931–2003)
Authors: Enrico Occhipinti; Sebastiano Bagnara; Waldemar Karwowski

**Original Articles**

Biological consequences of stress: conflicting findings on the association between job strain and blood pressure
Authors: C. Fornari; M. Ferrario; C. Menni; R. Sega; R. Facchetti; G.C. Cesana

Updating reference values and predictive models of the OCRA method in the risk assessment of work-related musculoskeletal disorders of the upper limbs
Authors: E. Occhipinti; D. Colombini

Repetitive task indicator as a tool for assessment of upper limb musculoskeletal load induced by repetitive task
Author: D. Roman-Liu

New procedure for assessing sequential manual lifting jobs using the revised NIOSH lifting equation
Authors: T. R. Waters; M.-L. Lu; E. Occhipinti

The work compatibility improvement framework: preliminary findings of a case study for defining and measuring the human-at-work system
Authors: A. Genaidy; W. Karwowski; A. A-Rehim

International standards on working postures and movements ISO 11226 and EN 1005-4
Authors: N.J. Delleman; J. Dul

Incidence of self-reported reduced productivity owing to musculoskeletal symptoms: association with workplace and individual factors among computer users
Authors: M. Hagberg; R. Vilhemsson; E. Wigaeus Tornqvist; A. Toomingas

Biomechanical evaluation of nursing tasks in a hospital setting
Authors: R. Jang; W. Karwowski; P. M. Quesada; D. Rodrick; B. Sherehiy; S. N. Cronin; J.K. Layer

The area of glenoid asymmetry identified as important contributor to shoulder strength during pushing and pulling in the coronal plane
Authors: K. Gielo-Perczak; S. Matz

Ergonomics diagnosis components in rehabilitation: statistical evaluation of an assessment instrument
Authors: K. Landau; H. Meschke; R. Brauchler; J. Kiesel; J. Knoerzer

What do we know about ageing at work? Evidence-based fitness for duty and health in fire fighters
Authors: J.K. Sluiter; M.H.W. Frings-Dresen

Ageing, working hours and work ability
Authors: G. Costa; S. Sartori

The differential role of mental rumination among industrial and knowledge workers
Authors: G. Pravettoni; M. Cropley; S.N. Leotta; S. Bagnara

Quo vadis, neuroergonomics?
Authors: M. Fafrowicz; T. Marek

**Biography**

Biography: Antonio Grieco
(1931–2003)
Declaration of Cartagena

ABOUT ACADEMIC COMMITMENT WITH EDUCATION AND TRAINING IN OCCUPATIONAL HEALTH AND SAFETY IN COLOMBIA AND LATIN AMERICA

The national and international attendees to the 3rd Meeting of Occupational Health Graduate Programs, and the 1st International Meeting of Education and training in Occupational Health, present during the 27th and the 28th of May 2007, held at the University of Cartagena de Indias, venue La Merced, Colombia,

Considering:

1. That harmonizing and establishing graduate programs on Occupational Health and its related disciplines at the levels of specialty, masters and doctorate degrees is a huge and important need;
2. That the demand for educating and training Occupational Health professionals does not only require the acquisition of knowledge, skills and abilities, but also the development of knowledge through research;
3. That disciplines such as occupational and environmental hygiene, as well as ergonomics, and other social disciplines related to the world of work, are still considered secondary, and no place is given to them as fundamental sciences and areas of knowledge for solving worker’s health problems;
4. That it is necessary to universally acknowledge the different types of quantitative and qualitative research which should be strengthened in all academic institutions, and be applied in all academic institutions at the different levels of education with the purpose of contributing to build new knowledge, driving the development of occupational health, and pursuing in the improvement of worker’s health in Colombia and Latin America,

We commit to:

Maintain and develop a network of all the academic institutions here represented and responsible for educating and training professionals, workers and employers, and to enhance the quality of education, in a way they respond to the needs of our countries by means of the following actions:

1. Building a network on education, training and research in occupational health for Colombia and Latin America.
2. Continuing the virtual work to finish the activities that started during these Meetings, with the purpose of publishing all recommendations given by this interdisciplinary and inter-institutional team.
3. Providing dissemination of information and working so that this meeting becomes the baseline for launching new proposals on education, training, and research for worker’s safety and occupational health.
4. Organizing the 4th Meeting of Graduate Programs in Occupational Health in as far as of two years from now.

Original signed in Cartagena de Indias, DT Colombia, the 28th of May, 2007 by:

Delegates of National Universities of Colombia:
Enrique Guerrero Medina
Carlos Julio Ramírez Olarte
Yolanda Sierra
Candelaria Colón Iriarte
Lelys Archila Escorcia
Amparo Lozada
Ángela Susana Piñeros

Delegates of International institutions and organisations:
Luz Maritza Tennessee
Marian Salvatierra
Particia Monge
Ramona García
Engels Borja

Delegates of ICOH:
Claudio Colosio
Doris Mejía

Maria Teresa Espinosa Restrepo
Ana María Gutiérrez Strauss
Nubia Arroyo Pulido
Patricia Gómez Palencia
Agustín Vega
Leonor Tapia
Andrea Milena Silva Cardona

Sandra Eugenia Gallegos
Ruth Medina

Delegates of the Colombian government and institutions:
Carlos Corredor

Official Delegates of the Colombian government and institutions:
Carlos Corredor

This text is available also in Spanish.
Message du Président

Chers Collègues,


Je voudrais encore profiter de cette occasion pour souligner trois points importants concernant les conférences et les symposiums des Comités Scientifiques. Premièrement, nous publierons avec plaisir des résumés sur toutes ces réunions dans le bulletin de la CIST. Dans ce numéro, vous y trouverez déjà de bon exemples. Deuxièmement, je voudrais vous rappeler l’importance de publier les résultats des conférences et des symposiums pour qu’ils soient diffusés le plus largement possible. Et troisièmement, sur la base de mes observations, il reste beaucoup à faire pour améliorer les campagnes de recrutement des nouveaux membres lors des événements organisés par les Comités Scientifiques. Quelques réunions ont apporté de nombreux nouveaux adhérents à la CIST alors que pour d’autres on pourrait faire plus d’efforts pour en recruter. Plus nous avons de nouveaux membres en règle, mieux nous pouvons soutenir les activités des Comités Scientifiques dans le futur. En général, les Comités Scientifiques de la CIST ont été très actifs cette année. Selon moi, nous avons de bonnes chances d’atteindre l’objectif que chaque Comité organise au moins un événement scientifique pendant la période triennale.

Le monde autour de nous est en train de changer plus vite que jamais depuis la période de l’industrialisation. Les changements s’observent dans tous les domaines de la vie moderne – certes de façon importante dans la vie au travail, mais aussi dans l’économie, l’environnement, la démographie, la politique, les valeurs et la culture. Il est important de suivre attentivement les changements et de les analyser pour en distinguer les grands succès, menant à un progrès réel, de ceux qui ne sont que phénomènes passagers.

Il est également important d’essayer de trouver les raisons cachées derrière les arguments utilisés par les médias. Pourquoi ceci est-il aussi important ? La réponse est très claire : un progrès réel, et particulièrement un développement durable, ne peut se baser que sur des réalités. Et la mission de la communauté scientifique est d’identifier, de décider et de communiquer ces réalités au reste du monde. En conséquence, le rôle de la recherche sur la santé et la sécurité au travail est d’élucider les réalités de la vie de travail globale.

Les concepts clé dans la quête du développement durable ont été énumérés par quelques scientifiques de la façon suivante : une base scientifique solide, l’identification de grands succès et la capacité d’agir au bon moment.

La CIST, avec toutes ses capacités, a d’excellentes opportunités d’influencer un changement et un développement réel et durable dans la vie de travail. Nous devons aussi identifier les actions capitales du passé qui méritent d’être gardées et maintenues. En regardant l’histoire centrale de la CIST, nous constatons que nous avons beaucoup d’atouts incontournables, pour soutenir le développement durable dans le futur. Je crois que nous sommes tous d’accord que parmi ces atouts, les plus importants sont notre détermination, notre cohérence comme association ainsi que nos valeurs et principes éthiques dirigés vers la promotion d’une meilleure santé et sécurité pour tous les travailleurs du monde.

Mots de l’Editeur

L’éthique est un sujet extrêmement important non seulement pour les gens travaillant dans le domaine de la santé publique ou de la santé au travail mais pour chacun d’entre nous. Les considérations éthiques ne sont pas toujours faciles. Dans notre série d’articles sur les sujets actuels, nous avons choisi un texte écrit par le Professeur Jorma Rantanen basé sur sa présentation donnée lors de la 7ème Conférence internationale sur la santé au travail des professionnels des services de santé.

Vos textes sur la santé au travail sont les bienvenus pour les bulletins qui paraîtront en 2008. Le prochain bulletin sera diffusé à la fin du mois d’avril 2008. La date de clôture pour l’envoi des textes est le 10 mars 2008. Je vous prie d’envoyer vos contributions à suvi.lehtinen@til.fi. Pour recevoir votre exemplaire à temps, veuillez vérifier que vous êtes en règle et que vous avez informé de tout changement d’adresse à Carlo.Petyx@libero.it ou à pierluca.dionisi@spes.it.

La CIST organise une réunion de la mi-période pour le Bureau, le Conseil et les Comités Scientifiques. Cette réunion est prévue pour le 14 mars 2008.

De la globalisation à l’éthique – les défis de la santé au travail

Par le Professeur Jorma Rantanen

La globalisation et ses divers effets

Bien que la globalisation soit souvent considérée comme la libre circulation des capitaux et des nouvelles technologies, le phénomène réel est beaucoup plus complexe et comprend des dimensions démographiques, culturelles, écologiques, sanitaires, sécuritaires, politiques et éthiques. Nous avons des évidences scientifiques concernant des impacts positifs de la globalisation sur la croissance économique, particulièrement sur la croissance du commerce mondial et sur une plus grande prospérité dans les pays en voie de développement. Selon les observations les plus récentes, la globalisation a des conséquences des plus alarmantes sur l’écologie, particulièrement sur le changement climatique mais aussi des impacts plus locaux sur l’environnement, l’air, le sol, l’eau, la flore et la faune. L’impact social de la globalisation a été discuté pendant la dernière décennie et les changements dans les facteurs sociaux déterminants liés à la santé ont été associés au processus de la globalisation.
Plusieurs effets de la globalisation sur la santé au travail sont positifs et fourniscent beaucoup de nouvelles opportunités pour créer de meilleurs emplois et pour diffuser de nouvelles technologies et de bonnes pratiques. On peut également voir des tendances négatives, par exemple le transfert des emplois dans un continent à un autre causant du chômage et de l’insécurité parmi de grands groupes de travailleurs. Dans les Nations unies et dans les organisations non-gouvernementales on traite aussi des inégalités sociales, économiques et sanitaires dans les pays, les communautés, les familles et chez les individus. Le constat principal est que malgré la croissance moyenne de la prospérité et du bien-être, le fossé entre les plus pauvres et les plus riches pays ne cesse de se creuser. Même dans les pays les plus pauvres ce sont les plus riches qui profitent le plus de la globalisation.

Défis de l’éthique

La dimension éthique de la globalisation a été très peu abordée : en fait le premier congrès international sur les éthiques globales n’a été organisé à Gand (Belgique) qu’en 2006. Même ce congrès a posé la question pour savoir si les éthiques globales existent. La réponse des organisations des Nations unies, la communauté de recherche sur l’éthique aussi bien que de nombreuses organisations non-gouvernementales était que oui. Nous devons donc définir les principes de base des éthiques globales. En fait, le sommet du millénaire des Nations unies en 2000 a conclu que la pauvreté est une question éthique. Les organisations non-gouvernementales comme la CIST ont fait face à de nombreux défis causés par la globalisation. Premièrement, il y a des inégalités énormes dans la distribution de la santé, de la sécurité et d’autres conditions de travail dans le monde, ce qui constitue une question éthique majeure du point de vue de la CIST. Ce défini a trois dimensions principales : la dimension liée à la substance, la distribution et au contenu.

La principale dimension concerne l’occurrence et la gravité des risques pour la santé au travail dans le monde. Il y a une grande inégalité dans la distribution des risques traditionnelles entre les continents et les pays et aussi à l’intérieur des pays et au sein des divers métiers, les secteurs de l’économie, les provinces, les districts et les communautés. La dimension distributionnelle est liée à la couverture des politiques préventives et protectives et des services pour les travailleurs à risques. En ce moment, seulement une infime partie, environ de 10 à 15 % des travailleurs, ont accès aux services de santé au travail, à l’inspection du travail et au système de sécurité social. Quant à l’éthique, la discussion est bien développée parmi les professionnels de la santé et parmi les chercheurs. Les changements dans la vie de travail, y compris la globalisation, apportent une nouvelle dimension à cette discussion. En plus de l’éthique professionnelle individuelle, nous devons aussi considérer l’éthique de groupes, des communautés de travail, des entreprises et des décideurs, c’est à dire à l’éthique globale. Il faut approfondir nos recherches et nos discussions sur les aspects fondamentaux de l’éthique globale. Il est important que la CIST suive attentivement ce débat et soit prête à donner son avis sur les aspects liés à la santé au travail.

Le rôle des experts et de leurs associations

L’éthique devrait être une partie intégrante de la formation de tous les professionnels de la santé au travail et des groupes de travail multi-disciplinaires. De la même manière, la recherche et la formation dans le domaine de la santé au travail ont besoin de directives au niveau éthique. Une question des plus difficiles est comment organiser nos services pour tous les travailleurs du monde ? La CIST a développé, en collaboration avec l’OMS et l’ILO, une nouvelle approche pour fournir des services appelés : services de base de santé au travail.

Les valeurs éthiques de base semblent être très similaires sur l’ensemble de la planète. Leurs messages principaux peuvent être résumés en quelques principes :

- Respecter la liberté, la dignité, l’autonomie et la valeur de l’être humain.
- Faire le bien, non le mal.
- Excercer la justice, la solidarité et l’impartialité dans toutes les actions.

Avec certaines modifications, ces principes de l’éthique individuelle peuvent être appliqués au niveau des groupes, des communautés, des entreprises et des nations.

Conclusions

Chaque groupe professionnel et leurs associations ont une responsabilité de décider dans quels buts leurs compétences professionnelles sont utilisées. Dans sa déclaration centenaire au Congrès de Milan (www.ilo-web.org), la CIST s’est engagé à tenir l’agenda sur les questions éthiques et soutenir les objectifs du millénaire de l’ONU.

14ème Congrès International sur les services en santé au travail à Dubrovnik (Croatie)


Vieillissement et travail

Par le Professeur Willem J.A. Goedhard, ancien président du Comité Scientifique sur le vieillissement et le travail.

J’ai lu l’article sur le décès du Professeur Gu Xue- dans le Bulletin d’information de la CIST. Le Professeur Gu était le membre le plus âgé du Comité Scientifique sur le vieillissement et le travail. En 1999, j’ai eu l’occasion de le rencontrer grâce à l’invitation qu’il m’avait faite pour venir donner des lectures sur les travailleurs vieillissants. J’ai appris qu’à l’époque il avait déjà 89 ans. Il paraissait très dynamique et il travaillait tous les jours à
Résumé en français

l’université. Dans nos discussions, il mon-
trait beaucoup de vitalité et d’intérêt aux
différents aspects du vieillissement par
rapport à la santé au travail. Au début du
symposium sur « le Vieillissement et la
capacité de travail » organisé le 22–24
octobre 2007, à Hanoi (Vietnam) le Pro-
fesseur Gu a été évoqué lors de l’ouvertu-
re de la conférence par le Professeur M.
Kumashiro (Japon). Lors du symposi-
sium, beaucoup d’attention a été portée
sur le thème « Prolonger la vie de travail ».
À mon avis, le Professeur Gu a été un
modèle exemplaire de la manière dont la
vie active peut être prolongée.

Comité Scientifique sur les
soins infirmiers en santé au
travail

Lors du Congrès de la CIST tenu à Lon-
dres en 1948, les infirmiers ont participé
au Comité consultatif et aux séances or-
ganisées durant ce congrès. Durant le
Congrès mondial de la CIST à Helsinki
en 1957, trois infirmières provenant de la
Finlande, du Royaume-Uni et des États-
Unis ont été choisies comme membres de
la Commission permanente. Le Comité
infirmier a été formellement établi au
15ème Congrès organisé à Vienne en 1966.
En 1987, le nom « Comité Scientifique sur
les soins infirmiers en santé au travail » a
été adopté.

Le Comité aspire à promouvoir le
progrès scientifique, le développement des
soins infirmiers en santé au travail ainsi
que le savoir-faire professionnel au ni-
veau international. Les membres du Co-
mité doivent faire partie de la CIST, être
en règle et être activement engagés dans la
pratique, l’administration, la consulta-
tion, la recherche ou la formation des
soins infirmiers en santé au travail. Ac-
tuellement, le Comité compte à environ
80 membres venant des quatre coins du
monde.

Le Comité exécutif en 2006–2008
- Marjatta Peurala, Présidente, Finlande
- Louwna Pretorius, Vice-Présidente, Afrique du Sud
- Megan Kingham, Secrétaire, Australie
- Mieko Nakajima, Trésorière, Japon
- Marjatta Peurala, Trésorière, Finlande
- Jenny Serfontein, Membre infirmier du
  Conseil de la CIST, Afrique du Sud

Pour assurer une représentation
globale, les membres du Comité exécutif
doivent venir de différents pays.

Activités actuelles

Lors du Congrès de la CIST 2006, le Co-
mité a établi un groupe de recherche pour
étudier le rôle de l’infirmier du travail dans
l’équipe multi-disciplinaire. Le professeur
Bonnie Rogers (États-Unis) est respon-
sable de la planification et de l’organisa-
tion. Les résultats de cette étude seront
présentés à la ville du Cap en 2009. Le
deuxième Congrès Intel sur les soins in-
firmiers en santé au travail a été organisé
to Bangkok en août 2007. 250 infirmiers
venant du monde entier, y compris des
membres du Comité, ont participé à ce
congrès. Le Comité Scientifique sur la san-
té au travail et le développement, le Co-
mité Scientifique sur le chômage et la
prévention des maladies liées à l’amiante
durant le Congrès de la CIST 2009
ainsi que deux séances pour les infirmiers
venant du monde entier, y compris des
membres du Comité, ont participé à ce
congrès. Le Comité Scientifique sur la san-
té au travail et le développement, le Co-
mité Scientifique sur la recherche et l’éva-
uation des services en santé au travail et
le Comité Scientifique sur le chômage et
la santé au travail participeront à l’atelier
de la mi-période en Inde à Mumbai en
janvier 2008. Le Comité a également des
projets pour organiser un pré-atelier de
travail lors du Congrès de la CIST 2009
ainsi que deux séances pour les infirmiers
durant le Congrès qui aura lieu au Cap,
Afrique du Sud.

En mémoire du Professeur
Antonio Grieco (1931–2003)

Un numéro spécial du journal Ergonomics en mémoire du Professeur Antonio
Grieco vient d’être publié. Il comprend des
contributions par un grand nombre de
scientifiques éminents, en grande partie
par des médecins de travail du monde entier,
dont certains avaient collaboré étroitement
avec le Professeur Grieco.

Rectificatif de l’information
parue dans le Bulletin
d’information de la CIST
2007 ; 5(2) : 9 – perspectives internationales sur les
services en santé au travail

Dans notre article faisant référence au
numéro spécial du journal « Policy and
Practice in Health and Safety » (édité par
Peter Westerholm et David Walters) où le
système des services en santé au travail de
12 pays a été décrit, la liste des pays parti-
cipants a été accidentellement incomplète
car les Pays-Bas n’y était pas inclus. L’édí-
teur du numéro spécial, Monsieur Peter
Westerholm assume la responsabilité de
cette omission et présente ses excuses aux
auteurs de ce chapitre André Weel et Nico
Plomp.

Rapport de la séance sur les
maladies respiratoires

La deuxième conférence internationale sur
les soins infirmiers au travail à Bangkok
Par Sverre Langård

La Princesse Samsawalee de Thaïlande a
ouvert la conférence et son discours a été
suivi par la présentation du Président de
la CIST, le Professeur Jorma Rantanen.
Sa présentation a défini le cadre pour une
conférence exceptionnelle. Bien que la con-
férence a couvert plusieurs thèmes, l’utili-
sation de l’amiante et l’occurrence des
maladies liées à l’amiante dans les pays
asiatiques et en Australie, ainsi que la pré-
vention de ces maladies formaient les
points capitales de cette réunion.

Peta Miller a traité dans sa présen-
tation du problème de l’amiante en Aus-
tralie et le Professeur K. Morinaga a fait
un rapport sur la situation au Japon. Le
Docteur Soeng-Kyu Kang a présenté la
situation en Corée (47 millions d’habi-
tants). Le cas de la Thaïlande a été décrit
dans une présentation de Wanatee Phanpraisit du dépar-
tement de la santé au travail de l’Université
de Mahidol. J’ai aussi présenté les stratégies pour
identifier ceux qui ont déjà été exposé à
l’amiante – la semi-quantification de l’ex-
position et la prévention secondaire des
maladies liées à l’amiante y comprises.

En référence, consultez : Langård S.
Scand J Work Environ Health 1994;20
special issue;100–7, and Langård S. In: The
Identification and Control of Environment-
mental and Occupational Diseases. Part
II. (Mehlman MA, Upton A, eds.). Ad-
vances in Modern Environmental Toxi-
Santé au travail pour les professionnels des services de santé

Un pré-atelier sur les services de santé au travail pour les professionnels des services de santé dans les régions rurales ou éloignées et dans les pays en voie de développement (CIST/AOCEM) a été organisé le 25 octobre 2007 en connexion avec la conférence SOTAC/ICOH.

Le pré-atelier a rassemblé 40 experts venant des quatre coins du monde. Le but était de permettre aux professionnels de la santé au travail de partager des informations, élargir leurs connaissances et promouvoir les services de santé au travail des employés de ces services dans les régions rurales ou difficiles d'accès et dans les pays émergents. L'atelier a été divisé en quatre groupes de travail qui traitaient des maladies transmises par voie sanguine et par l'air, d'immunisations et de prophylaxie consécutive à une exposition, et de troubles musculo-squelettiques.

Les résultats souhaités de l'atelier est de publier un manuel sur la situation et des stratégies pour produire les meilleurs services possibles de santé au travail dans ces mêmes régions et pays. L'Institut national de la Santé et de la Sécurité au Travail des Etats-Unis d'Amérique publiera et diffusera ce document.

L’atelier a été dirigé par le Docteur Anna Lee Yessi de l’Université de Colombie britannique et le Docteur Maritza Rebman était la coordinatrice de cette activité. L’atelier fut un effort commun des deux Comités Scientifiques de la CIST, c’est-à-dire le Comité Scientifique sur les troubles musculo-squelettiques des travailleurs.

L’atelier a été dirigé par le Docteur Leslie I. Boden, de l’Université de Boston (États-Unis): Coûts sociaux et économiques des troubles musculo-squelettiques des travailleurs.

La sixième Conférence Internationale sur la prévention des troubles musculo-squelettiques liés au travail


Sept allocations principales bien accueillies par le public ont illustré les thèmes de la conférence en pratique et suscité une discussion vivante durant cette réunion :


La réunion de mi-mandat de la CIST

La réunion de mi-mandat de sera organisée le 14 mars 2008 à Hambourg (Allemagne) comme la réunion satellite de la 48ème Conférence Scientifique de la Société allemande de la médecine du travail et environnementale.

Il s’agit de la plus importante réunion de la CIST entre les Congrès triennaux et son but principal est de discuter de la mise en œuvre du plan d’action de la CIST.

Procédure de vote pour l’élection du Bureau et du Conseil

Chers membres de la CIST,

Conformément au chapitre 6 du Règlement de la Commission Internationale de la Santé au Travail, nous vous rappelons la procédure de vote pour l’élection du Bureau et du Conseil.

Les noms des candidats doivent être soumis au Bureau chargé des élections, par écrit au moins neuf mois avant le jour d’ouverture du Congrès International, par au moins cinq membres en règle, accompagnés de l’accord écrit des candidats proposés, stipulant qu’ils sont volontaires pour prendre une part active s’ils sont élus et d’un curriculum vitae ne dépassant pas 150 mots. Les candidats...
Résumé en français

devront se conformer aux conditions stipulées dans l’article 5, paragraphes 2 et 8 des Statuts. Le membre du Bureau chargé de l’élection préparera le bulletin de vote avec le nom des candidats pour chaque poste, classés au hasard.

Les curricula des candidats seront publiés dans ce bulletin au moins six mois avant le Congrès de la ville du Cap.


Nouvelles des comités scientifiques

Le 7e Symposium international sur la surveillance biologique en santé au travail et en santé environnementale (ISBM-2007) s’est tenu du 10 au 12 septembre 2007 au Centre des congrès Jiu Hua, Pékin, Chine. Ce Symposium, dont le thème était « La surveillance biologique dans un monde global », était organisé par trois comités scientifiques de la CIST : le Comité scientifique sur la toxicologie industrielle (SCOT), le Comité scientifique sur la toxicologie des métaux (SCTM) et le Comité scientifique sur la santé rurale (SCRH). Localement, nous avons eu le privilège de l’appui du Ministère chinois de la Santé, du Fonds national pour les sciences naturelles de Chine et du Centre des sciences de la santé de l’Université de Pékin, le tout s’ajoutant à une précieuse contribution de la CIST. C’est la première fois que trois Comités scientifiques de la CIST conjuguent leurs efforts pour organiser un tel événement international en dehors du Congrès principal de la CIST.

Le Comité scientifique était composé des Professeurs Claude Viau (président de SCOT), Maurizio Manno (secrétaire de SCOT), Monica Nordberg (présidente de SCTM), Claudio Colosio (président de SCRH) et de l’organisateur local et président du Comité d’organisation Sheng Wang de l’Université de Pékin.

Les objectifs scientifiques du Symposium étaient de i) présenter et débattre de l’avancement de la recherche dans le domaine des biomarqueurs utilisés en santé au travail et en santé environnementale dans le but d’améliorer la standardisation des méthodes et l’interprétation des données de surveillance biologique; ii) favoriser les interactions et les collaborations entre les scientifiques en santé au travail orientaux et occidentaux; iii) renforcer les liens institutionnels entre les trois Comités scientifiques ayant contribué à l’organisation de cet événement.

C’était la première fois qu’un tel Symposium centré sur la surveillance biologique se tenait en sol chinois.

Chacune des trois journées du Symposium abordait des problématiques touchant de plus près successivement chacun des trois Comités scientifiques. Les quelque 170 scientifiques et professionnels de la santé au travail présents provenant de 29 pays ont apprécié cette formule et la qualité scientifique globale des 68 communications verbales et des 78 affiches présentées à cette rencontre de haut calibre. L’atmosphère cordiale favorisée par nos hôtes chinois et le traditionnel banquet haut en couleurs offert aux participants et aux personnes qui les accompagnaient ont contribué à l’atteinte des objectifs du Symposium.

Claude Viau, Président de SCOT
Maurizio Manno, Secrétaire de SCOT
Monica Nordberg, Présidente de SCTM
Claudio Colosio, Président de SCRH

Publishing dates for the ICOH Newsletter in 2008

1/2008 end of April 2008 materials by 10 March 2008
2/2008 end of August 2008 materials by 10 July 2008