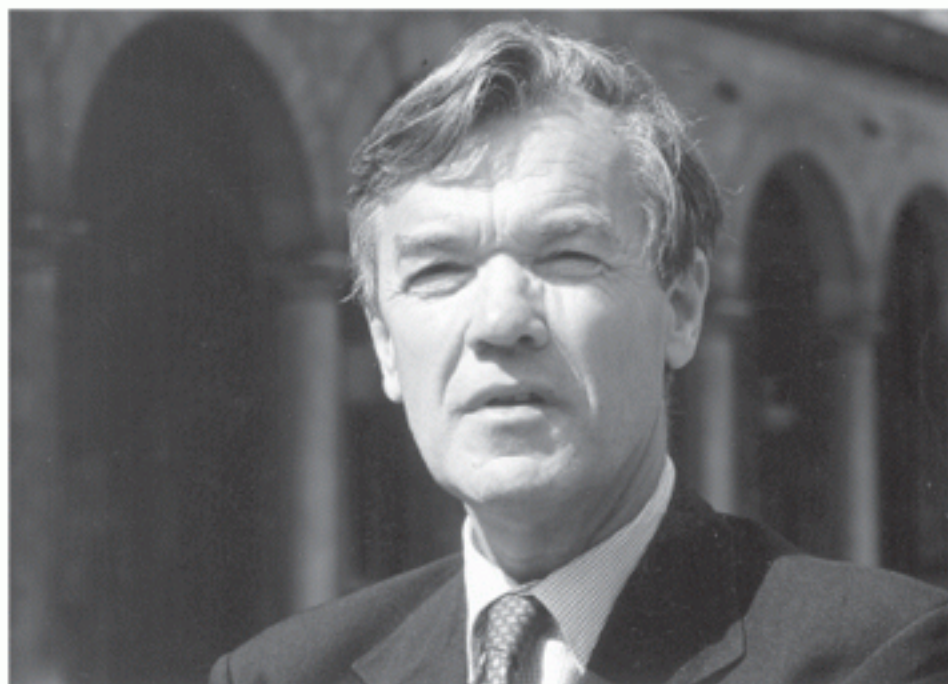


# ICOH 1990–2000: Recollections and Impressions



**Jean-François CAILLARD**

## **First Contact with ICOH and the Decision to Firmly Join Forces**

My initial experience with the International Commission on Occupational Health was in Dublin, in 1984, during the 21<sup>st</sup> Triennial Congress. The discovery of the worldwide community of occupational health specialists was for me, a young professor in occupational medicine at the University of Rouen, France, a fundamental experience. This inspired a strong desire to participate in an international exchange of knowledge, ideas and experiences, and by modestly contributing my personal experience to the progress in the prevention of occupational risks in the world. Due to the kind invitation of Professor Wai On Phoon, who was the Chairperson, I joined the Scientific Committee on Training and Education and subsequently became a full member of ICOH. In 1985, I participated in the First Seminar on Occupational Health in Developing Countries, in Aswan, Egypt, and was able to share my personal experience of 4 years cooperation in teaching and strengthening occupational medicine in Tunisia, a former French colony. Meeting Jerry Jeyaratnam, the Chairman of the specialised Scientific Committee and future ICOH Secretary-General, increased my interest in issues related to health and social development. The following year, I had the opportunity to contact the Vice-President Sven Hernberg, during a meeting in Como, Italy, of the Scientific Committee on Epidemiology, and to discuss

in detail regarding the goals and the management of ICOH, which was, under his and the President Robert Murray's leadership in a process of modernization and reorganization.

A few months later, at the request of Dr Noel Pardon, one of the leading individuals in occupational medicine in France, I decided to apply as his successor as an ICOH Board Member, and was elected in 1987, in Sydney, during the 22<sup>nd</sup> Congress. France was then selected as the organizing country of the 24<sup>th</sup> Congress, for the first time since the creation of ICOH.

## **Three Years as a Board Member (1987–1990)**

My involvement in the management of ICOH began, in the company of distinguished colleagues, Members of the Board, under the presidency of Sven Hernberg, a man of eminent scientific and moral stature, together with two other outstanding personalities who most unfortunately were to leave us before their time, Luigi Parmeggiani and Joseph Rutenfranz.

Two issues were of particular interest for me: the updating of the constitution and bye-laws of the ICOH (which was still called ICOM – International Commission on Occupational Medicine – in France), which was the subject of a major inquiry among ICOH members: I managed it in French speaking countries and did the translation in French. The second issue was the preliminary

thoughts about the Code of Ethics. These two important subjects were destined to provide ICOH with a modern management system, and provide members with a reference document which presented the ethical base for professional practice.

At the same time, under the leadership of Drs Noel Pardon and Marianne Saux, who chaired the Organizing Committee, the preparatory steps of the Nice Congress were initiated and I was given the responsibility for the scientific programme. This was the beginning of the involvement of a large number of French occupational health physicians in this project and of all the ICOH Scientific Committees.

During this period of time I also participated in several Scientific Committee seminars and Board meetings, offering fascinating opportunities to become acquainted with the realities of the organizations for prevention of occupational risks in different parts of the world. This included visiting research institutes, particularly the University of Occupational and Environmental Health in Kitakyushu, in Japan and the famous Finnish Institute of Occupational Health in Helsinki. These instructive visits gave me a wealth of ideas to help and support the modernisation of our own prevention organizations in France, which was the first country in the world to provide all workers with occupational medicine services. Nevertheless, France faced a lot of problems to achieve a difficult transition from the dominant medical model to the multidisciplinary approach and the emphasis on primary prevention, an evolution which took practically 20 years.

As an outcome of this major personal investment, and thanks to excellent contacts with people in many countries, I was elected Vice-President of ICOH in 1990, in Montreal, in charge of the Scientific Committees.

## **The Years 1990–2000**

### **The Daily Tasks and the Scientific Organization of the Nice Congress**

The years 1990–1993 were those of complete understanding and trust, and intense co-operation with Sven Hernberg, President and Jerry Jeyaratnam, Secretary-General. The tasks were manifold: daily management, search for new members, support of Scientific Committees, of



National Secretaries, edition of the Quarterly Newsletter (one of Jerry's main duties), the quest for the best support ICOH could bring to developing countries. An attempt was also made to provide ICOH with its own scientific journal, planning of the next international congress started, the follow-up of the up-dating of the constitution and bye-laws, the preparation of the Code of Ethics and of the 24<sup>th</sup> Congress... For the first time, a document reporting on the activities of the Scientific Committees was presented by myself to the last General Assembly of the triennium, showing that between Montreal, in 1990, and Nice, in 1993, 34 international conferences and seminars were organized and 16 books edited on the Scientific Committees' initiative.

At the end of the Nice Congress, in France, which brought together about 3,500 delegates from more than 90 countries, I became the new elected President. The importance of this type of responsibility and of the effort to achieve set goals seemed to me enormous. This impression stayed with me throughout my time as President but I am pleased to say that I never lacked enthusiasm to face the tasks at hand. Then with the support of the Officers team which consisted of 3 other members (Bengt Knave, Joseph La Dou and Jerry Jeyaratnam), we started immediately to work.

## Carrying on the Development of the Scientific Committees

It is used to say that the backbone of ICOH is made with its Scientific Committees. Indeed, they are essential within the organization since they stimulate research activities throughout the world and spread their results: 11 new committees were created between 1990 and 2000. The establishment of some of these committees was a result of my personal involvement either by constant encouragement (SC on History of Prevention of Occupational and Environmental Diseases, SC on Health Services Research and Evaluation in Occupational Health) or by directly creating or helping to create them (SC on Occupational Health for Health Care Workers, SC on Handicap and Work, SC on Work Organization and Psychosocial Factors). These committees have become during time extremely productive. However, a word of caution! We must avoid the danger that ICOH becomes a federation of scientific committees independent from each other. This is why, in conjunc-

tion with the Officers, we took action to strengthen the homogeneousness and consistency of the work of these committees and to help them cover most of the field of occupational health, without increasing too much their number. New guidelines were established, financial support for developing new scientific activities was made possible, and mid-term meeting (i.e. a meeting of all the Scientific Committees' Officers every 18 months instead of every 3 years) was organized, the first one in Paris in 1995. This was established to facilitate the exchange between their managers and to help develop a feeling of being a part of a much larger community as opposed to being isolated researchers in each specific field. This was also to encourage co-operative projects, such as organizing meetings where 2 or 3 committees are involved, which occurred several times. So the work of re-organizing the scientific committees was started by Sven Hernberg and was continued under my chairmanship. It was completed with a new networking organization, created by Bengt Knave when he took over the presidency, aimed at giving scientific activity more concrete relevance.

## The Relationship between Occupational and Environmental Health

A new issue appeared at an early stage, i.e. the relationship between Occupational Health and Environmental Health, at a time when many of us were convinced that the latter would become more and more important to society and to public authorities. Also funds would preferably

be given to research on environment and sustainable development. The fundamental question then was: should ICOH expand its activities to Environmental Health in addition to Occupational Health and become ICOEH? It has been, I think, a welcome surprise to see, at the end of a broad consultation, Board Members and Scientific Committees Officers making a choice in favour of the original goals and objectives of ICOH. This is to say the protection of workers' health, while underlining the considerable input of Occupational Health into Environmental Health.

## Ethics

The Code of Ethics, originally edited in 1992, has been one of the most important ICOH contributions to occupational health in the world. Immediately after I was elected President, I created a permanent working group aimed at updating the code, as far as required, and furthermore, devoted to closely follow up the main ethical issues in occupational health raised by the progress in preventive technologies (this includes genetic testing for instance) and also by the permanent development of the attitude of the members of the society regarding health risks, i.e. the right to be informed on occupational hazards and on how to be protected against them, the right to participate in decisions which concern personally individual workers, the non-discrimination regarding access to a job, etc. A broad consultation among a number of personalities involved in ethics was organised by Georges-Henri Coppée, the chairman of



A message to the Millennium Summit was signed by Professors Jerry Jeyaratnam, Bengt Knave, Jean-Francois Caillard and Jorma Rantanen.





The Board of ICOH Congress in Stockholm.

the working group, who I would like to thank very particularly. This consultation, after a trio consisting of both of us and Peter Westerholm made a synthesis of all the ideas which were discussed, led to the edition of a new version of the document, in 2002, which was approved by the Board. It is my sincere hope that this philosophy continues within ICOH since it is today particularly required and needed in a world where conflicts of interests tend to be more and more bitter. Also I think that, despite many practical problems, the code should be a useful basic tool for solving ethical disputes.

Close to the ethical issue, at an early stage, it was my hope that ICOH could acquire the capacity to propose consensus documents and position papers on particular issues, taking into account both their scientific and ethical perspectives. Although it seems natural for such an organization to perform this task, it appears particularly difficult to reach targeted objectives. Indeed, topics which greatly require a consensus document, are usually technically complex and most of the time are subject to discussion if not to dispute. On the other hand, ICOH members who have to express their opinion belong to diverse categories: about half of them are occupational health professionals working sometimes under very difficult conditions, in companies where they are responsible for undertaking the prevention of occupational hazards: half belong to research organizations or public institutions. Of course, this type of diversity and critical balance between research, administration and action is the basic asset of ICOH. However, when we also consider the fact that ICOH mem-

bers are spread in many different countries, one may understand how complex the process is which may lead to an agreement representing a vast majority of opinions.

This is why a strong organization of relationships within ICOH was needed as a pre-requisite to reach the targeted goal. Optimizing our rules appeared when we were confronted, as are many professional organizations, scientific societies and journals, with the issue of scientific and professional independence. This subject was addressed in my editorial in the ICOH quarterly newsletter in January 1999, and I proposed to the last Board Meeting I chaired, in August 2000, to consider the implementation of a set of measures, which were prepared by an ad hoc working group. These aimed at guaranteeing transparency and independence of technical and scientific activities of ICOH and establishing the rules to follow when a public position is to be taken on behalf of ICOH. During this year 1999, the ICOH endorsement of the Collegium Ramazzini "Call for an International Ban on Asbestos" demonstrated the official ICOH commitment in that way. Since then, other public positions and statements have been made.

### Activities regarding the issue of development

During the Nice Congress, and during the following years, with the support of the Officers, of the Board and of the ICOH members during our General Assemblies, the involvement of ICOH in helping to promote occupational health activities in developing countries was confirmed and

put into practice, with the resources available. These were mostly based upon the ICOH members' personal commitments rather than on financial resources, which have always been very scarce.

As an initial step, it was particularly enjoyable for me to open the doors of ICOH wide to our colleagues from the South American Continent by appointing, according to the Constitution, an outstanding representative of Occupational Health in Argentina, Professor Antonio Werner. I must say that the enthusiasm, proficiency and involvement of our South-American colleagues has been equal to our expectations when we consider that, 10 years later, in 2003, they succeeded in organizing the remarkable Iguassu Congress, entirely devoted to the theme of equity and development, under the expert leadership of Ruddy Facci, who became ICOH Vice-President and René Mendes, in charge of the scientific programme.

Meanwhile, the Singapore Congress, in 2000, made an important step in the attention paid to occupational health needs in newly industrialised Asian Countries as in other developing countries. ICOH had brought, during the WHO General Assembly in 1996, a very significant support to the design of the Global Strategy on Occupational Health for All.

I recalled, in a keynote lecture entitled "The ICOH and Occupational Health Practice: Across the Century", during the Singapore Congress, the main achievements of ICOH in favour of development, by mentioning among others the continuous collaboration with ILO and WHO (my visit together with Jorma Rantanen, the current ICOH president, to Dr



Nakajima, former WHO Director-General, to support the issue of occupational health within his organization, is still an outstanding recollection) and the signing, on my personal initiative, of the collaborative agreements with the International Association of Ergonomics, in 1997, with the International Occupational Hygiene Association, in 2000. Later, this was to include the International Social Security Association on the issue of Health Care Workers, in 2003. These agreements were aimed at strengthening collaboration between these four main Non-Governmental Organizations working for the improvement of occupational health and safety in the world in order to increase their efficacy.

Obviously I am conscious that these efforts, although important, (as important as they were), did not represent much considering the importance of the overwhelming needs. But I also do know that my successor, Bengt Knave, by proposing a 2000–2005 strategic programme for ICOH, aiming at adapting its management to the challenges of the XXIst century, by facilitating, with incentive measures, ICOH membership to professionals and researchers originating from the less favoured countries, continued this involvement for the integration of occupational health in the process of development. So is currently doing Jorma Rantanen, by promoting the concept of Basic Occupational Health Services, which is a new stage of this long process the result of which is an important challenge for the future.

## In Conclusion

I consider it an honour and a remarkable stroke of luck in the course of my professional career to have been able to actively participate in the life of an organization like ICOH, the seniority of which, and the type of goals established by the small group of founders deserve our utmost respect. Also I consider myself fortunate to have had the opportunity to collaborate with so many remarkable individuals, all inspired by the same determined faith.

What strikes me most, as Past-President, and, with a view to both past and present history, as well as the future of ICOH, it is the spirit of continuity which has characterized this long period of time – almost a century – since its creation in 1906. It appears to me that my role, as well as that of my predecessors, was finally, in fact, very moderate. This role was to guarantee continuity by constantly adapting the organization and the functioning of this scientific and professional

body, on one hand, to the requirements of rational management while, on the other hand, to be as effective as possible, as well as to meet the needs and requirements of the working population worldwide.

But, in fact, this is essentially the community of researchers and occupational health professionals, i.e. physicians, nurses, engineers and safety technicians, hygienists, ergonomists, psycho-sociologists, etc. within the Office, the Board, the Scientific Committees and all ICOH Members who have generously participated in the construction of knowledge and its application. This also includes those non-members involved in the day-to-day management of occupational health services. It is these individuals, who have been responsible for performing most of the work, that I would like to address in order to convey my sincere appreciation with the hope that they will pursue their tasks with utmost confidence and tenacity.



ICOH Board in Singapore in August 2000.





# My ICOH years

**Bengt Knave**

## Some background notes

### Changing work life and changing ICOH fields of activities

My ICOH involvement goes far back in time; I became a member already in the 1970s when I joined the SC on Neurotoxicology. During the 1980s I served as SC Officer (Physical Factors), 1990–93 as ICOH Board Member (under Sven Hernberg), 1993–2000 as Vice President (under Jean-François Caillard), and 2000–2003 as President. During these 25 years work life underwent great changes; one of the main causes being the everyday use of computers at work. However, not only the work itself changed, but also our opinion on work changed. We realized that a good work environment should not only be healthy and safe. It should also encourage professional development and personal job satisfaction, which contributed to improved work quality and productivity. We learnt that the way work was organized was of importance, and recent development made it clear for us that the question on employment and unemployment also affected the work as such, the worker and the worker's health and well-being. Downsizing enterprises resulted in increased work pace and stress among the still employed. Furthermore, during the last years of this period 'new' hazards cal-

led upon attention, e.g. physical violence, harassment and bullying at the workplace. All this meant that – as to ICOH fields of activities – these were not the same at the end of "my" 25-year ICOH period as at the beginning of it. Of course, the ICOH responsibility still included the more "traditional" chemical and physical hazards, accident prevention, musculoskeletal disorders and occupational infections, but the ever changing work life prompted new responsibilities to be added.

### 2000-2003 ICOH Officers

ICOH Officers were partly the same during the periods 1993–2000 and 2000–2003, as was the case also between the periods 1987–1993 and 1993–2000. During the Sven Hernberg Presidency Jean-François Caillard acted as Vice President and Jerry Jeyaratnam Secretary General. When Jean-François led the organization I and – during his second term – Malcolm Harrington were the Vice Presidents, with Jerry still on his post. During my term Malcolm was one of the Vice Presidents. So, there is a kind of personal staff "thread" throughout this 25-year period. This certainly is one of the reasons why the transitions between Presidency periods always were smooth and with main ICOH policies being kept intact. So, it was not so much of a revolution to take over after Jean-François, to some extent it was more to come to a laid table! Anyway, it

was a pleasure and a privilege to start my triennium as President with an experienced and qualified group of ICOH Officers: Malcolm Harrington and Ruddy Facci as Vice Presidents, and Kee Seng Chia as Secretary General.

### 2000 – 2003 ICOH Board Task Groups and Networks

At the Singapore Congress it was decided to set up special task groups (TGs) and networks within the Board aiming at the discussion and – hopefully – decision of "unsolved" ICOH matters of concern. Some of the matters were inherited from the preceding Board, others were taken up as new for the first time in 2000. I will not bore you by reviewing details of these activities but give you some examples on Task Group deliveries:

- formal establishment of a Finance Committee to assist the Secretary General in budget matters
- adoption of a Declaration-of-Interest form for all kinds of ICOH officials,
- revision of the Code-of-Ethics
- preparing for an ICOH Newsletter on the ICOH homepage
- producing a position paper on tobacco-free workplaces
- membership recruitment by promoting ICOH activities internationally and by the ICOH National Secretaries in each country
- introducing a differential membership fee for members in poorer countries with the triennium 2003–2005 as a trial period
- co-operation with other organizations such as WHO, ILO, ISSA, IOHA, IEA (International Ergonomics Association), IEA (International Epidemiology Association), ICNIRP (International Commission for Non-Ionizing Radiation Protection), WWCS (Work With Computing Systems) and Collegium Ramazzini.

Some matters, however, could not be satisfactorily decided upon during the trimester and were handed over for further discussions and decisions to the next ICOH lead:

- a request to include Spanish as official ICOH language in addition to English and French. The Task Group on Language matters agreed with the request as such but found it impossible to implement for financial reasons. The task group then proposed English, French and Spanish as official languages for a minor number of official documents



like the Constitution and Bye-laws, Code-of-Ethics and Membership registration forms, using English, however, as the working language for ICOH. It was not possible to reach agreement within the Board, and the task of pursuing the matter was forwarded to the new Board.

- revision of the ICOH Constitution and Bye-laws. The Task Group on Revision had during the past triennium worked on a proposal to accommodate also non-ICOH-members as experts in executive groups of scientific committees. This proposal, which required changes in the Constitution and Bye-laws, was approved by the Board and the General Assembly. However, the Board also agreed that the Constitution and Bye-laws were in need of a total revision, a matter to be handled by the next Board.
- further ICOH activities on HIV/AIDS. There was a definite interest from South African members to start up a scientific committee, and at the 2003 Congress the topic was discussed in some sessions.

Another type of new Board activities was the launching of “networks”. These, which follow below, were aimed at matters of current general interest and where it was needed that several scientific committees and task groups worked together:

- the Network on Information and Communication, initiated and led by Max Lum. ICOH leaflets and posters were produced in large amounts and spread around the world,
- the Network on Education and Training in Developing Countries, led by Richard Ennals,
- the Network for Guidelines on Occupational Medicine Education and Competence (GOMECE), initiated and led by Ragnar Rylander, and
- the Network on Women and Work, which – in spite of efforts – unfortunately never gained momentum within ICOH during my years as President.

## ICOH Scientific Committees 1993–2003

Since my early ICOH years I have been engaged in matters concerning the scientific committees. During the 1970s and 1980s I worked actively in the committees on neurotoxicology, physical factors and radiation and work, and as Vice President under Jean-François 1993–2000 I had the comprehensive ICOH responsibilities

for all scientific committees. As President 2000–2003 I was of course well acquainted with the committees’ activities and developments but without the same responsibilities that I had had the years before.

During this 10-year period the number of scientific committees was kept relatively constant between 30 and 35. New committees were formed and of these some were closer to my competence, interest and heart than others, e.g. Work and Vision, Radiation and Work, Work Organization and Psychosocial Factors, Unemployment and Health, Occupational Health and Development, Indoor Air Quality and Health, and History of Prevention of Occupational and Environmental Diseases.

Much more could be said about individual committees, suffice here to underline what we all know: the ICOH Scientific Committees are the backbone of ICOH. There are many other international, interested parties in the field of occupational health, but none that has the overall scientific competence of ICOH.



Joining the ICOH activities already in the 1970s.

## Some personal reflections today

When looking back at these 25 years in ICOH there are some developments where I – to some part, and together with others – was engaged in and supported. Some results were good, but I also experienced disappointments where – in spite of my engagement and support – the development did not reach the goal I hoped for.

- *ICOH membership number* reached its height in the 1980s when I think it was well above 2000. From then on, however, there was a continuous decline – today ICOH has some 1700 members. All administrations, in which I took part, were well aware of this de-

velopment and took steps – in vain, though – to stop the decline. The main reason was not to be found within ICOH, but more being an effect of a general trend in society where less interest and governmental resources were paid to occupational health. There were of course other contributing factors but it would take me too far to go into all details here. Suffice to mention a complaint we always heard: “it is too expensive – we cannot afford to be a member in ICOH”. And, for membership applicants in the poorer countries this was certainly true. So, a model for membership fee reduction for these members was worked out – by Kaj Elgstrand – which was accepted by the Board and General Assembly 2003. To my delight I can now see in the ICOH Newsletter an increasing number of new members from those countries. I am convinced that part of a future success of ICOH lies in a global involvement, confined not only to the richer countries.

- *Child labour.* In 2002 an ICOH Statement on Child Labour was published on the ICOH homepage: “The involuntary underage workers typically forfeit the chances of developing knowledge and getting education as other children get, and risk their health and welfare, under duress, in the cause of commercial gain for others, or simply for their own and their families’ survival”. Children are compelled to engage themselves in dangerous and hazardous occupations, and many of the children suffer from injuries. In my 2003 Congress Keynote Address I referred to a recent study from Bangladesh in which very high prevalence morbidities were reported among



working children. I referred to this study rather in detail just to show the magnitude of the problem, and to show how self-evident it must be for an international organization like ICOH to engage itself whole-heartedly in the challenge against child labour. The topic was addressed in several sessions of the Congress, with the outcomes aiming at future joint efforts together with ILO, WHO and IPEC (International Programme on the Elimination of Child Labour).

- *Unemployment and occupational health.* During the past 15 years, or so, general recessions worldwide resulted in downsizing of enterprises and high unemployment rates in the workforce, in turn resulting in depressions and other signs on mental strain among the unemployed. However, also workers still at work suffered. Work pace and work stress increased. Nobody complained because of risk of losing the job. As a paradox sick leaves diminished – when being sick the employed nevertheless went to the job because of fear of losing it. The concept of “sickness presence” was introduced during these years. During the late 90s the labour market in many countries recovered, and the rate of unemployment was steadily dropping, and at the turn of the century reached a politically acceptable low level. However, statistics of reported work-related injuries and diseases now showed a marked increase. Among the work-related diseases those indicated as caused by organizational and social factors increased the most, and considerably more than half of these cases were diagnosed to be related to stress. Thus, unemployment and sickness absence seemed to be related as communicating vessels; when one was high, the other was low, and vice versa. Some experts interpreted the burn-outs and stress reactions – more than anything else – as symptoms of a diseased society, where people in their jobs were pressed over their capacities. ILO introduced the concept “decent employment”, and EU aimed not only at “more jobs” but also at “better jobs”. ICOH, I think, is one of the international organizations having a responsibility to deliver knowledge on how to make jobs “better” and employments “decent”. So, I appreciated very much the progress and increased activities of our “young” Scientific Committee on Unemploy-

ment and Health. I had also hoped for more established links and cooperation between ICOH and some of the international labour market associations, but in spite of efforts from my side representing ICOH such links did not see the daylight.

- There are other proposed activities (as those concerning HIV/AIDS, Women and Work) that – I am sorry to say – did not really take root in ICOH during my Officer years. There are, however, other activities which I endorsed and found successful; let me here just as an example mention the SC on Occupational Health Nursing. I have always considered nurses to be very important in occupational health since they are often the first professionals to listen to the workers’ complaints and symptoms. And believe me, I have several memories of excellent conferences and meetings led by these enthusiasts.
- *The Congresses.* As I have said above the Scientific Committees of ICOH constitute the backbone of our organization. However, in the same breath the triennial ICOH Congresses must

be mentioned. They can be said to represent the outward face of ICOH as an organization. Since the end of the 1970s I have been an active participant, especially so in Stockholm 1996 as Congress President being a cog in the machinery and in Iguassu Falls 2003 as ICOH President being an impressed “adviser”. Anyway, irrespective of the importance of my contributions to the Congresses I took part in, it was always a pleasure to be there, to listen to news from fields outside my own competence, and to meet friends and have a good time together.

Finally, I cannot conclude an essay like this of my ICOH Officer years without mentioning the support and co-work from different ICOH people. My warmest thanks go to Ms Gunborg Jungeteg at the Swedish National Institute for Working Life. Gunborg started her ICOH years more on a secretarial level but as time went by she successfully became one of the efficient administrators of ICOH as such. So, to Gunborg and all other ICOH people I worked with: thanks for your much appreciated support and friendship!



Welcoming the Patron of the 25th ICOH Congress, His Majesty King Carl XVI Gustaf of Sweden