



Newsletter

of the International Occupational Hygiene Association
Vol 8 (2) September 2000

Letter from the Editor

Dear Colleagues,

It is very difficult for me to prepare this issue of our IOHA Newsletter because of the painful task of remembering the tragic loss of a great colleague and friend – Jerry Sherwood, and his charming wife Naomi. Jerry was honoured with the IOHA Life Achievement Award (so well deserved), but unfortunately died just a few days before the Cairns Conference, when he should have received it.

Jerry Sherwood was a great occupational hygienist and a wonderful person! He contributed so much to the profession that, no matter what we write, it will be difficult to give him all the credit he really deserves. All of us, who were lucky to have known him over the years, learned a lot from him. Jerry was always so cheerful, enthusiastic and excited about everything: work and life. He was always witty and funny and, together with extreme knowledge and wisdom, still had the talent to make us laugh and feel happy. The best tribute we can pay him is to take example in his dedication and commitment to spread the benefits of our profession to all workers of the world.

Despite the sadness over the tragic event, the Conference was a success and Jerry, wherever he is, must be happy to see the progress of a fight that he and many of us started, years and years ago, for the promotion and development of our profession in developing countries. However, as Brian

Davies said, “Jerry would have been happy with the outcomes of the conference in regard to developing countries”. The abstract of Jerry’s speech is reproduced in this Newsletter, as well as accounts of a session honouring him in Cairns.

You will also find, in this issue of our Newsletter, specific comments on the Cairns Conference, and how to locate all abstracts in the IOHA WWW Site. Although I could not go to Cairns, I will share with you some thoughts I had prepared for my presentation, which would have been in the session about the role of NGO’s; we cannot overemphasize the importance of the work we can do through our associations.

I am also introducing some new Sections, namely News about WHO and the ILO, since these are two international organizations that have occupational health programmes and with which IOHA is closely associated, and, Courses and Scholarships (your contributions in this respect are needed!).

There will be no more “hard copy” Newsletters, therefore it would be greatly appreciated if those of you who know of colleagues without access the Internet (which is becoming rarer and rarer) could kindly print and send it to them.

There have been requests for translation of the Newsletter into other languages; this is excellent, as it broadens its reach. The

simple guidelines set up for granting this permission are presented at the end of this issue.

Last but not least, I am happy to inform you that I am now responsible for International Affairs in the Brazilian Occupational Hygienists Society, and am therefore the Brazilian representative to the IOHA Board. Concerning national associations, I would like, from the next issue on, to post, at the end of the Newsletter, links to all of their homepages, and also brief relevant news concerning those national associations whose WWW site is not in English. This way, through IOHA, everybody will keep informed of the main issues being dealt with by sister societies in other countries; what do you think? Suggestions most welcome.

As always, I would be most grateful for your comments, suggestions and contributions, both on occupational hygiene topics and on relevant courses or events taking place in your countries, as well as on opportunities (such as fellowships) to improve our knowledge and experience. Thank you very much in advance; the deadline for the contributions for the December issue will be 20 November 2000.

Best greetings to all

Berenice Goelzer
E-mail: berenice@goelzer.net

JERRY SHERWOOD

Special remembrance session in Cairns

Paul Oldershaw, Past President, IOHA, sent me the following account from Cairns:

"The international attendees at the Cairns Conference fell silent as a mark of respect to Jerry Sherwood who, together with his wife Naomi and a family friend, was killed in a motoring accident.

Jerry was to have been presented with the IOHA Lifetime Achievement Award in recognition of more than fifty years of outstanding contribution to the science and teaching of hygiene. In his long and distinguished career, Jerry had been a pioneer in developing personal sampling; in investigating the health risks of benzene; in establishing hygiene practices worldwide - especially in Asia; and in teaching. He was a rare breed, having developed the methods, saw them used to practical benefit, and built the capacity to use them more widely. Until his untimely death he had continued to be active, especially in the area of the setting of biological limits by ACGIH. Wherever hygiene was being advanced in the world, Jerry would contribute often with Naomi at his side keeping a watch on his infectious enthusiasm. The loss of both in so tragic a way is a great blow to us all.

In deciding what to cover in this award lecture, Jerry had been torn between "fifty years with benzene", and "Working in Foreign Lands". It is this second area that he regarded as being his most important work and of the greatest relevance to his audience. Sadly we will never have the benefit of his insight and knowledge again but we reproduce the abstract below".

Abstract of Jerry Sherwood's speech for Cairns "Working in Foreign Lands"

Starting from the universal premise that success primarily depends on having the right people present at the right place at the right time with the right package, consideration will be given to the different form that projects can take and the responsibilities of those participating. While there may appear to be a fundamental difference between the responsibility of a student returning from foreign education and that of an international expert sent to help implement a national or company programme, one is really the obverse of the other. Experience of the first can certainly be of later help in implementing the latter.

In terms of fundamental issues the same rules apply to an assessment of exposure to a hazardous substance at a worksite as to the establishment of a national institution. However, the scale obviously varies and the infrastructure will be very different. Examples will demonstrate the underlying strategies needed and will identify some key issues likely to be met. For example, for the

latter, is an occupational hygiene programme better embedded in a Department of Health, or in a Labour Department, or elsewhere?

Some specific aspects can be immediately identified, for example, the very different requirements of initiating and consolidating projects. Even so, there are common factors such as the need to set realistic and specific objectives, which must be implemented by national staff, rather than by international "experts". A particular requirement for the latter is the need to fine-tune antennae to listen for, and understand responses. This can be particularly difficult where no common language exists, and where communication is dependent on an interpreter who is unfamiliar with the technical aspects of occupational hygiene. The international "expert" must always take care to act as a catalytic adviser, never as a Director.

While attention must be given to appropriate technology, political and economic issues are equally, if

not more important, and it must be recognized that occupational hygiene starts at different stages of development in countries, and proceeds at different paces. While national legislation very seldom transfers across national boundaries, model standards, such as the ACGIH TLVs and BEIs, have an important role to play in helping to identify longer-term objectives.

All advice and action must be based on a sound knowledge of fundamental structures and issues, an understanding of need, and an awareness of capability. Above all, flavour-of-the-month issues and superficial slogans (e.g. think globally-act locally, or is it vice-versa?) should be avoided like the plague. Idiomatic language will obfuscate, so always speak and write in basic language. Finally, a reminder that at all times a high level of professional ethics must be seen to be practised.

CAIRNS CONFERENCE

First of all congratulations and thanks to Brian Davies and our Australian colleagues on the IOHA Conference in Cairns, whose success was the outcome of a long time of very hard work and much dedication. The participation was large in numbers and in countries represented, as can be seen on the summary presented below.

In fact, congratulations also to our new President, since the IOHA Board Meeting at Cairns, Dr Vernon Rose.

Both WHO and the ILO participated in the Cairns Conference and their input was very constructive; the ties among IOHA, and WHO and the ILO, have become stronger and stronger. WHO was represented by Dr. M. Repacholi, Programme Manager for Occupational and Environmental Health and Dr. C. Corvalan; the ILO was represented by Dr J. Takala, Chief of the Occupational Health and Safety Branch. Abstracts of their presentations are in:

<http://www.bohs.org/ioha/epubs/abstracts/cairns2000/session1.htm>

IOHA 4th International Scientific Conference - prepared by David Grantham and Georgia Sinclair

The 4th ISC was held in Cairns, Australia from 10-14 July 2000 and attracted approximately 300 delegates from 28 countries. The theme for the conference was "Occupational Hygiene in Developing Countries".

The IOHA President, Vern Rose, who gave insight to the developments of IOHA since an initial meeting of interested persons in Luxembourg in 1986, opened the conference.

Dr Rose commented that IOHA has a primary role to encourage the further development of occupational hygiene in all countries through a variety of means. Because of the small budget, the IOHA capitalises greatly on the roles of its directors throughout the world to achieve its goals. The achievement of ILO/NGIO and WHO/NGO status is an important milestone. In direct outreach programs, President Rose foreshadowed a change from the mentor-learner relationship of the past five years to one of developing, promoting or assisting national bodies dealing with occupational hygiene.

Dr Rose foreshadowed the need for all OH&S professionals to work together to reduce injury and disease in Developing Countries. He commented that IOHA was well placed to assist the ILO and WHO in their endeavours.

Dr Jukka Takala (ILO) presented a video showing the realities of working conditions for many people

in developing countries. As hygienists in developed countries, we do not often come across such appalling conditions in occupational health. The video, along with the following sobering statistics, was a poignant reminder to all of us of our responsibilities, as a profession to all workers, worldwide:

- 250 million work related accidents every year, worldwide
- 3,000 work related fatalities per day, worldwide
- 160 million cases of work related diseases per year, worldwide
- 1.2 million work related deaths per year, worldwide
- 4% GDP in direct costs per year.

The ILO has initiated the "SafeWork" program to try to combat the enormous occupational health difficulties worldwide.

Dr Michael Repacholi (WHO) presented further statistics on global occupational health:

- £1 billion in the UK, estimated costs of accidents and disease in occupational health

- 250 million children working in the global economy.

The WHO developed the unit of DALY's to measure deleterious impact (disability and mortality) arising from various lifestyle factors. Although issues such as tobacco usage, malnutrition and inadequate clean water and food were the highest risk factors, occupational health also listed as a prominent risk factor. The WHO has adopted a policy to drive change in occupational health as well as other risk factors that might be regarded as being in the public health field.

The approach of WHO is to establish co-operation with:

- The corporate sector
- UN initiatives
- Universities/educational institutions
- Governments
- Organisations representing workers.

Dr Repacholi indicated that WHO had adopted a policy of using the workplace as a vehicle for change in many public health issues (e.g. tobacco smoking), in addition to occupational health. The workplace is proving to be an environment where people are receptive to information on issues broader than occupational health.

On the last day of the conference a group discussion was held under the title "Occupational Hygiene in Developing Countries – The Next Steps".

Many points of view were expressed as to the needs of developing countries in terms of occupational hygiene and in his summary of the session IOHA President, Vern Rose, indicated that IOHA would consider how best assistance could be provided. Specific programmes, approved by the IOHA Board, would be included in the IOHA plan of work (see www.bohs.org/ioha) over the coming months.

The 5th ISC will be held in Bergen, Norway from 10-14 June 2002. Information on our next ISC will be continuously provided.

Abstracts of Papers presented at the Cairns Conference

These abstracts can be located at:

[http://www.bohs.org/ioha/epubs/abstracts/
cairns2000/index.htm](http://www.bohs.org/ioha/epubs/abstracts/cairns2000/index.htm)

BOHS - Annals of Occupational Hygiene

The issue of the Annals, Vol. 45 No. 3, due to be published in mid April, will be devoted to the Cairns conference, and key papers will be reproduced in full.

Jerry Sherwood's obituary will also be in this issue of the Annals not only because of the award which he should have received at the Conference, but also because of his links with occupational hygiene work in developing countries.

Comments on the role of NGO's in supporting international action for the development of occupational hygiene

by B. Goelzer

While occupational hygiene is not considered as an essential component of the occupational health multidisciplinary approach, the health of workers will not be fully protected; while occupational hygiene is not linked with environmental protection and the conservation of natural resources, sustainable development will not be achieved. However, the universal development, acceptance and application of occupational hygiene require commitment and action at all levels.

To trigger the political will required for its development, the understanding for its acceptance, and the knowledge and skills for its application is no easy task and cannot possibly be achieved without joint efforts, nationally and internationally. Many stakeholders have to join efforts, including governments, private sector, workers' unions, academia, international organizations, and relevant "non-governmental organizations", particularly professional associations.

NGO's bring together people united by, and committed to, a common ideal and are

therefore in a privileged position to make a difference in advocating policies and fighting for their implementation. International NGO's can bring experience from the national level, across borders, to the global level, from where it can be radiated everywhere.

NGO's, such as IOHA and ICOH (International Commission on Occupational Health), bring together professionals who fight for their ideals through the sound and ethical application of "the skills of their trade". Both belong to the network of NGO's in official relations with the World Health Organization and the International Labour Office. Their collaboration with international agencies in promoting and implementing policies, strategies and programmes in the fields of workers' health is invaluable. Their work has complemented and enhanced WHO's and ILO's efforts in their quest for the humanization of working life and the attainment of an economic, social and sustainable development by all nations.

Therefore it is with great pleasure that I present to you the next bit of news.

IOHA and ICOH (link: <http://www.icoh.org.sg/>)

A very important and timely event is that Dr. Jean-François Caillard, President of the International Commission on Occupational Health (ICOH) and Dr. Paul Oldershaw, then President of the International Occupational Hygiene Association (IOHA), recently signed a letter of

agreement. The purpose of this letter is to foster closer cooperation between these two NGO's that play such an important role in promoting and developing actions for the protection and promotion of workers' health worldwide. This letter of agreement covers items such as

increased exchanges of information, establishment of links through the respective WWW sites, and possibilities for interaction towards the advancement of occupational health and occupational hygiene particularly in countries in transition.

NEWS FROM THE WORLD HEALTH ORGANIZATION

WHO WWW Site: <http://www.who.int/> Deborah Nelson (E-mail: nelsond@who.int)

I am glad to announce that my replacement is one of us, an occupational hygienist (CIH and Fellow of the AIHA !) Her name is Dr Deborah Imel Nelson. Deborah joined the Occupational and Environmental Health team at WHO Headquarters as Occupational Health Scientist in June 2000. Her primary area of expertise is occupational hygiene and risk assessment. She holds Bachelor's and Master's degrees in Environmental Science from the University of Oklahoma, College of Engineering, and a Master's degree in Public Health and Ph.D. in Environmental Health from the University of Oklahoma Health Sciences Center. Deborah began her career as an industrial hygiene compliance officer for the U.S. Department of Labor - Occupational Safety and Health Administration. In 1989, she joined the faculty of the University of Oklahoma, College of Engineering, in Civil Engineering and Environmental Science. In 1999 - 2000, she served as an American Association for the Advancement of Science - Environmental Protection Agency, Environmental Science and Engineering Fellow, in the Global Climate Branch of the National Center for Environmental Assessment. Deborah is a Director of the American Industrial Hygiene Association, and co-founded the Risk Assessment Committee of AIHA.

An interesting photo follows, showing former and present occupational hygienists at WHO, Geneva, and, former and present editors of the IOHA Newsletter.



Right to left -

Deborah Nelson, Berenice Goelzer and Ugis Bickis,
at Berenice's retirement party, WHO,
Geneva, 31 January 2000
(with the Mont Blanc in the background)

WHO on PACE-Small Enterprises

This Summary was prepared by Dr. Gerry Eijkemans (e-mail: eijkemansg@who.ch) as this project is part of her activities. Dr. Eijkemans, an occupational health specialist, joined the WHO occupational health team in Geneva in January 2000; she previously worked in Occupational Health at PAHO/WHO, from 1993-1999, based in Panama, Peru and in Washington. She has extensive experience in the different aspects of occupational health, including policy formulation and implementation support and project development and implementation. Your comments on this project will be much appreciated by WHO.

Within the context of the Global Strategy for Occupational Health for all, the occupational health programme at the World Health Organization Geneva addresses groups of workers with special needs. These include women, children and workers in small-scale enterprises or in the informal sector, who are usually not covered by legislation and do not have access to occupational health services.

Based on expert meetings and meetings of Collaborating Centres, the area of Workers in Small-scale enterprises were prioritised for action, both because of the

magnitude of the problem and the lack of effective intervention up till now.

Within this context, the programme is committed to working towards improved working conditions and health of workers in the informal sector in the African Region. A project has been developed in this area and a workshop to start activities in this field will be held in Pretoria in October 2000, with participation of experts from the African Region, and ILO, IOHA, ICOH, IEA and several collaborating centers in the field. The project aims at reducing occupational risks and improving the health situation of workers in the informal sector/small-scale enterprises in Cities in Anglophone Africa, through the implementation of a model that is going to be developed through the pilot projects. This model will be tested, and in a second stage be applied to other countries and continents.

The project proposes to build on and learn from already existing experiences. One of the main challenges of the project is starting a process that is sustainable. In order to get sustainability, it is important to be aware of the stakeholders in this area. We need to identify who are the ones interested in the improvement of the working

conditions and in risk reduction; who are the beneficiaries of the project and who is willing to invest in the project.

In order to make the project successful, different strategies and initiatives are used, in a complementary way, such as WHO's Healthy Cities projects, the Healthy Workplace Initiative, Workers' Education projects, as well as the Prevention and Control Exchange (PACE) Project, initiated several years ago in WHO by Berenice Goelzer. Additionally, it will build on experiences outside WHO, such as ILO's WISE projects.

The Healthy cities experiences, in the Region, promoted by WHO since the 1980s, are of particular importance to this project. A feature that these cities have in common is the involvement and commitment of local authority to improve the health of their citizens. In order to achieve this, they have build alliances with the local and regional health services, and with all relevant other stakeholders. Active community participation is another characteristic of these projects. Networks of healthy cities have been created all over the world, including a francophone and anglophone network in Africa. We propose to build on the networks and structures that are already in place, and include the attention of the safety, hygiene and health of the workers in the informal sector into the successful healthy city projects.

The project will initially focus on the African Region, as being the Region where occupational health

interventions have been least effective until the moment, and where problems in this area have frequently been ignored by the health sector, as other health problems have been overwhelming. In recent studies, assessing the health impact of Occupational risk in Africa, the fatality rate in the Southern African Development community region was estimated in 0.85-21.6/100.000. ILO estimates a fatality rate for Sub-Saharan Africa in 21 per 100.000, as compared to the European Union Rate: 5.89/100.000, and the world rate, 14/100.000. Also, the rapid increase of the informal sector and the number of workers in small-scale enterprises in Africa justify specific interventions.

Several countries and cities have been initially identified for the pilot projects, Capetown and Johannesburg in South Africa, Dar es Salaam in Tanzania, Yaoundé in Cameroon, and Harare in Zimbabwe. All cities have a strong Healthy City initiative, and have showed interest in the occupational health Component.

Due to the close link between the living and the working environment of workers in small-scale enterprises, improvement of the working conditions, through measures such as cleaner production, will have a broader impact on the protection of their health. For example, eliminating the use of toxic products from a production process will avoid contamination of the water they drink and of the air they breathe, even outside the workplace.

NEWS FROM THE INTERNATIONAL LABOUR OFFICE

I am sure that all of you are already familiar with the excellent initiative ILO SafeWork: however, for ease of reference, here goes the direct link to its site, where we can find a wealth of information:

<http://www.ilo.org/public/english/protection/safework/>

I would like to remind you of the important joint

New ILO CD-ROM

The ILO has recently developed a CD-ROM on "Occupational Safety and Health in Agriculture, Forestry and Livestock Rearing". It presents, in a combination of text, figures, charts, tables and animations, very valuable information covering aspects such as the description of different operations in these three branches, potentially associated health and safety hazards, relevant standards and regulations, preventive advice, and links

document ILO/IOHA on "Occupational Health and Safety Management Systems - Review and Analysis of International, National, and Regional Systems and Proposals for a New International Document", available at:

<http://www.ilo.org/public/english/protection/safework/cis/management/ioha/index.htm>

to other information sources. It includes relevant articles from the ILO Encyclopaedia, the relevant ILO Codes of Practice, and the International Chemical Safety Cards for agrochemicals. Further information can be found in the ILO WWW Site:

<http://www.ilo.org/>

COURSES AND SCHOLARSHIPS

USA

Advances in Occupational and Environmental Medicine is a new, one-week continuing education series offered each year by the University of California School of Medicine at San Francisco. The first course will be held on April 9-13, 2001 and cover industrial toxicology and occupational diseases. For course information, contact: UCSF CME Office, Box 0656, San Francisco, CA 94143-0656, Tel. (415) 476-5208, FAX (415) 476-3542, E-mail:

cbrock@itsa.ucsf.edu

Scholarships are available to occupational physicians from developing countries. For further information on scholarships, contact: Joe LaDou, MD, UCSF Box 0924, San Francisco, CA 94143-0924, Tel. (415)476-4951, FAX (415) 576-6426, E-mail: joeladou@aol.com

Translation of the IOHA Newsletter

The IOHA Newsletter can be translated into other languages, provided that full acknowledgement be given to its source. Any translation should include the statement: "The translator of this Newsletter is responsible for the accuracy of the translation." Moreover, the Newsletter should not be sold.

BERGEN 2002

10-14 June 2002
Bergen
Norway

5th International Scientific
Conference of IOHA

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