

Statement of
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Thank you for the opportunity to talk about the system to keep track of occupational injuries and illness in the United States. My name is Kenneth Rosenman, I am a physician and epidemiologist who has studied and written about surveillance of occupational injuries and illnesses for the last 25 years. Recent newspaper articles have once again, and I emphasize once again, highlighted shortcomings in the nation's effort to track work-related conditions. A basic tenet for preventing and minimizing any disease is to have a system that provides accurate information on both the frequency and circumstances associated with those conditions. Such a system is essential in order to determine how much resources to allocate, to target interventions, to evaluate these interventions and if necessary to redirect the interventions.

The current U.S. system to count occupational injuries and illnesses does not provide the information necessary to make the above decisions. In 1987 the National Academy of Sciences issued a report titled "Counting Injuries and Illnesses in the Workplace. Proposals for a Better System". As a consequence of that report and the deficiencies noted in the system some changes were made. The most pronounced change was how acute work-related traumatic fatalities (i.e. being buried in a trench, being electrocuted and falling from a roof) were tracked. As a consequence of the changes made in the tracking system the number of work-related deaths doubled in the first year of the new system. This 100% increase in the number of deaths was not due to a sudden increase in the hazards of work but rather to the implementation of a new and accurate system to count these deaths. No such changes were made in how work-related diseases such as lead poisoning, silicosis or work-related asthma were counted or how non-fatal injuries such as amputations, burns, fractures or lacerations were counted.

In the last 20 years, I and others have researched and published multiple studies that the current system provides an inaccurate count of work-related illness and non-fatal injuries. There is no disagreement in the medical literature that an undercount exists and that this undercount is significant. I have attached to my statement a list of examples of articles from the medical literature that have presented the results of research on the undercount. I will quickly summarize four of the studies:

- 1) Dr. Leigh from the University of California in Davis whose work shows that the current system misses 33 to 69% of all non-fatal work related injuries. Based on 1992 dollars, he calculated that work-related injuries and illnesses cost the U.S. 170 billion dollars a year which was five times the cost of HIV/AIDS and three times the cost of Alzheimer's disease
- 2) Drs. Boden and Ozanoff from Boston University who have shown in the six states of Minnesota, New Mexico, Oregon, Washington, West Virginia and Wisconsin that the current system misses up to 50% of work-related injuries.
- 3) Drs. Friedman and Frost from the University of Illinois in Chicago who have shown that the reductions in non-fatal work-related injuries reported over the last decade are not due to improvement in workplace conditions but rather reductions in OSHA's enforcement of recordkeeping rules and changes by OSHA in the definitions of work-related injuries.

4) My work with colleagues from Michigan State University that show the current system misses 66% of the work-related injuries and illnesses in Michigan. We found that this undercount occurred across all different types of industries and for both injuries and illnesses.

In summary, the current system to count work-related injuries and illnesses has been repeatedly studied and shown by researchers to have a large undercount. Expert panels that have reviewed the current system have reached a similar conclusion. The current system for nonfatal injuries and occupational illnesses relies solely on employer reporting and ignores the large number of data bases that are not dependent on employer coverage or compliance with OSHA record keeping. These data bases include hospital and emergency room data bases, poison control center data, state laboratory reporting regulations, state occupational disease reporting laws, and workers' compensation. What is needed is a comprehensive system for work-related illnesses and non-fatal injuries that makes use of available non-employer based data systems analogous to what exists for acute traumatic work-related fatalities. Currently, the annual number of work-related injuries and illnesses reported is based on a statistical extrapolation from a relatively small sample of employers. Statistical extrapolation from a much wider range of medical data systems is essential if we are to have an accurate tracking system that will provide the basic numbers needed for targeting the effort needed to truly reduce workplace injuries and illnesses.

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