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At Work in The World

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**Abstract:**

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of this so-called risk acceptance threshold, explaining that it was up to them to decide what an acceptable risk was.

Moreover, in 1976, the French National Institute for Safety Research developed a urinary ALA easy to use test in the workplace. A year later, in 1977, the French Department for Labour and Social Security defined a new legal framework related to lead poisoning recognition in the workplace including urinary ALA biological diagnosis. After a seven-year long struggle, medical practitioners and migrant workers finally obtained what they claimed for: an earlier detection of lead poisoning in the workplace.

#### CONCLUSIONS

This case of social movement related to lead poisoning exposure in France shows the importance of medical knowledge progress but also proves that social factors are essential in such matters. Social factors have contributed to the definition of a new legislation on occupational disease recognition and prevention. The case also highlighted the role of the ‘alternative’ medical field in the development of occupational health issues at that time.

## **Challenging the “Blind Spots” of Expertise: Locally Produced Knowledge and Asbestos Hazard Management in Spain, 1975-1984**

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Social studies of science and the history of science have proven useful to challenge the expert explanatory model on the identification, management, and control of occupational risks.<sup>1,2</sup> Lay epidemiology and locally produced knowledge have been proposed as driving forces to inspire a more comprehensive approach to occupational hazards and to contest the traditionally social decontextualized views supported by experts.<sup>3</sup>

The aim of this paper was to explore alternative proposals to the expert model for the management and prevention of asbestos risks in Spain during the transition to democracy. While raw asbestos imports into Spain grew steadily from the early 1960s and peaked at 1974 (126,000 metric tons), the lack of commitment by Franco’s Government and the low awareness of medical practitioners minimized public concerns about asbestos health hazards and the number of individuals awarded compensation. In 1974, only 40

asbestosis sufferers were officially entitled to compensation, and not a single case of cancer was recorded by the Ministry of Labor. In contrast, 40,205 silicosis sufferers were considered to be entitled to compensation.

By the mid-1970s, after the end of the dictatorship, the recovery of civil rights and the intensified mobilization of workers were crucial in stimulating public awareness on work-related health problems. The active stance taken by the Comisiones Obreras (one of the two most important general trades unions) in denouncing workplace carcinogenesis was in part inspired by the so-called Italian workers' model, developed in the late 1960s in industrialized Northern Italy. The model emphasized the value of locally produced knowledge, called for the direct intervention of workers in the assessment of risks and the control of working conditions, and sought to bring an end to the "monetarization" of risks and to the traditional delegation of these tasks to experts. The union's involvement was backed by young professionals, including medical researchers and union lawyers, who became increasingly engaged in asbestos occupational issues.

In 1977, concerns about asbestos entered the public sphere in Spain 1977. Non-compliance with safety and hygiene regulations by the Uralita fiber-cement factory in Cerdanyola (Barcelona) led the Barcelona Regional Board of Hygiene and Safety at Work to order the temporary closure of one wing of the factory. The conflict at Uralita forced the Government to take the bull by the horns. In May 1978, bronchial and lung carcinoma and pleural mesothelioma due to asbestos exposure were recognized as occupational diseases (RD 1995/1978, 12 May). In October of the same year, the Labor Department organized the First National Symposium on Asbestosis in Seville. The symposium agreed on a national plan for the health surveillance of exposed workers and on stricter technical regulations for the asbestos industry.

The alternative proposals made by Comisiones Obreras were mainly embodied in the report issued in 1982 by Francisco Báez Baquet (b. 1937), an office worker and member of the union at the Uralita fiber-cement factory in Seville. Báez Baquet's Report on asbestos and its hazards (1982), 4 which became crucial to the promulgation of national asbestos regulations in 1984, is a fine compilation of the expertise that he gained, drawing on both scientific evidence and contextualized local knowledge. Besides its value as a denunciation, the Report has three further strengths that derive from his use of a local contextualized approach to counter expert knowledge on asbestos risk. First, it reveals the author's awareness of the consensual nature of expert knowledge and how it can mediate medico-legal and preventive decision-

taking. The identification by Báez Baquet of areas of medical uncertainty and his ability to draw on local knowledge to produce new evidence were crucial to his critique of expertise and to his call for workers to have a greater influence in the design and implementation of preventive safety measures. Second, the report highlights the reductionism of expertise and its decontextualized views on the management of occupational risks. Báez Baquet described flaws in the medical supervision of workers employed in scheduled areas, denouncing the exposure to dust of a greater number of workers than officially acknowledged. He called for regular medical examinations to be extended to ex-employees and also to workers' families and those living close to factories, challenging the radical separation between occupational and environmental sufferers. Concern was also expressed about the return to Spain of a growing number of emigrants, calling for special medical care and follow up for any who had previously worked in European asbestos factories. These and other proposals contrasted with the traditional neglect of social determinants of work in the expert approach to workplace risks, exposing what could be termed its 'blind spots'. Third, the report questioned the effectiveness of the technical control and safe handling of asbestos, raising concerns about the arbitrary nature of the threshold limits and their inadequacy, especially in relation to cancer risk. However, Báez Baquet accepted the need to be accommodating towards the unions on this issue, since unemployment rates were well over 16% in the early 1980s. At any rate, the Report called for the suppression of asbestos dust by technical means and for a reduction in exposure levels to be given priority over the "monetarization of risk."

The report backed the strong criticism by Comisiones Obreras of the first regulations, which were issued in 1982, and was also crucial in achieving an improvement in the National Asbestos Regulations issued in 1984 by the Socialist Government.

#### ACKNOWLEDGEMENTS

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## The History and Impact of Presumptive Disability Laws for Firefighters

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### BACKGROUND

The development of presumptive disability laws pertaining to occupationally-acquired diseases emanated from the application of the workers' compensation "injury by accident" prerequisite. Presumptive disability policy decisions react to the fact that unlike injuries, occupationally-acquired diseases are more difficult to prove as work-related. Due to the latency of diseases such as cancer, and the difficulty in establishing causation when disease manifestation may take decades, society made decisions to care for people whose occupations put their lives at risk. The creation of such policies began with the United States military, and subsequently expanded to first responders (police, firefighters). We present herein a concise history of presumptive disability law and an exploration of definitional and legislative issues that impact occupationally-acquired disease. Within this analysis, firefighters are used as a high-risk occupational group exemplar. We explore the prevalence, nature, and diversity of state-based firefighter presumptive disability laws within the United States and conclude by examining contemporary policy issues.