

Testimony by Dr. Karen B. Mulloy  
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I wish to thank the Robert Wood Johnson Commission to Build a Healthier America for this opportunity to present testimony on the influence of work on health.

Each day, over 145 million Americans go to work and face the risk of occupational injuries and disease. U.S. government data from 2007 showed that **fifteen workers each day died** from a work-related injury, and **four workers each minute** had an on-the-job injury. These statistics do not include deaths from occupational diseases that annually claim the lives of an estimated 60,000 workers. The cost to the US economy is between \$145 and \$290 billion each year in medical care, wage replacement, retraining, and lost productivity.

The face of the American worker is changing. By 2010 women are projected to account for 48% of the labor force, African-American workers for 13% and Asian and other minority workers for 6% and Hispanic workers is projected to increase to 13%. As the U.S. labor force grows, it has become markedly older and by 2010, middle-aged and older workers will outnumber younger workers. Studies have shown that older and minority workers experience higher rates of traumatic fatalities and are more susceptible to chronic disease and non-fatal injuries. With changes in worker demographics come new challenges for prevention of workplace injury and illness. Prevention strategies have to take into account new work exposures and workers who are older or whose primary language may not be English or who have different cultural concepts.

The Occupational Safety and Health Act (OSHAct) of 1970 established OSHA and NIOSH and was the first comprehensive attempt in the U.S. to regulate occupational health and safety. An area NIOSH has identified as lacking is the number of occupational health and safety professionals practicing in the U.S. They also note that occupational health and safety training

and research must be conducted in a cross cutting, multidisciplinary, and integrated manner. NIOSH is mandated to provide an adequate supply of qualified personnel to carry out the purposes of the OSHAct, and they established the Education and Research Centers as one of the principal means for meeting this mandate.

Sadly, despite growing need for new initiatives, the occupational health and safety work force itself and surveillance activities are limited. A recent analysis of occupational health and safety professionals in the west showed that there were only 3 occupational medicine physicians, 3 occupational health nurses, 9 industrial hygienists, and 11 safety professionals for every 100,000 workers in Colorado. Many other western states have even fewer professionals to prevent workplace injury and illness.

We face a number of challenges. Funding for training of occupational health professionals is limited. Extramural grants from NIOSH to support occupational health research are funded at a significantly lower rate than NIH grants, resulting in a major gap in our knowledge of how to best protect workers. We face barriers to the ‘translation’ of research into practice, in part due to a failure to advance public policy that protects worker health. Many employers look to government regulations to determine the minimum safety standards that will be required for them to be ‘compliant.’ However in a political climate that has discouraged the promulgation of new regulations and inhibited enforcement of existing workplace safety standards, we face an uphill battle to ensure the safest possible workplace. A national commitment to adequately fund and enforce the basic tenants of the OSHAct - “to assure safe and healthful working conditions for working men and women”- will go a long way to improving the health of working Americans.