



Book review of: Catherine Cavalin, Emmanuel Henry, Jean-Noël Jouzel, and Jérôme Pélisse (eds.), Cent ans de sous-reconnaissance des maladies professionnelles [A Century of Under-recognition of Occupational Diseases], Presses des Mines, 2020, 294 pages.

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► **To cite this version:**

Emilie Counil. Book review of: Catherine Cavalin, Emmanuel Henry, Jean-Noël Jouzel, and Jérôme Pélisse (eds.), Cent ans de sous-reconnaissance des maladies professionnelles [A Century of Under-recognition of Occupational Diseases], Presses des Mines, 2020, 294 pages.. Population (English edition), 2023, Book reviews, 78 (1), pp.152-154. hal-04212549

HAL Id: hal-04212549

<https://hal.science/hal-04212549>

Submitted on 21 Sep 2023

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Catherine Cavalin, Emmanuel Henry, Jean-Noël Jouzel, and Jérôme Pélisse (eds.), *Cent ans de sous-reconnaissance des maladies professionnelles* [A Century of Under-recognition of Occupational Diseases], Presses des Mines, 2020, 294 pages.

France has had a system of compensation for work-related health problems for more than a century. Its shortcomings have resulted in the under-recognition of occupational diseases on a massive scale. It was out of this observation that the initiative to produce this collective volume was born. Its chapters represent contributions to a conference organized by sociologists, historians, and political scientists on the 100th anniversary of the law of 25 October 1919, which established workers' right to compensation for occupational diseases in France. This is compensation according to a fixed schedule, exclusively for physical damage and lost earnings, based on the notion of presumption of origin. The restrictive criteria for eligibility are set out in the official tables of occupational diseases, the main instrument of the implementation of the law.

Together, the authors of the various studies in this volume ask: given that the problem of under-recognition is widely recognized, how should the inertia of the system, the lack of significant change, and ultimately public inaction be understood? The introduction begins by presenting some possible explanations. It emphasizes the crucial importance of situating the contemporary problem of under-recognition in a longer historical context: from the social struggles to secure the prohibition of toxic substances, such as lead, that preceded the adoption of the 1919 law—and the early compromises that enabled the continuing use of such 'traditional killers'—to the present-day crisis of the system. This crisis is highly apparent in many domains, whether accumulated delays in the recognition of occupational cancers, recent restrictions on compensation for musculoskeletal disorders, or very slow progress in the recognition of mental health problems.

The rest of the book is divided into three sections, each introduced by a specialist. The first section examines the turning point of 1919. It begins by retracing the history of the creation of the first table of occupational diseases (Table 1 on lead poisoning) and then the slow construction of the medico-legal category of 'occupational cancer'. It concludes with a critical analysis of the Belgian social model of workers' compensation, showing that France is not an isolated case but that national regimes, each bearing the traces of its own unique social history, are far from harmonized, even at the European level.

The second section examines the political legacy of the 1919 law, starting with the historical failure to provide compensation for mental illnesses and burnout due to the exclusion of labour relations and forms of the organization of labour. It then discusses the example of radiation-induced risk. Despite a wide range of known health effects and a large exposed population today, the number of cases of compensation awarded under this category has been stable since the 1950s, illustrating the effectiveness of the scientific and technical obstacles put up by employers. Next, the case of the re-emergence of an old risk, silicosis, in an 'accelerated' form among workers dealing with artificial stone, is used to

highlight the connections between various levels: regional (Andalusia), national (Spain), European (with the directive on carcinogens and mutagens at work), and even global (through the global circulation of health alerts). The last chapter presents a counterpoint to the example of France: Brazil, which, driven by union mobilization, has sought to broaden the base of its workers' compensation system through a population-based approach. It describes how the use of statistical analyses of medical absences from work by economic sector and employer was met with resistance from occupational physicians, who continue to prefer individual clinical examinations, which are often inconclusive and which in practice are favourable to employers.

The book's third section then analyses the role of different social actors in the implementation of workers' compensation systems. The history of the recognition of asbestos-related diseases in Spain offers a good example of how the medical monitoring of exposed workers can contribute to knowledge and recognition of occupational diseases—and the story of the private sector's predominant role in insuring against this type of risk shows how it acts in the opposite direction. A chapter on the case of pesticide-related occupational blood diseases offers an example of an 'ignorance production chain'. It describes how two linked problems emerged as a result despite sustained mobilization: first, a large discrepancy between the available epidemiological knowledge and the criteria chosen for compensation; and second, a relative lack of recourse to the law. And the question of (under-)recognition takes a different form for public-sector workers in France: until recently, the presumption of work-relatedness for workers falling under the general social security scheme did not apply to them. Here, the role of the authorized physician is decisive despite the existence of a joint committee that only occasionally acts as a counterweight. The survey closes with a category of actors who are central to the settlement of occupational health disputes: the social security courts, which depend on medico-legal compensation criteria in ways that perpetuate the inegalitarian logic of these systems, particularly regarding women.

The book concludes by drawing on all the book's chapters to compile a set of proposals for improving the systems used to understand and recognize work-related ailments. The historical contextualization provided by this collection sheds light on the ultimately unfavourable social effects of this 'deal' for workers. They are reduced to negotiating the outlines of the tables of occupational diseases, while employers are largely, by construction, shielded from responsibility, and compensation remains very limited. However, it also opens up promising perspectives for transforming the scientific procedures used to document work-related health problems, the conditions in which the medico-administrative recognition of these diseases operates, and even the legal basis upon which their recognition and compensation are minimized.

Reading this book, it is hard not to be struck by the complementarity and convergence of the different mechanisms underlying more than a century of this

type of minimization despite both scientific progress and the vitality of social movements. While these movements have managed to win occasional victories, those have been limited to particular groups of workers circumscribed on the basis of relatively homogeneous exposures, ones in marked contrast with the very different realities of what is known as the occupational exposome more generally today. This slow trickle of victories has come at the cost of unequal responses to different diseases, as when a special compensation fund is created for the victims of asbestos or pesticides.

Another striking observation that runs implicitly through the book is the lack of up-to-date quantitative knowledge on ‘jobs that kill’ or morbidity by occupation—types of knowledge whose usefulness was already demonstrated by research in the late 19th century. It is not that the inevitably reductionist enterprise of statistical veridiction should be set up as a general evidential standard; but its absence perhaps reveals how little attention has been given to work-related health problems, the poor cousin of public health (which itself is not rich). And yet these underlie the persistence of profound inequalities in the prevention of diseases and avoidable deaths, with the awarding of compensation for harms precisely reflecting the failure to prevent them. These inequalities are richly illustrated throughout the book. Not only are certain categories of workers less well equipped to exercise their rights (such as subcontractors in the nuclear energy industry in comparison to engineers and physicians, despite being the most exposed to radiation from the very beginning), but the rights of different categories of workers differ (the self-employed, agricultural workers, and, paradoxically, civil servants), and are unequally applied (depending on gender stereotypes or health conditions judged to be pre-existing). All these factors mean that, in scientific terms, statistical analyses focusing only on cases where compensation has been awarded for occupational diseases are highly questionable.

For social scientists, the question of whether working even with imperfect data can help improve the visibility, prevention, treatment, and compensation of these problems remains an open one. The idea that it can is one of the intuitions pursued by this thoroughly persuasive collection of contributions, while highlighting the indispensable benefits of interdisciplinary dialogue along the way.

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