

Health and safety in small enterprises: European strategies for managing improvement. By David Walters. Brussels, Bern, Berlin, Frankfurt/M, New York, Oxford, & Vienna: PIE-Peter Lang, 2001: 404 p. ISBN 90-5201-952-5

David Walters, Professor of Occupational and Environmental Safety and Health at the South Bank University, London, is excellently qualified to review and discuss health and safety in small enterprises. The data in this book comes from researchers from several countries in the European Union (Denmark, France, Greece, Italy, Spain, Sweden, and the United Kingdom). This project was organized cooperatively by the National Institute of Working Life in Stockholm and the Swedish trade union confederations and was financed by the Joint Programme for Working Life Research in Europe (SALTSA).

Vital statistics of the small and medium-size enterprise sector are discussed in the first part of this book. The vast majority of European enterprises can be included in this classification, and enterprises with less than 10 employees account for 93% of all companies. In 1997, overall in Europe, there were as many people in enterprises of 0–9 employees (34%) as in companies of at least 250 workers.

The second part of the book considers the alternatives to regulation- and inspection-based strategies, considering a wide range of nonregulatory approaches, for example, the nonregulatory initiatives of national competent authorities, “social partnership”, financial incentives, and the safety promoting activities of “support services” for small and middle-size enterprises, bodies already actively involved with small and middle-size enterprises in matters unrelated to safety.

Understanding and comparing data on occupational health begins with the definition of what is to be recorded. Routinely collected data on occupational diseases are related to extremely narrow definitions of disease, which are derived primarily for compensation purposes. Self-reported ill health is further influenced by variations in individual subjective recall, which is itself prone to socially induced bias. A British survey in 1995 found that 57% of the respondents claimed that their work affected their health negatively. The most important reported problems were musculoskeletal pain and stress. However, workers in small enterprises showed little difference between the sample as a whole.

Fatalities at work in the European Union show a steady decline overall, but with differences between economic sectors, construction, agriculture, transport and

manufacturing demonstrating high rates in most countries. Occupational accident injury and fatality data reveal nothing about the extent of work-related illnesses or the work environment. In terms of sectoral comparisons, data derived from reported injuries and fatalities show industrial sectors such as construction, agriculture and manufacturing to be high risk in comparison with, for example, the service sector.

Surveys of the overall occurrence of work-related ill health show that measures of reportable occupational diseases are gross underestimations of the extent of ill health arising from work and that work-related ill health is still a very real and undiminishing concern both in terms of the degree of suffering it causes and its economic cost.

The active participation of workers with their employers in preventive safety is a prerequisite for the effective and sustainable implementation of such measures regardless of the size of the workplace. The author of this book focuses his attention on the difficulty of reaching small enterprises in order to protect and improve workers' health and safety. Although the involvement of intermediaries in health and safety in small firms requires support, the costs are likely to be small compared with the economic loss that results from work-related injuries and ill health. The importance of small and middle-size enterprises is increasing in the European economy. Small enterprises present significant challenges to health and safety regulations in terms of their lack of resources, poor management, weak structures of representation, and low level of relevant knowledge, skills and motivation. The highest growth has been among microenterprises with between one and nine employees. These enterprises are entrepreneurial in character. Therefore traditional means of intervention in health and safety through presentation or inspection are less satisfactory in microenterprises than is generally the case for small and middle-size enterprises.

The importance of the role of workers' participation in successful health and safety management in small and middle-size enterprises is discussed. Small enterprises play a significant role in employment and the economy; they provide a location for accidents and exposures that account for the major portion of the 6000 fatalities and 10 million occupational injuries or diseases that are estimated to affect the workforce in the European Union annually.

Finnish experience gained during the last two decades also shows that small workplaces have less capacity

to prevent and control hazards than medium-size and big companies. In addition their awareness of occupational health problems and safety is not always well developed, and they inevitably need expert support to control their occupational health and safety hazards and to start the development of healthier and safer workplaces. There are, however, several problems in organizing such support. In Finland, only occupational health care units can reach small workplaces

on such a scale that they can intervene in health, safety and productivity issues.

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Environmental and chemical toxins and psychiatric illness. By JS Brown Jr. Washington (DC) & London: American Psychiatric Publishing Inc, 2002:320 p. Price USD 45.00. ISBN 0-88048-954-5. [This book can be obtained from the following address: American Psychiatric Publishing Inc, 1400 K Street NW, Washington, DC 20005, USA]

Occupational exposure to neurotoxic chemicals and accidental chemical disasters are common. Thus far, only a dearth of literature is available on the psychiatric syndromes associated with toxic substances. This excellent book deals with environmental and chemical toxins and psychiatric illness, and it thoroughly covers current research information on this topic. At the moment, with the threat of chemical and biological attacks, this book is particularly timely.

The book consists of the following six parts: “Military, Terrorist, and Disaster Incidents”, “Pesticides”, “Metals”, “Solvents”, “Toxic gases” and “Other Chemicals and Syndromes”. It is well written with extensive references and recommendations for additional reading on all the subjects covered. The book has a clear structure. Each of the six parts has several chapters introducing chemical and radiation exposures and the epidemiology, diagnosis, and treatment of the exposure syndromes. The tables compile information on occupations and environments at increased risk for chemical or radiation exposure, as well as the signs and symptoms — both physical and psychiatric — associated with the exposures; they form useful checklists for the reader. The psychiatric diagnoses attributed to the exposures according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) of the American Psychiatric Association are also described in the tables.

The book not only concentrates on medical issues, but also describes the social and historical context of the matters discussed. It includes plenty of examples dealing with military and chemical disasters. Where suf-

ficient evidence-based information on the relationship between toxic substances and psychiatric syndromes is lacking, the author presents the currently existing different opinions and theories about these matters.

Part I handles military, terrorist, and disaster incidents. It includes three excellent chapters, of which the first deals with military and terrorist incidents, the second concerns community and individual stress reactions to chemical exposures, and the third discusses ionizing radiation.

In the first chapter, the use of chemical weapons, such as organophosphate warfare chemicals or nerve gases and cyanide, are described, and stress reactions to chemical warfare are discussed. The necessity for psychiatric intervention for both physiological and stress-induced symptoms is emphasized with the growing threat from terrorist incidents. Signs and symptoms attributed to Agent Orange, a herbicide used in the Vietnam War as a defoliant, and characteristics of the Gulf War syndrome are described in detail.

The second chapter covers the importance of community and individual stress reactions to hazardous waste sites and other major chronic community exposures, as well as acute mass disasters, such as the chemical reactor explosion in Seveso, Italy, and the Chernobyl nuclear accident. Origins of the stress responses to chemical exposures are discussed, as are the roles of perception and interpretation, bias, and litigation. A table lists the differences between technological and natural disasters. The symptoms and the treatment of mass hysteria are also described.

In the third chapter, psychiatric signs and symptoms attributed to the direct and traumatic effects of radiation, both therapeutic radiation and nuclear bombs or accidents, are described. It is stated that the invisibility of radiation and the unpredictability of the prognosis contribute to stress. The psychosocial reactions