Fifty years ago: ‘Parameters of occupational health in America’

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The distribution of in-plant services is much the same as it is in this country, most large firms having a medical department with full-time doctors and many more using full-time nurses and part-time local practitioners. The Industrial Medical Association in America has 3000 members of whom about one-third are full-time, but this figure probably includes people in university departments. About 400 of them are Board-certified specialists.

Formerly there were 43 University departments in the USA and Canada teaching industrial medicine. It was realized that many of these were below the necessary standard and a system of inspection and reporting was instituted so that there are now about 15 Universities which run courses for doctors and industrial hygienists.

Probably unfortunately, the US specialist boards require a 3-year course for a Master’s degree, so that although a steady stream of hygienists is produced, each course seems to attract relatively few doctors. Indeed, the length of the course and the fact that salaries in industry compare on the whole unfavourably with those that can be earned in private practice, mean that industrial medicine is not on the whole attracting the right people. There is some anxiety about the fact that it is becoming rather a depressed speciality.

To conclude

All is not gold that glitters, either in America or anywhere else. Basically both the incidence and the efficacy of occupational health in the USA are much the same as here, and the problems are the same—how to get small- and medium-sized firms to ‘do the right thing’, how to attract and train the right doctors, and how far should compulsory legislation go towards enforcing reasonable standards? Americans have more money for research, better physical conditions in factories and offices (although there are also plenty of bad ‘railway arch’ workshops, totally unsupervised), but the universities tend to be disappointing and doctors in industry are in short supply. There do seem to be two overwhelming advantages in America—the willingness of central government to spend money on long-term research and the availability, through insurance companies and some States, of virtually free occupational hygiene advice. I started by saying that America is a large and disparate country. I found that it became more exciting as I got further west, until I finally left my heart in San Francisco. But apart from charm and atmosphere, the west coast is doing new things, from the Kaiser small plant service and their socialized Permanente plan, through two group practices doing nothing but industrial medicine, to the occupational health department at Washington University in Seattle, which is supported by a tax on industry matched by a contribution from the unions. This State also has a comprehensive and compulsory industrial insurance scheme. The east coast I found less dynamic and prone to worshipping its own image and past achievement, but it too will do new things and those two grand old men of industrial medicine, Kehoe in Cincinnati and Ted Hatch in Pittsburgh, are now studying health rather than disease. Hatch is trying to find out what contribution work makes to the falling off of capacity with age.


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References


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