



**Statement of**

**Edward J. Baier, Deputy Director  
National Institute for Occupational Safety and Health  
Center for Disease Control  
Department of Health, Education, and Welfare**

**Before the  
Subcommittee on Manpower Compensation and Health and Safety  
House Committee on Education and Labor**

**May 7, 1975**



Mr. Chairman and Members of the Subcommittee:

I am Edward J. Baier, Deputy Director of the National Institute for Occupational Safety and Health (NIOSH), administered by the Center for Disease Control in the Department of Health, Education, and Welfare. I have with me Dr. Pierre Decoufle, Chief, Illness and Injury Surveillance Branch of the NIOSH Office of Occupational Health Surveillance and Biometrics.

In 1972, the NIOSH Office of Occupational Health Surveillance and Biometrics funded a two-year pilot project to field-test a method for determining the extent of certain work-related diseases in selected groups of actively employed workers. The study, conducted by the University of Washington under the direction of Dr. David P. Discher, consisted of relating health findings based on medical questionnaires and physical examinations to information on current and past occupational exposures to chemical and physical agents. NIOSH will issue the findings of the study as a technical report entitled "Pilot Study for Development of Occupational Disease Surveillance Methods" later this month.

Historically, diseases of occupational origin have been under-reported--in large part because they were not recognized as such by employers, workers, or even physicians. While the cause-effect relationship is well-known for some occupational diseases, such as lead poisoning, silicosis, and radiation sickness, for others it is

not so evident, largely because they mimic diseases found in the general population. An important aim of this study was to get some insight into the magnitude of the discrepancy between reported cases of occupational disease and results from a special survey designed to identify conditions that are work-related.

When the results of the survey were compared with occupational disease reports from workmen's compensation claims and the Occupational Safety and Health Administration recordkeeping system, it was found that the vast majority of work-related conditions discovered in the survey had not been reported as occupational disease in either of the other two systems.

The exact magnitude of the difference between reported occupational disease and what may actually be occurring cannot be estimated for the total workforce from this single study. It does, however, confirm the belief that many occupational illnesses are going unrecognized and unreported.

The results of Dr. Discher's investigation are now being evaluated in terms of how the survey methodology can be utilized efficiently as part of the NIOSH program to determine the magnitude and extent of occupational disease in the work environment.

Dr. Decoufle and I will be pleased to answer any questions the Committee may have concerning this contract.

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18. Abstract (Limit: 200 words) This statement concerned a 2 year pilot project designed by the Office of Occupational Health Surveillance and Biometrics to field test a method for determining the extent of certain work related diseases in selected groups of actively employed workers. The study consisted of relating health findings based on medical questionnaires and physical examinations to information on current and past occupational exposures to chemical and physical agents. One important aim of this study was to secure insight into the magnitude of the discrepancy between reported cases of occupational disease and results from a special survey designed to identify conditions that are work related. On comparing the findings with reports from workmen's compensation claims records, it was noted that the vast majority of work related conditions discovered in the survey had not been reported as occupational diseases in compensation offices. This confirmed the belief that many occupational diseases were occurring and going unrecognized, and therefore unreported.					
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