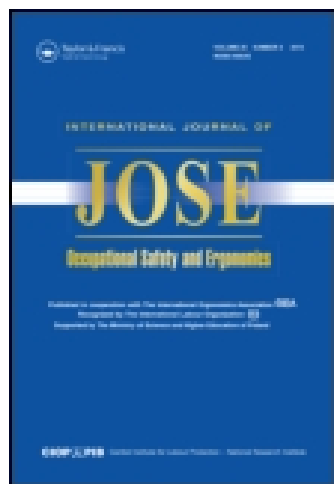


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Occupational Health and Safety From Communist to Capitalist Structures

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This article focuses on individual effects of the transformation from communist to capitalist structures in the system of occupational health and safety (OHS). Despite basic similarities among the communist nations the systems of OHS differed immensely. The political changes during transformation additionally contributed to varying opportunities for the development of OHS systems. Changes affecting the living and working conditions are significant and are demonstrated by the development of new work structures and work biographies. This is reflected in changed attitudes to demands and contents of work. No differences, however, were found between the employed and unemployed when asked about these issues. Conclusions for OHS in postcommunist states are drawn.

occupational health safety political transformation

1. INTRODUCTION

The topic of our paper is so extensive that it could be a subject of an entire congress.

In 1990, a symposium took place in Hungary that focused on the exchange of information and the discussion of "Environment and Health in

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Eastern Europe” (*Environment and Health in Eastern Europe*, 1990). Structural aspects of the system of occupational health and safety (OHS) were of less interest. In 1994 international organizations, such as the World Health Organization (WHO) and the International Labor Organization (ILO), arranged conventions to discuss organizational problems in occupational health. It was concluded that Central and Eastern European countries have the need to cooperate in standard settings, education, and training of workers, managers, and others involved in the field of OHS.

An improved capacity was demanded for monitoring biological and environmental parameters, importation of environmental technologies, more information on regulations, control technology, and methods for hazard reduction. All in all, a culture and sensibility for environmental health and ethic needs to be developed. To our knowledge, scientific publications addressing these issues are rare.

These conferences aimed to review the extent to which occupational health services in the countries of Central and Eastern Europe and the newly independent states of the former Soviet Union contribute to the achievements of WHO/ILO. Furthermore, present models and functions of occupational health services, as well as anticipated modifications were discussed (World Health Organization, 1996).

In this short article we chose to focus on the human being within the system of OHS, that is, employers and employees, taking into consideration that OHS systems not only ought to work for the workers, but with the workers as well. The people who organized the political change in the former communist countries are also the ones affected by the consequences of these changes—especially concerning the field of labor. During the first years after the so-called *Wende* (a term for the political change in Germany), a number of publications dealt with subjective reflections on modifications of life in a new social system (Scheuch, 1993; Schröder & Scheuch, 1996).

We would like to point out some aspects of the transformation process determined by our experiences as physicians and active participators in the transformation processes in East Germany and Ukraine.

2. OHS IN THE FORMER COMMUNIST COUNTRIES

The impression is often conveyed that the system of OHS in the former communist countries was alike. That does not correspond to reality.

After World War II all communist countries in Central and Eastern Europe established their OHS systems on the basis of the Soviet system. The common features were as follows:

- Not only was the state the sole owner of all enterprises but also the legislator and organizer of trade unions. Nevertheless, the real driver for OHS was the particular economic condition.
- The gap between declarations and laws of OHS on the one hand and the reality in the factories on the other was considerable.
- The medical care by occupational physicians and nurses was, in this context, a poor consolation and a cloak for the insufficient circumstances.

The staff in the OHS system worked with engagement, ideas, and high individual competence in most cases, irrespective of the unfavorable financial means available for health protection.

In order to demonstrate their independence, the staff of the company's OHS department was employed by the public health service and not by the enterprises. However, the companies frequently provided the facilities and, in some cases, hired additional personnel.

Besides these common factors, the systems of OHS, the education and the underlying philosophies, for example, regarding the threshold values for Maximum Admissible Concentrations, were considerably different. For instance, in the German Democratic Republic (GDR) the structure, approach, education, and methods of OHS had far more similarity with the system of the Federal Republic of Germany than with the system of the Soviet Union. Therefore, the intensive coordination within the COMECON countries for a joint OHS system was just as difficult as in the European Union (EU).

After the peaceful political changes another influence on the performance of OHS systems is obvious: the differences in political and economic development. Regarding the OHS systems, at present we can identify three groups of former communist countries:

- Countries applying for EU membership (i.e., the Czech Republic, Estonia, Hungary, Poland, Slovenia, Romania, Slovakia, Latvia, Lithuania, and Bulgaria). The preconditions are demonstration of political stability, development of democracy, willingness to change their system into a market economy including accelerating the privatization process, and the ability to bring their legislation into line with that of the EU (Hansen, 1998).
- East Germany (GDR). Being part of unified Germany, the change was and is supported by West Germany in all fields, including the system of

OHS. A few months after the unification West Germany's OHS system was adopted without any remarkable changes. Thus, in an extremely short time, a well-working system was established under the new conditions. That is not only a merit of organizations from West Germany, but also due to the trained and qualified staff of the former GDR. However, experiences of the well-organized system in the Eastern part were not taken into consideration and nowadays the necessity of subtly differentiating the Western system is recognized.

- The remaining countries, especially the ones of the former Soviet Union. The situation is really difficult. For example, in Ukraine nearly 40% of the workers are unemployed or underemployed and only 15.8% of the enterprises meet the sanitary norms and rules. Most of them are in coal, iron or mining, in metallurgy and engineering. After the political changes the incidence of occupational diseases rose considerably in Ukraine, particularly in the coal mines (Figure 1). This increase of occupational diseases happened due to different reasons in the other former communist states as well, except in the GDR. In recent years governmental funds for OHS services have continuously been decreasing in Ukraine. The medical care for workers has sharply deteriorated in spite of its growing demand. Solely 15% of workers were attended by an occupational physician or nurse (Table 1) in comparison to East Germany where the percentage is four times higher (60%).

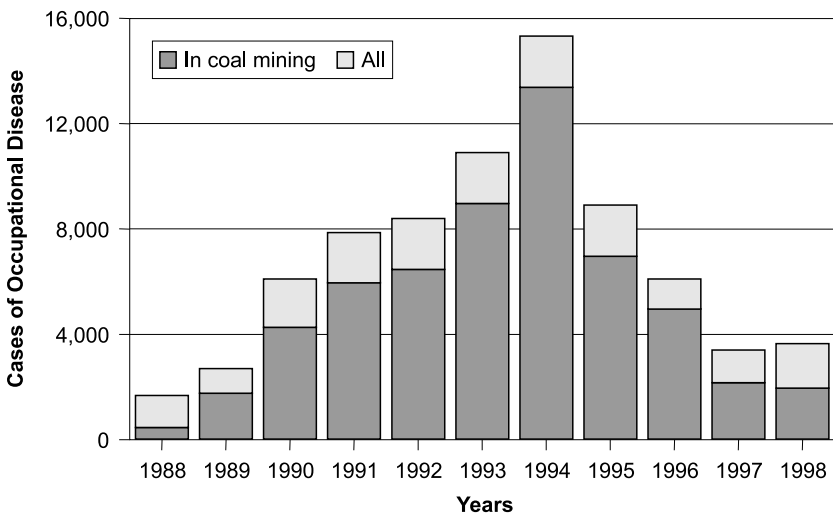


Figure 1. Occupational diseases in Ukraine from 1988 to 1998.

TABLE 1. Occupational Health of the Working Population in Ukraine in 1998

	Working Population		Periodic Medical Examinations of Sick Workers		Occupational Diseases Registered for the First Time	
	Number	%	Number	%	Number of Cases	Per 10,000 Workers
General	20,215,900	40.0	3,070,186	15.3	3,558	1.76
Urban	14,986,800	43.7	2,331,489	15.5	3,402	2.27

3. EMPLOYEES IN THE FORMER COMMUNIST COUNTRIES AFTER THE WENDE

Despite of numerous political and economic differences, and resulting differences in the OHS systems, it is possible to identify some similarities. We would like to point out two of the dimensions, which have a strong effect on employees:

- change of attitudes, views, and needs;
- influence of changed work conditions.

It is hard to imagine the size of problems evolving when the structure of political, economic, and social issues changes overnight, which happened in these countries in 1989/1990 (Hansen, 1998). Pearce and Frese (2000) described this process: Not only did the work pace increase, but also the threat of unemployment was new and brought along a rising insecurity of the professional biography.

The gap between working and not working individuals and society at work or not becomes increasingly important. These new experiences in a subjectively ruthless and competitive society promote this process. This sociological phenomenon is well-discussed in the Western world, but has yet to be fully addressed in Central and Eastern Europe.

Many social supporting networks, particularly work-related ones, disappeared. Unexpectedly, employees in different professions reported equivalent levels of physical and mental strain in investigations before and after the Wende (Fay & Frese, 2000; Scheuch, Vogel, Koch, & Haufe, 1993).

Working conditions improved by the closing of firms, reduction of workplaces, and increasing unemployment as high-strain work sites were rationalized. At the same time new and modern enterprises were constructed with better working conditions.

Under these circumstances, it is not easy to maintain a common understanding of health and safety at work.

The tight economic situation brings up the fear that workers would accept any work for any wages. However, this fear is not warranted in the case of East Germany. Surveys indicate that only approximately 20% of workers would agree to a lower income or deteriorated working conditions. Surprisingly, the differences in this respect between employed and unemployed workers are not striking (Figure 2). It seems that the attitude towards work and work motivation can be largely explained on the grounds of cultural and economic factors and not by a motivational after-effect of communism as a comparing investigation of work motivation in Bulgaria, Hungary, and the Netherlands shows (Roe, Zinovieva, Dienes, & Ten Horn, 2000).

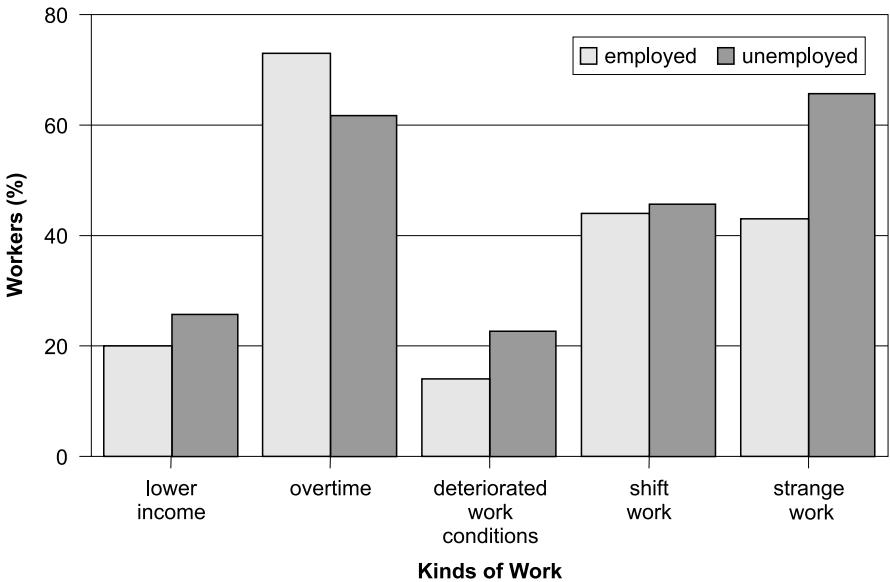


Figure 2. What kind of work would you accept in future? (Hans-Böckler-Stiftung, 1999).

In the future more difficulties will be caused by the continuous changes of attitude towards work. Within the few years after the Wende, the hopes for health-preserving and qualitatively good work faded considerably. Both employed and unemployed show a more pessimistic view on the development of work (Figure 3). The future of occupational health is also seen unfavorably. This seems to be a general trend in postcommunist societies,

which also occurred under stable communist conditions. During that time, a rather lethargic morale dominated and prevented any positive changes.



Figure 3. How will work develop according to your opinion? (Hans-Böckler-Stiftung, 1999).

The second part of this section analyzes who is affected by changing work settings.

In 1989 the structure of work force in East Germany was exactly the same as in West Germany in 1960. Consequently, rapid changes of the economic structures were more than necessary. Figure 4 shows the development of the employment structure for the industrially well-developed city of Dresden in East Germany. Whereas Dresden is typical for all cities, the situation in smaller towns and the country is even more unfavorable. A similar development took place in other former communist states, however not as fast and distinctive. Similar changes will have to take place in those countries joining the EU within the next years.

Communist industry was based on large enterprises, which were restructured into medium and small-sized companies. As this process has not been completed yet, we expect a dramatic decrease of workers in the public services, including universities, in the next years.

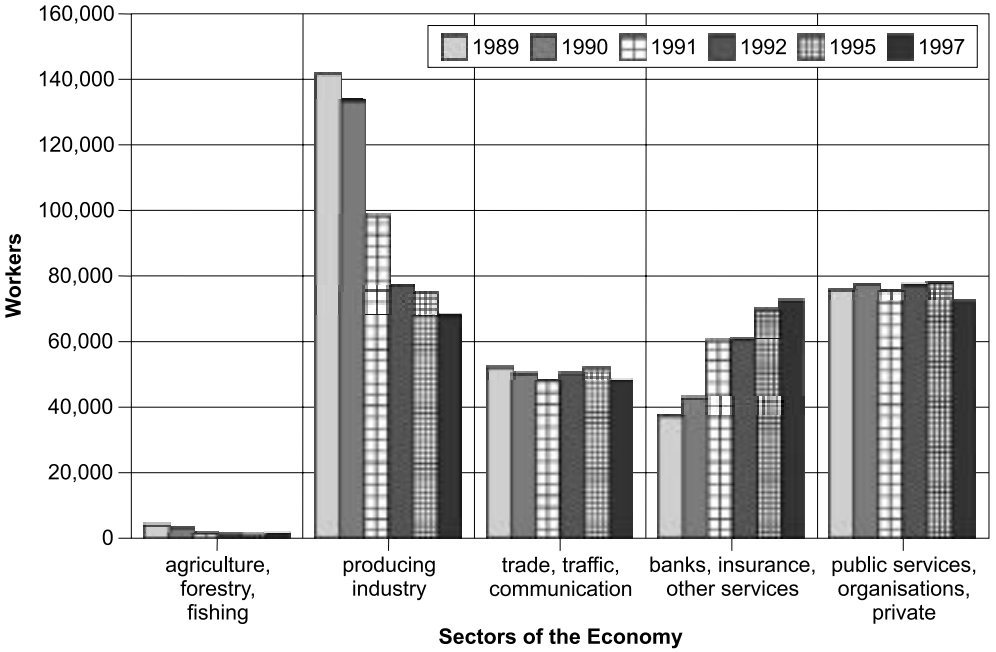


Figure 4. Development of employment structure in Dresden, capital of Saxonia, Germany.

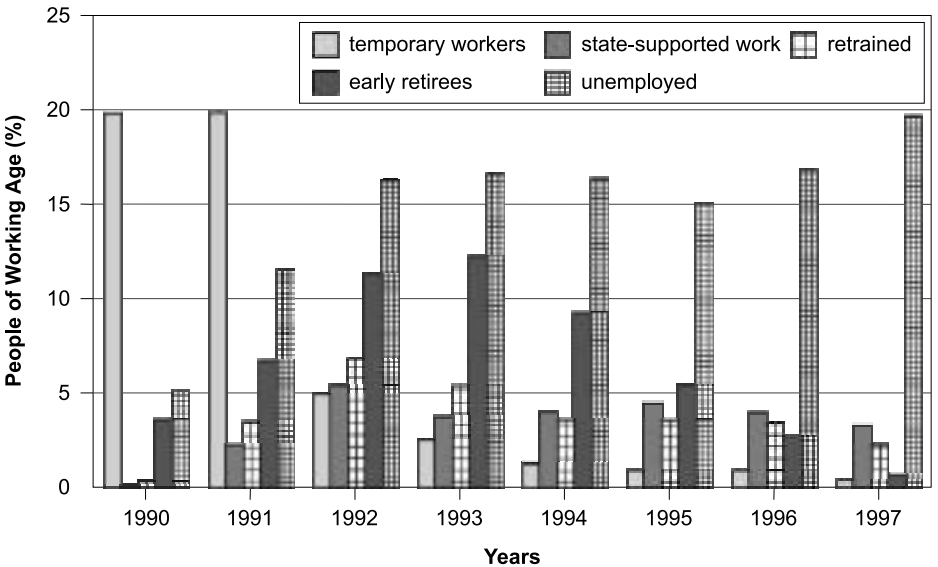


Figure 5. Changes of the work-related biography after the political changes in East Germany.

Therefore, a significant number of workers changed their work or were forced to perform so-called unordinary work (Figure 5). In the first three years after the Wende in East Germany the professional biography or the work structure changed for about 90% of the workers and this affected their families as well. It is understandable that in this process of individual dismay, OHS was of less importance.

4. THE FUTURE OF OHS IN POSTCOMMUNIST COUNTRIES

The development of OHS depends mainly on the improvement of economic preconditions. In those countries with an increasing national income, we also found a growing importance of OHS. Another promising fact is that the countries applying for membership in the EU are expected to adopt the EU standards of OHS. The assumed structural changes are certainly necessary, but their transfer to reality might be difficult.

Without an increasing national income, there is no need to discuss individual factors in the system of OHS. The workers in these countries are not the bottleneck for the development of OHS; rather they represent the main opportunities in this field.

As the changes in the aforementioned countries are ongoing, the necessity arises for changes in the OHS systems similar to the changes in all developed countries (Indulski, 1997; Scheuch, 2000). The focus has shifted from protection towards prevention and promotion of health. The worker's role is changing, he or she is no longer a passive recipient of information and object of protection, but rather an active decision-maker largely responsible for his or her own safety and health. OHS systems are more often included in common management systems, whereas quality management grows in importance. Not only does the philosophy of OHS change, but also its structure is in drastic alterations. Consequently, all European countries need to cope with these important changes of OHS (Scheuch, 2000). Employers and employees are required to adapt their views and take the challenge of these new conditions.

The people of the former communist countries demonstrated their ability to actively change a dictatorial system into a democratic society and their adaptability to fundamentally new demands. Therefore we are optimistic.

Secondly, these countries have a large number of highly educated, motivated, and trained professionals in the field of OHS, whose experiences

will be beneficial to the process of change. A new OHS system needs multidisciplinary teamwork: networking physicians, engineers, psychologists, and other professions. Although cooperation and mutual understanding is not easy in a competitive field, these kinds of networks already existed in the former communist countries and can be the basis for future development.

We believe that our optimistic view is not only wishful thinking. All European countries ought to take the challenges of the new world of labor. Different experiences in OHS are particularly useful for this process. However, taking advantage of these requires the readiness of the capitalist and industrially well-developed states. Until now, there has been a one-way street only, but in this difficult process all experiences are mutually demanded. This calls for an unbiased view on the different systems of OHS.

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