

Turkey seen through the Prism of Occupational Diseases: Success Story or Hidden Disaster?

by *Ahmet Tellioglu*

It is hard to diagnose and recognise an occupational disease (OD) because the diagnosis must prove the occupational factors which caused it. The diagnosis of ODs in a workplace has important consequences for employees and employers:

1. The employer has to pay compensation;
2. An increasing number of ODs diagnosed lead workers to demand higher wages;
3. The workplace will be inspected more frequently and more carefully.

While the process of diagnosing and recognising ODs requires close collaboration of many parties in and around the workplaces (employers, employees, occupational health and safety (OHS) professionals and state institutions), employers try to avoid OD diagnoses because of the financial costs they may incur as a result. Regulations about OD issues should be aware of these issues.

The first row in Table 1 shows the number of ODs recognised in Turkey in the past nine years. The second row shows the expected number of ODs, if Turkey has on average the same incidence as in EU member states. According to official data, the incidence of ODs in Turkey is 30 times lower than in the EU. Since it is unlikely that this is a true reflection of reality, we can infer that only one of 30 OD cases is reported in Turkey.

Table 1: The comparison of the number of ODs in Turkey: Diagnosed vs. expected

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of occupational diseases recognised in Turkey (1)	384	1651	574	1,208	539	429	533	697	395
Expected number of occupational diseases according to the ratios observed in the EU MS (2)	2473 - 12831	4574 - 13722	4811 - 14434	5013 - 15040	5175 - 15524	5108 - 15324	5505 - 16514	5950 - 17851	6248 - 18743

1. Source: Statistic Yearbook of the Institute of Social Security, Turkey, various years

2. The range of the expected number is the minimum and maximum average incidence rate in the EU MS, which range between 0.4 per thousand workers and 1.2 per thousand workers, multiplied by the *total number of employees in Turkey (excluding public and informal employment)*; own calculations

World Health Organisation (WHO) estimates that 19.9 out of 100,000 employees die annually due to ODs based on world av-

erages; 11.5 out of 100,000 die because of occupational accidents. The official numbers regarding death due to occupational accidents in Turkey seems to be relatively consistent with the estimates of WHO, albeit approximately 22% lower. However, only 59 cases of death have been recorded to be an outcome of occupational disease in Turkey from 2004 to 2012. This is around 2.5 per thousand of what WHO estimates.

Have no other workers died due to ODs in the past nine years? Or are there no records of these cases? It seems there is a high under-recording of ODs. Below we provide a discussion of the causes of this.

In a country that is presumably an EU accession country, the situation regarding ODs is worse than many countries assessed by ILO's last global report. Turkish authorities have acknowledged that the number of ODs diagnosed were very low and committed to substantially increasing the number of reported ODs (by a massive 500%) in order to get closer to reality. To this end, Turkey introduced a new OHS law in 2012.

What can workers exposed to risks of occupational diseases do in Turkey?

It is crucial whether an on-site workplace physician has the chance to research and assess occupational conditions and risks to diagnose ODs, because for a disease to be recognised as OD, the relation of the cause of the disease to the workplace has to be exactly identified. Therefore, it is crucial that the workplace physician, who best knows the conditions of the workplace, is part of the process of the diagnosis, and can work independently without intervention.

I experienced a case as a workplace physician in 2012/12 at a chemical factory in Istanbul, specialising in a variety of polymers. The case casts serious doubts on the current regulations and their enforcement.¹

I assumed the managers and the government, not to mention my ethical commitment as a doctor, mandated me to research and diagnose occupational risks and diseases. This mandate is very clearly expressed in the recent OHS Law. At this workplace, there are 250 employees. Hazardous chemicals, dusts and the heavy weight of the material processed are major risks for workers. Before I started, the board of Occupational Diseases Hospital of Istanbul had already prepared 20 reports about this factory from 2006-2011. The reports argued that the workers had been exposed to toxic chemicals. When I submitted 10 further cases to the same hospital, the reports of the board of the hospital again con-

firmed the exposure to toxic chemicals. Furthermore the reports urged the factory to do further research regarding the toxic chemicals, and to take immediate measures. Upon receiving the reports, I contacted the managers of the factory with the following warning: *These exposures are a very serious issue regarding the health conditions of the employees. You need to carry out further researches and implement new measures to protect employees.*

These warnings continued for five months then I was called for a meeting with three top managers of the factory. Their conclusion was that: *The employees must not be referred to Occupational Disease Hospital for research for occupational diseases and exposures, because this might damage the company's interests.* They were worried that the social security institution could demand the costs of diagnosis and the treatment of the diseases; the workers concerned or their relatives could demand compensating payments; and the reputation of the firm could be damaged. The managers said if I continued referring the workers to Occupational Disease Hospital, *they cannot explain this situation to the owners of the factory.* My response was: *"you are not allowed to discuss the medical practices of a physician based on company interests. The professional autonomy is the main basis of the work of a medical doctor even if (s) he is a physician at your workplace."*

No action was taken to address exposures by either the managers or the owners after this meeting. I notified the Turkish Ministry of Labor (MoL), and I was dismissed in June 2013.

The MoL initiated an inquiry six months after I was dismissed. The results of this inquiry are yet to be seen; however, in the history of Turkey, no company has ever been found guilty of exposing workers to toxic chemicals, or compromising workplace physicians. The Medical Chamber of Istanbul expressed its support for me and assigned an attorney to initiate a lawsuit against the company for unfair dismissal.

To date, nothing has been done regarding the conditions of work that expose workers to serious health hazards at this workplace in the centre of Turkey's largest city. Deaths due to undiagnosed ODs, attract little attention by the government. Whenever the issue is raised, their reply is that they have passed a new legislation. In the course of the lawsuit, two different expert reports stated that "the practice of the workplace physician regarding the OHS conditions at Organik Kimya is absolutely correct," and on 1 July 2014 the court decided that the employer has to compensate me for unfair dismissal.

However, there is little evidence that this will mobilize inspectors to enforce any requirements regarding OHS at Organik Kimya. In Soma, in May 2014, 300 miners died in a private mining company because of lack of obvious OHS regulations. This is only two years after the new OHS legislation, which is claimed to meet the EU standards. Not much has changed since the previous mining disaster in 1992, when 263 miners died in a public mining company. After Soma, due to public pressure the managers of the company are facing charges regarding neglecting serious OHS problems. In the case of Or-

ganik Kimnya, it seems like the government will not act until funerals leave the factory.

OHS is a human right

The Turkish government's OHS law warns employers about their responsibilities. However, it excludes the supervision of the Medical Chambers, which would ensure the professional autonomy of workplace physicians. Furthermore, large hospitals are authorised to diagnose occupational diseases, but in practice there are no occupational disease clinics or specialists in these hospitals. Turkey has not yet introduced the necessary regulations to simplify and facilitate the diagnosis and recognition of occupational diseases. This new law is just a formality about ODs because it does not include any protective measure about OHS professionals and employees.

OHS is a human right. ODs arise in most cases because employers avoid costs to secure decent working conditions. In the current system, the OHS professionals are paid by the employers directly, and they are not organised in unions and have no guarantee against dismissal, just like most other employees in Turkey, which makes it harder for them to resist compromises.

It is a crime against society to allow ODs to be hidden. The Turkish government attempts to turn OHS professionals into partners with employers in this social crime by taking away their professional and financial autonomy, and organisational rights.

The problems regarding the ODs and OHS professionals are part of broader deliberate policies, which have led to a dramatic decline in the unionisation rates and increases insecurity and outsourcing. Anti-labour strategies have been the backbone of the government's economic strategy. In the past three years, I have lost my job at five workplaces due to similar professional autonomy issues. It suffices to say that there was no organised union, which could follow upon my claims regarding ODs at any of these workplaces.²

¹ The company is Organik Kimya A.Ş, Kemerburgaz-Istanbul, owned by Kaslowski Family; a multinational company that takes pride in being involved in the same business for 90 years, and owns another chemicals factory in Rotterdam, Netherlands. They have been using many kinds of chemicals including monomers (acrylonitrile, styrene, acrylamide and thereof) which are probable sources of health risks.

² Turkey has always been a country with the lowest union density and collective bargaining coverage in OECD, but the situation has deteriorated further under the decade long rule of the current AKP government. The union density in Turkey fell from 9.5% in 2002 to 5.4% in 2011 during the AKP regime. For comparison the OECD average for union density is 19.5% in 2002 and 17.3% in 2011. Source: <http://stats.oecd.org/>

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