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For most work-related cancers, you have a 1% chance of state compensation

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Welding: source of one of the HSE's top ten priority occupational cancers. OliverSved

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While both main political parties come under pressure over how they will cut the UK deficit, the Conservatives reportedly see one possible target as the benefits scheme for industrial injuries. They would pass the costs on to private companies, requiring them either to take out insurance or become members of a default scheme that they would have to pay for. The saving is being touted at £1bn.

But if you were thinking this suggests that the existing system is some lavish benefit asking to be hacked back, think again. In the UK, workers suffering from many occupational cancers and other potentially lethal work-related diseases in a range of occupations can forget about government compensation.

Deadly statistics and missing bodies

Occupational diseases are the biggest killers of workers both in the UK and worldwide, far exceeding deaths from safety failures, traffic crashes and murders combined. Yet they receive minimal attention.

The hardest hit are the most vulnerable, the most exposed and the poorest employees with the weakest voices in society. They get the least information about the threats and often the worst support, oversight, inspection and advice on compensation. All too often, occupational ill-health is not looked for, not diagnosed and not recorded. The victims are rendered invisible and there is then no need for governments and their agencies to act.

For example UK government data conservatively indicates almost 13,600 new cases of occupational cancer each year. Workers can in theory get Industrial Injuries Disablement Benefit (IIDB) to compensate them, but in 2012 the IIDB compensated only 2,600 cases. Remove asbestos-related cancers and just 90 payments were made: a 1% chance of compensation.

As well as asbestos, the UK's top ten official occupational cancer priorities include lung cancer from welding, lung and bladder cancer from diesel exhaust emissions and breast cancer from shift work. Only three of the ten are recognised for compensation – lung cancer and mesothelioma for asbestos and lung cancer for silica through working with the likes of concrete, bricks, plaster and industrial sand. That leaves seven not recognised, even though millions of workers are exposed.

For instance diesel exhaust or painting-related lung or bladder cancer are not on the prescribed disease list at all, nor are cancers related to welding and some solvents. Breast cancer caused by shiftwork is estimated by the Health and Safety Executive (HSE) to affect around 2,000 women each year, including around 500 deaths. It is not on the list of prescribed industrial diseases list either. Asbestos-related ovarian cancer is also missing, despite having the top International Agency for Research on Cancer risk rating.

As for the cancers that do receive compensation, the pay-outs are often heavily restricted. The HSE estimates, for example, that nearly 1,000 workers develop lung cancer from silica. Of these, only about 30 get prescribed disease payments. Others who may only have been exposed to silica and no other lung carcinogens still have problems getting medics to accept the cause of the illness.

Policy shortcomings

The agency responsible for recommending to the Department of Work and Pensions which occupational diseases should be eligible for compensation is the UK Industrial Injuries Advisory Council (IIAC). The IIAC mostly imposes an arbitrary “relative risk” test, requiring the condition to be twice as common in the affected group as in the general population.

Even uncontentious causes of occupational cancer will often not overcome this test, which is neither a legal or scientific requirement. This is why fewer occupational diseases are officially recognised in the



High risk: building work. Scott Latham

UK. The same goes for the civil courts, who often apply the same test when workers claim for life-threatening and life-limiting occupational diseases.

The upshot is that workers and their families frequently do not obtain vital compensation when their health and lives have been damaged, frequently irreversibly. It means that citizens and communities too often pay the costs of health treatments and social support when those employers who exposed them to the risks escape with little or no economic damage. It also means that if occupational diseases are not recorded and compensated, the government is less likely to spend resources and time preventing them through things like monitoring and inspection.

There are few perfect state occupational disease compensation schemes, but several avoid UK flaws such as the double relative risk test. In Canada, Australia and parts of the US and Europe, especially Denmark, more occupational diseases are listed based on scientific evidence and recognition by the likes of the International Labour Organisation.

In these countries, there is a burden on employers to rebut such a listing. Where a fire fighter in the province of Alberta in Canada could be entitled to claim for 14 different work-related cancers, in the UK they could claim for none of them. And where the obstacles to claiming are frequently daunting in the UK, this is not the case in many of these other jurisdictions.

It is time for the UK to move in the same direction. This is certainly not the time to demolish industrial injury benefits by moving to employer-led schemes. Historically they have never worked elsewhere, and both these and insurance schemes are open to greater abuse. Compensation can be delayed easily and the schemes are not necessarily applied to independently or rigorously. It would also be even harder to get new diseases recognised.

Instead of going down this blind alley, it is time to improve and strengthen the existing scheme. This would mean that workers could rest assured that the state will provide for them if they are one of the unlucky ones.

Asbestos Iain Duncan Smith UK General Election 2015 Conservative

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