Prior to 1900, a worker who was disabled by industrial injury or accident could obtain recompense only through lawsuits based on either common law or, in some jurisdictions, employers' liability statutes.

Under common law, the plaintiff had to prove the employer's negligence and this, coupled with several other factors, militated greatly against the worker. Thus, there was a reluctance on the part of fellow workers to testify against the employer lest by doing so they placed their jobs in jeopardy. Moreover, three defenses were available to the employer which were used to deny claims made upon him, namely: 1) the worker by his own negligence contributed to his injury, 2) damages could not be recovered if a fellow worker was responsible for the injury, and 3) the injured employee could not be awarded compensation because of an inherent hazard in his employment of which he had, or should have had, prior knowledge.

During the 1850's, the obvious inequities of common law led to the employer's liability laws. These laws, although an improvement, still placed on the injured workmen the onus of proving the employer had been negligent.

By 1900, it was apparent that legal remedies for industrial injury were grossly inadequate. High legal costs were the rule and the employee often did not have the financial backing necessary for him to bring suit against the employer. As a result, between 1900 and 1920, most states passed workmen's compensation laws. The prime purpose of these statutes was to provide adequate benefits while limiting the employer's liability to workmen's compensation payments. These payments or premiums were to be predetermined, so as to avoid uncertainty for both the injured man and the employer. Appropriate medical care was to be provided and costly litigation averted. Most important of all was the establishment of the principle of liability without fault. The cost of compensation was to be assigned to the employer not because he was always culpable, but because of the inherent risks of industrial employment. Thus, assent was given to the concept that awards for industrial injury and sickness were part of the costs of production.

That the introduction of workmen's compensation laws was a tremendous social advance is self-evident, but it has become apparent in the last few years that present laws have grave deficiencies. These are outlined in more detail below and may be grouped as follows:

**The Number of Employees Covered by Workmen's Compensation**

At present only 85 percent of employees are covered by State and Federal programs. This figure is unsatisfactory and in some states little over 50 percent of the work force is covered. Those excluded are usually the lowest paid and most in need, viz farm workers, employees of small firms, and casual workers. In this regard many states still permit elective coverage.

**Variation in Injuries and Diseases Covered**

There is no uniformity from state to state as to which diseases or injuries are regarded as occupationally related. Thus, some states still do not rec-
recognize either byssinosis or silicosis as occupational diseases. Moreover, benefits for the same degree of disability differ widely from state to state and in some are grossly inadequate. There is a regrettable but easily understood tendency for industry to move to those states where workmen’s compensation laws are least generous.

The worst example of lack of uniformity has come about with the passage of the Federal Coal Mine Health and Safety Act. This Act placed the responsibility for paying awards for “black lung” on the Federal government and hence on the U.S. taxpayer. Nonetheless, although black lung benefits are a form of workmen’s compensation, in this case the coal companies are not bearing the expense. An inequitable situation has resulted in which disabled coal miners receive greater financial compensation than other disabled workers. Thus Federal Black Lung benefits are markedly more generous than are ordinary benefits paid by Social Security for premature and total disability. In addition, the coal miner is also usually entitled to a substantial award from the State Workmen’s Compensation laws. At the present time a disabled byssinotic card-room worker from North Carolina receives about a third of the compensation that a coal miner from Kentucky with the same degree of disability receives. When it is realized that the coal miner’s disability is less likely to be related to his occupation, the real injustice of the situation becomes obvious.

Provision of Medical Care in Rehabilitation Services

At present, the workmen’s compensation system provides reasonable cover for medical care; however, only 20 percent of beneficiaries receive any form of vocational rehabilitation.

Granted the above described inadequacies exist in the present system for compensating industrial injury and accidents, what can be done to correct the situation? Several alternatives are worth consideration.

1) Individual Reforms by the States

Past experience suggests that the States are unlikely to introduce of their volition the necessary reforms which would lead to a uniform and adequate system. Many states have been deterred by the spectre of industry migrating elsewhere. In addition tendentious arguments and biased lobbying are inflicted on the State legislatures by both labor and industry with the result that the status quo usually persists.

2) Recommendations to the States to Be Made by a Federally Appointed Commission

This is unlikely to be successful for the same reasons stated in the previous section.

3) State Action Mandated by Congress

It has been suggested that reforms could be effected through Congress enacting certain minimum standards of workmen’s compensation laws. This alternative would certainly do something to achieve uniformity and would result in an elimination of many of the present inequities. However, this type of mandatory State action would probably necessitate financial assistance from the Federal government. The cost of such half measures might well be excessive and the system, although improved, would still probably be inadequate in some areas.

4) Replacement of the Present System by a Federal Program

This alternative has obvious attractions since it would lead to complete uniformity; however, the means of financing of such a program presents problems. Nonetheless, such systems are the rule in most advanced civilized societies and it is felt the introduction of a Federal program is inevitable in the U.S.

All of these alternatives are discussed in some detail in the report of The National Commission on State Workmen’s Compensation Laws. This commission was appointed by the President and Congress and its findings were published in July 1972. The commission, while recognizing the deficiencies in the present system, did not recommend a Federal system, but rather the extension and improvement of State Workmen’s Compensation laws, at the same time conceding the capacity for such reform was probably lacking.

Inherent in any civilized society is the tenet that such a society should provide its disabled members with sufficient financial support for the necessities of life. Ethically and morally, it matters little whether the disability is industrially acquired or not. If this doctrine is accepted, the same impairment and the same disability should receive the same compensation. Were this so, the loss of a leg or eye or the presence of a certain degree of respiratory impairment should result in the same compensation, no matter how the injury or disease originated. This precept has partial acceptance in that the present Social Security system provides compensation for premature disability irrespective of its cause. However, as described earlier, the coal miner who is
totally disabled by respiratory impairment receives greater financial compensation than does the equally disabled farm worker or steel worker despite the fact that their needs are the same.

These anomalies could be corrected by a Federal system that awards equal compensation for equal disability. Such a system should be administered and financed in a fashion similar to Social Security. This would necessitate that an accurate assessment of the frequency of industrial injury and disease be made throughout the nation. Based on these actuarial data, every employer would pay a premium into a central federally administered fund. Also being paid into the same fund would be that portion of each person’s Social Security payment that is put towards premature disability awards. This would probably necessitate that the separate Social Security accounts be established for disability and for retirement.

Such a system would still ensure that the employer was compelled to assume financial responsibility for industrial injury and disease. Moreover, it would ensure uniformity and would eliminate much of the present tedious and expensive litigation that takes place. It would also make certain that disability award remained with the disabled person rather than finding their way into the pocket of a third party.

In conclusion, it only remains to be said that compensation for industrial injury and disease has too long been the province of the legal profession alone, a fact that is emphasized by the present haphazard and inadequate system. The medical profession would do well to recall Ramazzini’s apothegm, “Medicine, like jurisprudence, should make a contribution to the well-being of the workers.”

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**ANNOUNCEMENTS**

**Postgraduate Course: Clinical Chest Diseases**

The Mount Sinai School of Medicine of the City University of New York and the Page and William Black Postgraduate School of Medicine announce the Postgraduate Course: Clinical Chest Diseases. Course directors are Drs. Louis E. Siltzbach, Robert S. Litwak, Irving J. Selikoff and Sidney M. Silverstone. The course consists of half-day sessions to be held November 12-16 at the Mount Sinai Medical Center, New York City. For information, write the Registrar, Page and William Black Postgraduate School of Medicine, Mount Sinai School of Medicine, Fifth Avenue and 100th Street, New York City 10029.

**Cardiology Seminar: Coronaries and Controversies**

The 11th Annual Cardiology Seminar, sponsored by the Rogers Heart Foundation, will be devoted to Coronaries and Controversies and will be held December 6-9 at the Princess Hotel, Southampton, Bermuda. Course director is Henry J. L. Marriott, M.D. For information, write the Rogers Heart Foundation, St. Anthony’s Hospital, St. Petersburg, Florida 33705.