

II. INTERNATIONAL XI. NATIONAL OCCUPATIONAL HEALTH AND SAFETY CONGRESS RESULT REPORT

Living a healthy life is an indispensable human right for all individuals. However, in our country, workers, the poor, students, essentially all our people, are condemned to death in workplace accidents, earthquakes, train accidents, traffic accidents, elevator accidents, and workplace accidents. Our people do not have the right to life, the right to a healthy life.

In these days when deaths prevail both globally and in our country, the Chamber of Mechanical Engineers (UCTEA) organized the first Workers' Health and Safety Congress in 2001, which was held as the II. International, XI. National Congress at Çukurova University under the coordination of the Adana Branch on October 25-28, 2023, marking the 100th anniversary of the Republic's establishment. The congress, which has been held regularly every two years since 2001, could not be held in 2021 due to the pandemic. After the I. International, X. National Congress, the world experienced the Covid-19 pandemic, during which millions worldwide and, according to official statements in our country, 130 thousand people lost their lives. While the lockdown was in effect until a vaccine was found against the Covid-19 outbreak, workers continued to work, and workers, especially healthcare workers, lost their lives intensively due to the pandemic. Therefore, we can also refer to Covid-19 as the "worker's disease." In the earthquakes that occurred in our country on and after February 6, 2023, we experienced the consequences of prioritizing profit policies over human life. A natural event like an earthquake turned into social destruction, and at least 50 thousand of our people lost their lives.

A total of 1728 people, including 482 delegates, participated in the congress, and 13 companies, institutions, and organizations participated in the exhibition. International Labour Organization (ILO) Turkey Office, World Health Organization (WHO) Turkey Representation, Global Industrial Workers' Union (IndustriALL), American Industrial Hygiene Association (AIHA), Italian Association of Occupational Hygienists (AIDII), Trades Union Congress (TUC) in the UK, Institution of Occupational Safety and Health (IOSH) in the UK, Netherlands Institute for Learning and Development of Occupational Health and Safety (LDOH), ministries, public institutions and organizations, private organizations, universities, municipalities, UCTEA, Turkish Medical Association (TMA), CPTU, CPLU, TÜYAK, many unions, associations, professional organizations, foundations, certification bodies, Occupational Health and Safety Research and Development Institute, Asbestos and Hazardous Waste Association, Industrial Toxicology and Occupational Hygiene Association, representatives of the Turkish Women's Associations Federation spoke at the panels, presented papers.

The congress, attended by scientists, engineers, technical personnel, doctors, healthcare personnel, occupational safety experts, workplace doctors, workplace nurses, workers, and students, included a total of 30 sessions, including 1 opening panel, 1 forum, 1 discussion, 1 special session, and a closing session. 12 poster presentations were made, and a total of 118 presentations were realized, including 65 scientists, trade unionists, and 53 oral presentations. Important findings and recommendations were made on occupational health and safety in the panels and sessions."

In our congress, with the consciousness and responsibility of being a professional organization that is committed to labor, the people, and science, we emphasized, as we have done so far, that human life and a healthy life come first. During the days of the congress, the Middle East was once again bleeding with the massacres perpetrated by Israel in Palestine, an ongoing tragedy. The congress condemned the atrocities of imperialism and Israel. A call for a world without war and exploitation was underscored.

On the day the congress started, October 25, a death occurred due to an elevator getting stuck between walls in a KYK dormitory in Aydın-Efeler. This incident, along with recurring tower crane accidents in recent months and the importance of maintenance and periodic inspections of work equipment, highlighted once again the painful consequences of periodic inspections being profit-oriented and not being supervised by institutions.

Our chamber sees contributing to developmental and improvement efforts in occupational health and safety, as in all fields related to our areas of expertise, as one of its most important duties. Developing safety recommendations for the correct resolution of occupational health and safety issues is among the fundamental tasks of our profession and our chamber.

The Occupational Health and Safety Law No. 6331, accepted in the Turkish Grand National Assembly in 2012, is not the only regulation related to worker health and safety. Legislation concerning work life is shaped by many laws and regulations, including the Labor Law No. 4857, Social Insurance and General Health Insurance Law No. 5510, Trade Unions and Collective Bargaining Agreement Law No. 6356, and Public Officials Trade Unions and Collective Bargaining Agreement Law No. 4688. The increase in work accidents is attributed, in part, to flexible working arrangements, temporary employment, and the relationship between the main employer and subcontractor introduced by Law No. 4857. In recent years, new forms of employment, such as couriers, workers in the TV series industry, and doctors being forced to establish personal companies, have been introduced. These workers, who are actually employees, are not entitled to any rights required by regulations governing work contracts in the workplace.

Since the acceptance of Law No. 6331 on Occupational Health and Safety, touted during its parliamentary acceptance process and subsequent campaigns by the government as a panacea for all ills, the number, frequency, and severity of work accidents have increased every year. Workers of all ages and from all walks of life, including child laborers, elderly workers forced to work after retirement, migrant workers, university students working for tuition, and those forced to work in fields unrelated to their education due to unemployment, are losing their lives. In recent years, workplace accidents, especially in construction, agriculture, metal, logistics, and mining sectors, have intensified.

The inability to detect occupational diseases since compensation is provided if they are identified continues to be a reality. Deaths resulting from occupational diseases, which cause at least six times more deaths than deaths resulting from work accidents according to ILO standards, cannot be identified after the enactment of Law No. 6331, just as before.

Work accidents and occupational diseases are not "fate." Viewing work accidents and occupational diseases as the "natural outcome of the job" invites new workplace tragedies.

Ensuring worker health and safety is primarily the responsibility of the employer. However, in the system introduced by Law No. 6331, this responsibility has shifted more towards occupational safety experts and workplace doctors than employers. Like other regulations in Law No. 6331, the regulations concerning experts and doctors only serve the interests of employers. Occupational safety experts and doctors are increasingly held responsible for every workplace accident. As a result of regulations aiming for the private sector to carry out occupational health and safety services, the number of Joint Health and Safety Units (OSGB) in our country has reached 2,500. 85% of workplaces prefer to receive services from OSGBs.

The opinions presented in the panels and sessions of the congress, along with the papers and discussions, have resulted in the steps, precautions, and regulations expected to be taken in the field of occupational health and safety (OHS), which are presented below for public awareness.

1. Working in a healthy and safe environment is the right of every employee.
2. Occupational health and safety are not just technical issues but also political matters.
3. The use of the terms "work health" and "work safety" in legislation instead of "employee health" and "employee safety" is a political choice. It should be acknowledged that workers die or become disabled due to work accidents and occupational diseases; hence, the terms "employee health" and "employee safety" should be used.
4. Ensuring employee health and safety is primarily the responsibility of the state and employers.
5. Work accidents occur due to the lack of taken precautions despite awareness of the problems. Therefore, the term "workplace murder" is more accurate than "work accident resulting in death."
6. The privatization of occupational health and safety services is a fundamental source of the problems. The market-oriented approach to these services should be abandoned in favor of recognizing the employer's obligation to ensure worker health and safety.
7. Unions, professional organizations, and democratic mass organizations supporting worker health and safety contribute significantly to creating a healthy working environment. Collaborative structures involving UCTEA, CPTU, CPLU, and TMA should be established to collectively fight for OHS in the country.

8. Barriers to organization, collective bargaining, and the right to strike, as well as obstacles to the establishment of control mechanisms in workplaces, should be removed. Workers' demands related to health and safety should be emphasized in collective bargaining processes.
9. Unions should be able to conduct accident investigations and analyses in collaboration with professional organizations after workplace accidents.
10. The participation of worker representatives in occupational health and safety activities should go beyond a nominal practice and be strengthened.
11. The understanding that shifts the responsibility for taking preventive measures from employers and the state to occupational health and safety experts, workplace physicians, and employees enhances employer negligence. The professional independence and job security of workplace physicians and occupational health and safety experts should be preserved.
12. A team guiding employers in ensuring worker health and safety should include physicians, engineers, technical personnel, health professionals, industrial hygienists, ergonomists, etc. The professional independence, working hours, annual leaves, professional development training, etc., of occupational health and safety experts, workplace physicians, and all personnel involved in OHS should be reorganized.
13. The organization and unionization of occupational health and safety experts, workplace physicians, and other health personnel will contribute to accident prevention. The congress calls on all workers in the OHS field to unionize.
14. Profit motive, lack of supervision, and non-application of penalties are contributing factors to accidents. Government inspections play a crucial role in preventing work accidents and occupational diseases. However, inspections at workplaces have decreased significantly in recent years and should be increased quantitatively and qualitatively without political concerns.
15. Occasionally, workplaces may request independent audits by private audit firms regarding occupational health and safety. However, these firms may not report deficiencies found during audits to retain customers. Public inspections should be the primary focus in workplace audits.
16. Acknowledging that job security complements worker health and safety, all employees should be placed under a socially secure umbrella with "norms and standards" befitting human dignity. Measures should be taken to prevent working without insurance and union representation, and the informal economy, including migrant workers, should be formalized.
17. The "National Occupational Health and Safety Council," rendered ineffective by a Presidential Decree and nearly eliminated, should be restructured. It should transition from a government and employer-dominated structure to one where employee organizations and professional organizations have a majority. The Council should become a directive and functional entity as part of the National Institute/Council, moving away from advisory decisions.
18. Laws such as the Labor Law No. 4857, Occupational Health and Safety Law No. 6331, Trade Unions and Collective Bargaining Law, and other regulations related to the field have been shaped in favor of employers. Laws and regulations that legalize flexible and rule-free work, temporary employment, subcontracting, and undermine worker health and safety should be annulled. Following the establishment of the National Occupational Health and Safety Board/Institute, all legislation and control mechanisms should be redesigned with a focus on "human."
19. Regulations should prioritize worker health and safety in workplaces, emphasizing that the primary responsibility lies with the employer. Practices that exploit workers, such as establishing personal companies for couriers, physicians, and artists, depriving them of their rights, should be terminated.
20. Regulations should include protective provisions and oversight for risk groups such as children, youth, women, migrant or elderly workers. Gender discrimination should be eliminated in workplaces.
21. Child labor exploitation should be eradicated, and child workers should be rehabilitated and directed towards formal education. The "MESEM" project leading to children being withdrawn from school and involved in the workforce as a cheap labor source should be abandoned.

22. Negative practices against women and women's labor, perceived as cheap labor, should be eliminated. Equal pay for equal work practices and equal employment opportunities should be ensured.
23. Women face various inequalities based on gender in society and the workplace. They experience discrimination, violence, and harassment in almost every aspect of working life, including jobs, wages, social benefits, working conditions, and promotion opportunities. In this context, efforts should be made to ratify ILO Convention No. 190 on Violence and Harassment in the World of Work. Additionally, activities creating awareness about the "working life and women" theme and addressing OHS issues and solutions for women workers should be increased.
24. OHS regulations and practices should cover all workplaces and all employees (including domestic services, prisoners, and detainees) without any distinction based on sector or number of employees.
25. OHS starts from the planning stage of workplaces. Therefore, the obligation to obtain "workplace establishment permission" and "operating license," which was terminated in 2010, should be reintroduced into legislation.
26. The continuous postponement of the practice of employing specialists and physicians in low-risk workplaces in public institutions and workplaces with fewer than 50 employees has led to a disregard for OHS. Employment of specialists and physicians in these workplaces should commence immediately.
27. Ensuring worker health and safety is the responsibility of the employer. Therefore, those who want to open workplaces should be required to receive OHS training according to the nature of the workplace before opening. Additionally, those in management positions should be obligated to undergo OHS training based on their roles. The prerequisite for opening a workplace or being a manager should be the completion of these trainings and certification.
28. The obligation to establish an OHS Board should be mandatory in workplaces with 30 or more employees, gradually reducing this number further. There should be a single OHS Board in a workplace, and the establishment and decision-making mechanisms should be democratized.
29. In industrial enterprises with more than 50 employees, the mandatory employment of a "full-time" Occupational Safety Specialist should be implemented.
30. Postgraduate occupational health and safety training should be jointly provided and certified by universities, relevant professional chambers affiliated with UCTEA, and TMA .
31. Postgraduate education in OHS focuses more on passing a class B expertise exam than on academic/scientific work. These programs, where attendance is not monitored, and writing a thesis is not mandatory, should be reorganized according to the needs of OHS and science.
32. In accordance with the Higher Education Law, faculties that train graduates who can become occupational safety specialists must offer mandatory courses on occupational health and safety. Efforts should be made to train faculty members in this field. Training related to the Occupational Health and Safety Law No. 6331, offered in some university departments, should not be limited to distance education, as this method is deemed inappropriate for teaching OHS.
33. Assigning workplace doctors and safety specialists in public institutions to additional tasks within the same institution or in other institutions undermines the application of expertise with a specific competence. Additional responsibilities should not be given to Workplace Doctors and Occupational Safety Specialists. Public employees in workplace health and safety roles should no longer be expected to work without compensation.
34. The curriculum for education, starting from secondary education, should be restructured to include health and safety, with mandatory health and safety education in all schools. In higher education institutions with departments allowing the qualification of occupational safety specialists, it is not sufficient for OHS to be a mandatory course; OHS departments should be established within relevant faculties.
35. The Professional Training Certificate and Professional Competence Certificate system should shift from being purely commercial to becoming a system that considers professional training and competence as obligations for employers and the public.

36. The periodic inspections of work equipment and elevators have been neglected, leading to recent increases in workplace fatalities and elevator accidents. Barriers preventing our professional organization (CME) from overseeing all services and periodic inspections in the field should be removed.
37. Statistics on work accidents and occupational diseases published by SGK do not adequately reflect realities and provide little guidance. The Ministry should share detailed analyses of investigation reports on work accidents and occupational diseases prepared by SGK after inspections.
38. Information on accidents and occupational diseases in workplaces should be collected in a database. Clinics for occupational diseases and main branches should be established, and the information gathered should be used for measurement and evaluation purposes.
39. The limited role of SGK in compensation has led to the non-detection of occupational diseases. Initial diagnosis and reporting processes should be modified.
40. Instead of various definitions in different legal documents, a single definition based on ILO's definition should be adopted for occupational diseases, and the legal reference for all employees and law enforcers should be this definition. Concepts of medical definition and compensation-requiring disease definition for occupational diseases should be differentiated.
41. Collaboration between the Ministry of Labor and Social Security, the Ministry of Health, UCTEA, and TMA should be established to work towards preventing occupational diseases and making the collaboration between doctors and specialists more effective.
42. During the removal of debris after earthquakes, no precautions have been taken against work accidents, occupational diseases, and the deterioration of the health of people living in the region. Emphasis should be placed on occupational health and safety, as well as measures against asbestos and other factors that could cause occupational diseases during debris removal. Municipalities must fulfill their obligations in this regard.
43. The Ministry of Labor and Social Security should work to ensure job security for workplace doctors and diagnosed employees who report occupational diseases.
44. Local authorities issuing permits for workplaces should inspect whether workplaces comply with occupational health and safety standards before opening. Evaluation teams should be provided to local governments for this assessment. The legal dimension of local governments' inspection function should be prepared by relevant authorities.
45. The title "Other Health Personnel" ("DSP" in Turkish) in legislation should be changed to "Workplace Nurse." In addition, they should be actively involved in workplaces.
46. National policies on occupational health and safety are currently determined and implemented solely by the Ministry of Labor and Social Security, without considering the views of other social parties. The Ministry's documents, such as plans and reports, lack analysis of the reasons for the increase in accidents and solutions. The 10th and 11th Five-Year Development Plans prepared after Law No. 6331 also lack a guiding perspective. It is suggested to establish a national institute/council, independent administratively and financially, with the majority composed of labor organizations, involving unions, universities, UCTEA, TMA, Ministry of Labor and Social Security, Ministry of Health, and the Union of Municipalities. This institution would organize and supervise all the requirements of the field, including legislation creation, workplace inspections, measurements, periodic controls, and training and auditing of OHS professionals. The local branches of this institution should be present in all provinces and districts.

As a public service institution with a sense of responsibility, our professional organization CME is ready to contribute to constructive and improvement efforts in the significant issue of occupational health and safety in our country. We announce to the public that we will continue our struggle in this direction