

occupational safety and health

corporate medical director



Corporate Medical Director Checkpoint

Do you like the idea of working in a corporate setting?

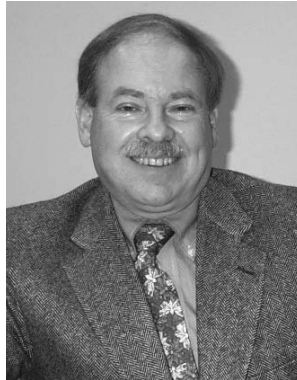
Are you interested in working conditions that affect health?

Do you understand the connection between practicing public health and keeping up with the changing circumstances of doing business in a foreign country?

If so, read on

A TRUE TALE

Wayne Lednar, MD, PhD, graduated from Fordham University in New York with a degree in biology. After four years, he says, he knew what he did *not* want to do, and that was to “count hairs on mosquito legs.” Rather, he



Wayne Lednar, MD, PhD

sought a way to combine his interest in biology with people and health. He learned from a classmate about the field of public health, an area that would enable him to use his science background to improve the health of specific populations. He then earned a master’s degree in public health from the University of Massachusetts, where he specialized in environmental health.

Wanting to understand more about the field, Dr. Lednar attended the University of North Carolina, Chapel Hill, where he earned a PhD in epidemiology. “By that time,” he says, “I could put the story together and

know what to recommend if things were not working. If I wanted to be able to ask good questions, understand each answer, and place each answer on the continuum of cause and effect, I felt I needed to know more about disease.” That search for answers led him back to school, this time to The George Washington University in Washington, D.C., where he received a medical degree.

After an internship in pediatrics and a residency in general preventive medicine, Dr. Lednar spent the next ten years in the United States Army Medical Corps running residency programs to train physicians in the specialty of preventive medicine and public health at Walter Reed in Washington, D.C., and then at the Madigan Army Medical Center in Tacoma, Washington. In Tacoma, he was responsible for the public health support to a population of 40,000 soldiers and civilian employees, 100,000 family members of soldiers

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and 160,000 military retirees. In 1988, after spending ten years in the service, the Eastman Kodak Company recruited Dr. Lednar to work in Rochester, New York, as Kodak's corporate epidemiologist. In 1995, he was promoted to Corporate Medical Director (CMD) for Kodak's worldwide operations, and in 2002 appointed a vice president.

Profiling the job

As Corporate Medical Director at Kodak, Dr. Lednar monitors the health of the company's workforce in every country in which Kodak operates, ensuring that Kodak's employees can perform their jobs effectively and safely. Much of this activity is predicated on understanding the individual needs of workers, what Kodak expects of them, and the kinds and quality of medical care resources available throughout the world. "We aim for a good match between the demands of work and the capabilities of our employees. If we have a mismatch," Dr. Lednar says, "people are going to get sick and they are going to get hurt. Our job is to anticipate this, and to design solutions within our initial job placement process and the way we operate our businesses, so that we have a wide safety margin between job demand and worker capability."

One way to avoid injury is by proper design of the workspace and the work system. Assembly line work systems that are poorly designed can lead to overwhelmed, stressed or injured employees and to defective products. "I remember the *I Love Lucy* episode from years ago where Lucy was working on an assembly line boxing pies, and the line went so fast she couldn't keep up — pies ended up flying all over the place. That's a comical but good example of how work systems can be set to produce a lot of product, but can simultaneously overwhelm the people who have to do the work. In the end, you have a substandard product, poor employee morale and a chance for accidents to happen." The field of occupational public health plays a key role in understanding the potential for illness and injury in business operations, and works with the people who can prevent poor outcomes from occurring. Those people include industrial engineers, time and motion study specialists, and even those who engineer the machinery and select the materials.

A still more effective approach to alleviating such on-the-job health risks would be to predict their occurrence *before* they occur, which is the subspecialty of trend analysis. Occupational safety and health work includes recognition of trends and response to them. A good example of such a trend is the countrywide increase in the number of adults who, for the first time in



Did you know?
The Occupational Safety and Health Administration's (OSHA) mission is to prevent work-related injuries, illnesses and deaths. Since the agency was created in 1971, OSHA estimates that occupational deaths have been cut in half and injuries have declined by 40 percent.¹



Did you know?

Each year, approximately 6,000 employees in the United States die from workplace injuries while another estimated 50,000 die from illnesses caused by exposure to workplace hazards. In addition, OSHA estimates that six million workers suffer non-fatal workplace injuries at an annual cost to U.S. businesses of more than \$125 billion.³

their lives, have developed asthma.² “We need to be aware that this is occurring and to understand its root causes. If there are work-related contributions to those causes, then it’s our job to modify or reduce them. If someone has asthma that’s not caused by the work environment, we need to be certain that we do not make the condition worse,” says Dr. Lednar. If part of an asthmatic employee’s job involves working among mists, vapors, aerosols or other irritating particles in the workspace air, either the company needs to purify the air, supply adequate respiratory protection, such as respirators, or relocate the employee. We would not know that asthma is an evolving public health issue without trend monitoring, a population-based quantitative discipline of epidemiology, according to Dr. Lednar.

Kodak has manufacturing facilities in more than 20 countries around the world and does business in more than 140 countries. As CMD and manager of the worldwide network of medical departments at each of Kodak’s factories, Dr. Lednar needs to know about the current health and safety issues specific to each country. Perhaps an infectious disease is linked to drinking water and local food supply. Perhaps there are personal safety issues. Because having a physician in smaller factories is not always feasible, Dr. Lednar sometimes staffs the local medical department with occupational health nurses. In addition to Kodak’s commitment to the health care needs of its own employees, Kodak is strongly committed to operating in a way that does not adversely affect the environment or health of the population in its host communities. The management of the environmental impact of business operations is an essential component of occupational health.

Occupational and safety issues in office settings, while different from those of factories, are of no less concern to the occupational health specialist. The major health issues for office staff in businesses are musculoskeletal (back, wrist, upper extremity), mental (depression, anxiety, panic attack) and, as is true for any workforce containing a higher percentage of older workers, cardiovascular disease. Another common problem in working groups is respiratory disease, which Dr. Lednar calls a “three-part story,” whose chapters are smoking-associated diseases such as Chronic Obstructive Pulmonary Disease and emphysema, asthma and infectious respiratory illnesses. The last is largely preventable. Infectious diseases such as influenza can abruptly affect a large proportion of a department in 24 hours. Using immunizations to anticipate and then to prevent a flu epidemic in the workplace is occupational medicine at its very best. As a result of such foresight, the workers

stay healthy and business remains in operation, with at worst minimal loss to productivity.

Such excellent practice requires training that only certain degree programs provide. Students interested in occupational medicine would do well to have a Master's in Public Health (MPH). The required core courses can only



enhance capabilities necessary to the field. “Perhaps surprisingly to some, the *behavioral* studies core is essential because in today’s world, with the stresses placed on today’s workers and their families, the health needs of our employees and family members are increasingly in the mental health area.” Occupational safety and health integrates a number of disciplines: occupational medicine, occupational health nursing, industrial

hygiene, toxicology, epidemiology, ergonomics and others. These combined disciplines mesh to serve any number of industries such as manufacturing, financial services and technology.

Occupational health professionals in the field can work in both the public and private sectors. One of the largest employers is the government, at the local, state and federal levels. Primary local concerns include the environmental health areas of sanitation, food safety and water safety. Most states have Occupational Safety and Health (OSH) departments or agencies, which conduct surveillance and inspections of workplaces, and have state registries where employers must (and employees and physicians should) report certain occupational diseases and injuries. The information is put into an epidemiological database that is monitored statewide. Another state government concern is the housing industry, where workers renovating older homes are sometimes at risk of lead contact from lead-based paint and workers on newer construction sites are at risk of general work-related accidents. States active in highway bridge repair must anticipate potential lead exposure in sandblasting painted bridge surfaces. At the federal level, employment opportunities exist in the National Institute for Occupational Safety and Health (NIOSH) and the Department of Labor. The Centers for Disease



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MD, PhD



Control and Prevention (CDC) has OSH-related opportunities. The mission of OSHA, the federal Occupational Safety and Health Administration, is to protect American workers.

In the private sector, professionals can find employment in the transportation business, where concerns center on baggage handlers, subway and bus drivers, and air traffic controllers, the last notably subject to severe stress. Even financial services require the services of an OSH professional.

“Occupational health is not just concerned with people falling off a scaffold or getting burned,” Dr. Lednar says. “Actually the workplace is getting physically safer. But the pressure on people to perform and complete a day’s work has sent the stress level soaring. This, too, is one of our concerns.”

Another OSH concern is business travelers who fly frequently and the special stresses they face crossing time zones continually and encountering the heightened security precautions due to terrorism.

A day in the life

As corporate medical director for Kodak, Dr. Lednar faces a complex array of daily challenges. He meets with representatives from health insurance companies, with whom he discusses company health plans and the health needs of Kodak families. He might then have a teleconference with his medical director in Brazil to evaluate and discuss programs and any problems, any measures that have been taken since the last such conference, priorities for future programs and how company management might respond. Next on his itinerary is preparing a group of executives traveling to a different part of the world on company business. He instructs them on how to stay safe in their foreign destination, makes sure they have had the proper immunizations and advises them on how to contact a local physician who will provide care if necessary. He also provides background information on the country to which the executives are traveling. After preparing the traveling group, there might be a discussion with federal relations staff members from the Washington, D.C. office about pending health care legislation and how it might impact Kodak.

A medical director working in a factory setting has responsibilities distinctly different from Dr. Lednar’s, which require action on the corporate level and are global in scope. In a factory or industrial setting, a medical director might spend the day meeting with employees individually and identifying

solutions for their health problems. Such problems might include the concerns of a pregnant employee who is worried that her tasks could be injurious to the health of her unborn child, a machine-related laceration that needs care, or an employee who has had a heart attack, is in cardiac rehabilitation and needs help with a plan for his return to work. Factory medical directors deal with engineers about ergonomic interventions and work system design aspects to reduce musculoskeletal injuries, and can work with insurance companies if the need arises.

career at a glance



Wayne Lednar, MD, PhD

2002–Present	Vice President and Director Corporate Medical, Eastman Kodak Company, Rochester, N.Y.
1999–Present	Adjunct Professor of Community and Occupational Medicine State University of New York at Stony Brook
1995–Present	Corporate Medical Director Eastman Kodak Company
1991–Present	Clinical Associate Professor of Toxicology Department of Environmental Medicine, School of Medicine, University of Rochester
1988–Present	Corporate Epidemiologist Eastman Kodak Company
1988–Present	Clinical Associate Professor Community and Preventive Medicine, School of Medicine, University of Rochester
1992–1995	Medical Director Rochester Medical Services, Eastman Kodak Company
1984–1989	Assistant Clinical Professor Epidemiology, School of Public Health and Community Medicine and Member of the Graduate Faculty, University of Washington
1984–1988	Director Public Health Residency Program and Assistant Chief Preventive Medicine Service, Madigan Army Medical Center
1981–1988	Adjunct Assistant Professor Epidemiology, Uniformed Services University of the Health Sciences, Bethesda, MD
1981–1984	Chief Department of Advanced Preventive Medicine Studies Director General Preventive Medicine Residency Program, Walter Reed Army Institute of Research, Washington, D.C.
1976–1977	Faculty Member Department of Statistics, National Institutes of Health
1973–1976	Research Associate Department of Epidemiology and Occupational Health Studies Group, University of North Carolina

1 <http://www.osha.gov/as/opa/osha-faq.html>

2 Personal communication, Dr. Wayne Lednar, 1/11/02.

3 http://www.osha-slc.gov/OshDoc/data_General?Facts/jobsafetyandhealth-factsheet.htm