

Occupational Medicine, Worker's Compensation, and the Performing Arts

Performing arts medicine has made significant progress over the last three decades,¹ and not infrequently we have looked to the field of sports medicine for inspiration and strategies.² It seems that we have looked to occupational medicine less often as a model to emulate, but that may be worth reconsidering. The field of occupational medicine has existed for hundreds of years, perhaps officially starting with Ramazzini's treatise on workers' injuries around 1700.³ Compared to the more "surgical" origins of sports medicine, occupational medicine has strong roots in preventive medicine and is concerned with illness, injury, and disability related to the workplace.

If we look at the broader spectrum of occupations, we can find some reason for optimism in performing arts medicine. For example, work-related deaths in music, dance, and other performing arts are rare compared to other jobs. By contrast, working as a fisherman is very dangerous, with a death rate of 152/100,000/year.⁴ While working as a truck driver is less likely to be fatal (23 deaths/100,000/yr), that occupation accounted for 957 of the 5,840 work-related deaths in 2006.⁴

However, the data on non-fatal injuries among performing artists look less rosy. According to the US Bureau of Labor Statistics (BLS), the non-fatal work-related injury/illness rate for all industries in 2010 was 3.8/100 full-time-equivalent employees.⁴ Workers in nursing and residential-care facilities operated by state governments had the highest injury rate at 15.1, followed by firefighters (13.9), travel trailer and camper manufacturing (13.2), iron foundries (12.0), and state-operated hospitals (11.8).

Musicians and dancers are in a category called "performing arts compa-

nies," which had an injury rate of 7.0/100 workers in 2010; slightly over 110,000 persons worked in this occupational class that year. Confining the data to injuries in private sector workers, the "arts, entertainment and recreation" category ranks third (at 4.6/100) behind transportation and warehousing (5.0) and health care and social assistance (4.9). As an aside, due to the large size of the health care sector, health care workers account for over 21% of all work-related injuries in 2010 (over 615,000 injuries)—taking care of other people is dangerous work, too.

While we don't have many published reports of the incidence of injury in musicians and dancers, the 7/100 injury rate in the BLS data is similar to the 8.5 injuries/100 performance majors/year at an elite music school.⁵ Injury rates in dancers may be higher.⁶ Similarly, while the injury rate among all workers in private industry declined from 5.0 to 3.5/100 workers between 2003 and 2010,⁴ we don't have reliable longitudinal data on musicians and dancers yet. In summary, being a musician or dancer is neither the most dangerous nor the safest work one can do, and it's unclear whether it's becoming safer or more dangerous.

Given the fact that dancers and musicians will be injured in the course of their work, we need to have systems in place to provide care and insure against financial loss when injuries occur. Otto von Bismarck recognized the importance of providing care for people who were injured while working in the 1880s in Germany and established the world's first worker's compensation system in 1884. It even included students and apprentices who were injured while learning a trade or profession. (In 1883 he had established

a system to provide health care for non-occupational health problems; it turned out to be the easier of the two programs to get through the German legislature.) Australia established a similar program for injured workers in the late 1800s, supported by a strong labor movement, and England addressed the liability issues related to occupational injuries in 1897.

The first worker's compensation program in the USA was enacted by the state of Maryland in 1902, and a program for federal workers was passed in 1906. These programs were based on a "no fault" premise: the employer could not hold the injured worker responsible for failing to follow a procedure, and the injured worker could not hold the employer responsible for allowing dangerous conditions to exist in the worksite. By 1949 all of the states had established a worker's compensation program, and now every state except Texas requires all employers to participate. Most states allow private companies to administer the program. Canada has a similar system, with each province operating its own program.

Modern worker's compensation programs in the USA combine health, disability, and life insurance into one package. In exchange for giving up the right to sue the employer (except, in some states, for gross negligence), an injured worker can have the cost of treatment for the injury paid for and collect disability payments in place of lost wages; in the case of fatal on-the-job injuries, the estate of the injured worker is paid a death benefit. Worker's compensation programs in the 50 states, the District of Columbia, and the federal government program paid over \$57 billion in benefits in 2010, slightly less than in 2009.⁷ The amounts paid for medical care and wage replacement are roughly equal

now—as health care costs have risen, states have reduced the payments for lost wages. Over 124 million workers are covered by these programs nationwide.

The article by Chimenti et al.⁸ in this issue of *MPPA* found that only a small percentage of injured musicians filed a claim for worker's compensation, even though most of them had sought medical care. Why would an injured worker choose to forego coverage for the cost of care for his or her injury and lost income? Musicians in the study were all members of the International Congress of Symphony and Orchestra Musicians (ICSOM), so most of them should have been eligible for benefits through worker's compensation. The authors discuss several possible explanations: many injuries affected the neck and back, but claims were filed only for a few of the arm and hand injuries; the worker's compensation system was developed to provide care for acute trauma, such as typically occurs in an industrial or construction setting, and it's often difficult to show that a repetitive motion injury was caused by one's work; and many musicians considered the injury not severe enough to report, even though they had sought care and, in some cases, lost time from work.

Of course, many professional musicians are self-employed or have part-time jobs with several employers. In the first case, they would not be eligible for coverage through the worker's compensation program, and in the second, it would be difficult to prove that a repetitive motion injury (without an acute onset related to a specific event) was due to one job rather than another.

Thus, even the low percentage of musicians filing a worker's compensation claim due to a performance-related health problem in the Chimenti study (3%) is probably an overestimate of the percentage of all working musicians who have filed a claim.

As Chimenti et al. point out, a much higher proportion of injured dancers file a worker's compensation claim when they are injured.⁹ In some cases, this is because the dancer has suffered a fracture or other acute trauma, but they also speculate that the presence of physical therapists and other health care professionals in the dance studio may contribute to higher utilization of the "worker's comp" system. One wonders if there is also a different culture or tradition in the dance world that has "normalized" the filing of a claim in the worker's compensation system.

Failure to take advantage of benefits available through worker's compensation may have several adverse consequences. If the performing artist has no health insurance, it may result in out-of-pocket costs. If the injury causes the performer to take time away from work, there may be a loss of income. On an organizational scale, failure to report a work-related injury may mean that the employer is less aware of the occupational risks in the workplace. Systematic knowledge of injury patterns in a group of workers is a key component of an effective occupational medicine program. Over one in four musicians in the Chimenti study said they didn't know enough about worker's compensation to file a claim.

Performing arts healthcare professionals should work with arts organization managers to educate professional

dancers and (especially) musicians about the worker's compensation system. We should also look for opportunities to use the theories and methods of occupational medicine to reduce the risks and increase the rewards of a career in the performing arts.

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MPPA March 2013; 28(1):1-2.
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