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The Cotton Dust Papers

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alternative that the wage reduction represents the cost of accommodation. Those disabled workers remaining in the covered sector should observe a reduction in wages. Some workers will move from the covered sector to the uncovered sector, thus reducing wages in the uncovered sector as well. In a more general sense, Hotchkiss never comes to terms with the Coase argument: if the accommodations mandated by the ADA were beneficial to the disabled worker and firm jointly, then the accommodations would have been initiated by the firm and the cost would have been shared by the worker and the firm. Maybe the Coase argument is not appropriate here, but if it is not, Hotchkiss must show why it is not.

The next chapter looks at other employment characteristics and focuses on hours. Hotchkiss finds that the ADA increased the incidence of part-time work among disabled people. She suggests that movement from full-time to part-time work may have been an accommodation by firms to disabled workers. I find this a reasonable conjecture, but I would have liked to see more critical analysis. For example, if it was just an accommodation, then other job characteristics such as wages should not have changed; that is, part-time jobs should look like full-time jobs with just fewer hours. This is not the case, as, for example, hourly wages of part-time disabled workers fall relative to hourly wages of full-time disabled workers. On the other hand, there is still the empirical fact that part-time employment increased post-ADA. There is some discussion in the chapter distinguishing between "voluntary" and "involuntary" hours reduction, but I could find no definition of "voluntary."

Hotchkiss shows some results on the distribution of workers across different industries and occupations. For me, the most salient characteristic of these data is the volatility of the distribution measure over time. I did not feel comfortable interpreting any of the results in this discussion given the unreasonable amount of volatility.

The next chapter looks at unemployment and search behavior. The data used here are unemployment duration data in the Current Population Survey. There are data only on the length of unfinished spells of unemployment. Since these data provide no information about unemployment spell behavior except under very restrictive and unreasonable assumptions, I found this chapter unconvincing.

The last empirical chapter looks at how state versions of ADA-type laws affect behavior. I found this chapter extremely useful. First, it includes a table of relevant state laws that should be a valuable resource for many researchers. Second, Hotchkiss shows that much of the lack of effect of the ADA can be attributed to earlier passage of similar laws at the state level. In particular, in a regression including dummies for the passage of the ADA and passage for each state law, she finds that the state law dummies are jointly significant and have expected signs, while the ADA dummies have no statistically significant effect.

The final chapter is a less formal discussion of policy issues. Unfortunately, it does not really follow from the earlier analysis. Maybe the best example of this lack of connection is a discussion advocating more education programs for disabled people. To support such an argument, Hotchkiss should have included interactions of education with disability status, maybe also interacted with the ADA passage variable. If such a regression showed that disabled people have a low rate of return to education, for example, her argument would not work. Nevertheless, the chapter provides a nice summary of the set of programs for disabled people now being considered by policy-makers.

Overall, I found the book easy to read and informative, and it affected the way I think about the ADA. I recommend it to all researchers interested in the economics of disability.

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The Cotton Dust Papers. By Charles Levenstein and Gregory DeLaurier, with Mary Lee Dunn. Amityville, N.Y.: Baywood, 2002. 176 pp. ISBN 0-89503-265-1, $32.95 (cloth).

This review was written shortly after California Governor-Elect Arnold Schwarzenegger joined the rising chorus of politicians offering to redefine work injuries for political and economic ends. The idea that medical science should dictate how work injuries are defined is absent from the current debate over California workers' compensation law. Against this background, the belief that our society relies on the scientific objectivity of the medical profession is hard to maintain.

Anyone still committed to that belief, or anyone seeking to disprove it, would do well to read Levenstein, DeLaurier, and Dunn's *The Cotton*

Dust Papers. This book demonstrates how the interaction of doctors, business lobbyists, insurance company "risk managers," and others with non-scientific interests determined the course of ostensibly scientific research into byssinosis, or "brown lung" disease. This unholy alliance, which I am inclined to call the medical-business-insurance-legal complex (with apologies to Eisenhower), controlled the keys to public health treatment of this disease by determining what questions were asked about it, when these questions were asked, and what data were collected to answer them.

The Cotton Dust Papers shows that the control of data about this occupational disease suffered by cotton mill workers delayed governmental recognition of its existence for perhaps 40 years, resulting in the denial of treatment and compensation to hundreds of thousands who worked in those mills. Sadly, anecdotal evidence from England dating back as far as 1837 that could have led to earlier action was ignored as well. Such was their arrogance that those representing insurance and other business interests were quite open about their goal of denying treatment to the injured worker.

As a practicing workers' compensation attorney, I needed only to read the following excerpt to be convinced of the book's value for me. It comes from a 1959 memo written by a lobbyist for the Georgia Textile Manufacturers' Association. The lobbyist opposed a study of brown lung:

> [A] high percentage of textile mill employees will soon imagine that they have the symptoms … and people who never heard of the disease will soon be convinced that they have it, and that sort of mass hysteria can do a great deal of damage…. The very fact that the survey is being made … is all that will be needed to encourage the damage suit lawyers to initiate and urge the passage of amendments to our Workmen's Compensation Act which will provide compensation for alleged occupational disease in our industry.

Perish the thought!

The lobbying was successful. *The Cotton Dust Papers* details the process whereby economic power was able to derail governmental support for research into this disease. In the course of this historical reconstruction, the authors pose their central question: given the array of powerful interests that would define disease in a manner consistent with their self-aggrandizement, what array of offsetting forces can move us toward a more objective pursuit of public health?

Despite corporations' power to obscure real problems, brown lung was eventually recognized by OSHA in the late 1970s. The authors cite five factors leading to that recognition: federal and state interest in the problem; the industry's eventual cooperation with researchers who set out to gather the relevant data; public health professionals' willingness to study the problem; changing public attitudes toward industry and capitalism; and the climate of the times, a general concept that, to some extent, is the cause and effect of all the above.

Like any good historical treatment of disease, this book encourages us to ask how applicable its findings are to the current interplay between industry, government, insurance, and medicine. In particular, the authors challenge us to ask whether the climate of the times that led to the recognition of brown lung is still with us. The authors talk of a time when consumer and environmental concerns played a big role in the political dialogue. If the climate of the times is today far less populist (as my gut tells me it is), this book suggests that our health care and workers' compensation systems face increased dangers. From my experience, I can easily name several medical problems that afflict large numbers of people, particularly workers, and that medical science could study and treat more effectively if politics did not interpose itself as it does: toxic chemical exposure, stress-induced heart problems, fibromyalgia, and Reflex Sympathetic Dystrophy Syndrome (RSD). Many of my colleagues will hesitate before representing someone claiming any of these sorts of injury. We may be sympathetic, but we know we are much more likely to collect a fee if a new client has a back injury or a missing limb.

This book is disquieting evidence of the ability of economic and political power to overcome scientific method. This is good. If it provides a useful warning about current efforts to politicize the public health treatment of workers through the workers' compensation systems around the country, this too will be a boon. If readers are not only informed, but mobilized, the authors will have accomplished even more.

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