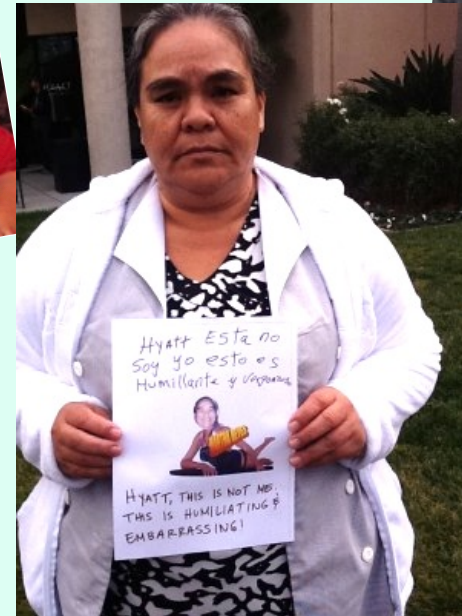




Our health is
not (supposed
to be) for sale

Women's
occupational
health issues



Dorothy Wigmore,
Occupational Health Specialist
Worksafe Inc.

Presented at the
CAAA Working Women's Injuries
Symposium, Sacramento
February 12, 2014

“Our health is not for sale”

- slogan motivating health and safety activists and students in the 1970s, from the Italian Workers Movement of the 1960s
- in Canada, it was the title of the 1978 NFB film about health and safety struggles and workers’ goals (in male, industrial workplaces)
- an honourable goal, it is a dream for most workers, especially in an economy increasingly based on contingent/precarious/temporary jobs and de-regulation



The men learned that their health belonged to them -- they were leasing their labour but not their health.

Emilien Clouthier, CSN strike leader, 1974

ILO/WHO:

Goals of occupational health are to:

- ☐ promote and maintain the highest degree of physical, mental and social well-being of workers;
- ☐ preventing ill-health among workers caused by their working conditions;
- ☐ protecting workers from factors adverse to their health in their employment; and
- ☐ place and maintain workers in occupational environments adapted to their individual physiological and psychological conditions.

A clear language version is:

- ☐ promote and keep workers healthy and happy
- ☐ prevent workers getting sick because of their job
- ☐ protect workers from all hazards on the job; and
- ☐ adapt the workplace to workers' mental and physical needs (ie. use ergonomic principles)

McNEIL © McNeil-PPC, Inc. 1997
Use only as directed.



What do
you see?

What's obvious?

What's "invisible"?

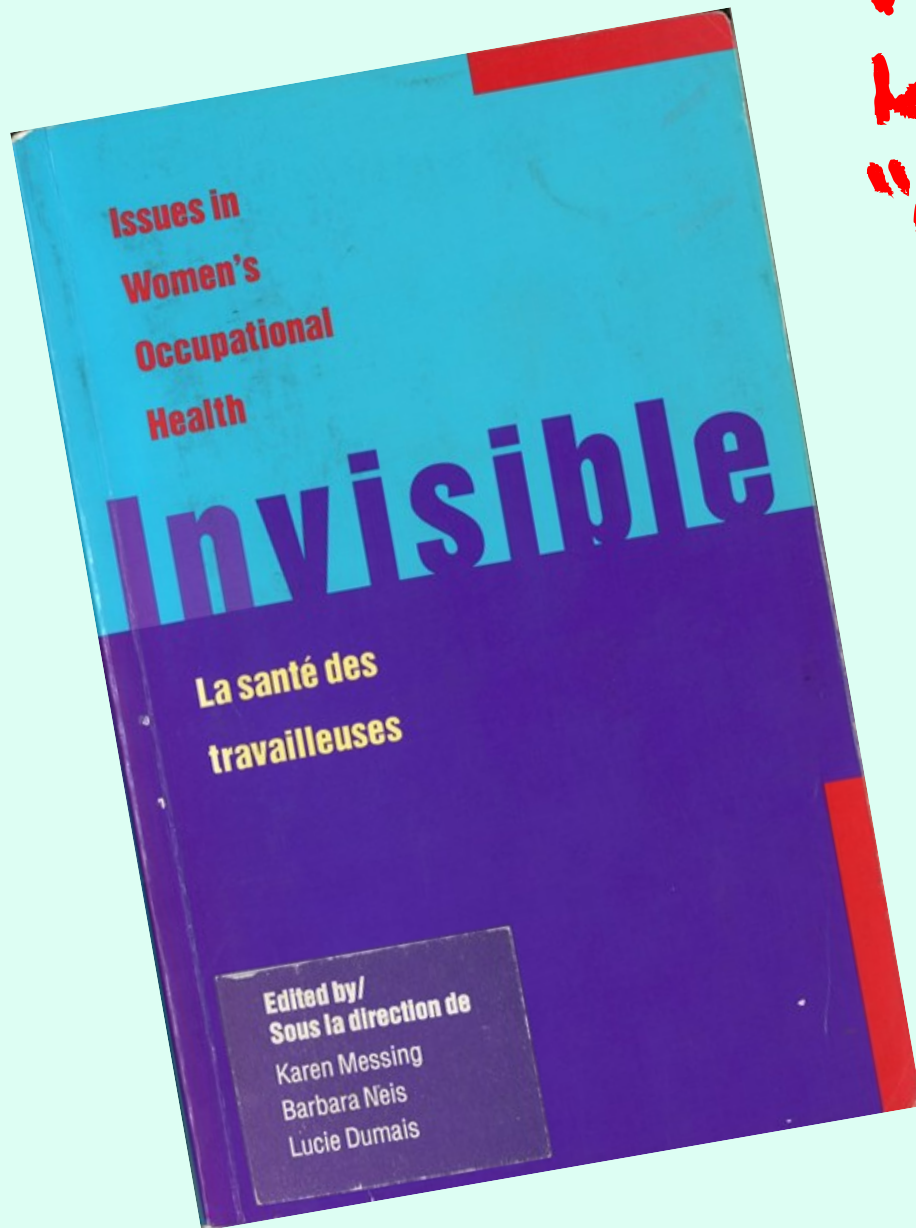
*Where are
your "ouches"?*

Motrin spoken here.

From the most prescribed name in the history of pain relief comes Motrin IB. Nothing's proven to work better on headache and muscle pain. Yet it's gentler on your stomach than aspirin.



Prescription
Proven Power



What do we know about "women's work"?

- often invisible (e.g., data entry, cleaners)
- concerns often dismissed (e.g., mass psychogenic illness for IAQ issues, "natural complainers")
- involves caring for others and putting patients/clients before themselves
- repetitive, monotonous, stressful (while men's involves "heavy", manual, technical and managerial tasks)
- gendered segregation common (affecting hazards, pay, status, equality)
- aging men move into jobs with fewer hazards while women's exposures don't change
- unclear job/task requirements, isolation

WORK IS DANGEROUS TO WOMEN'S HEALTH AND SAFETY ESPECIALLY IN LOW-WAGE JOBS

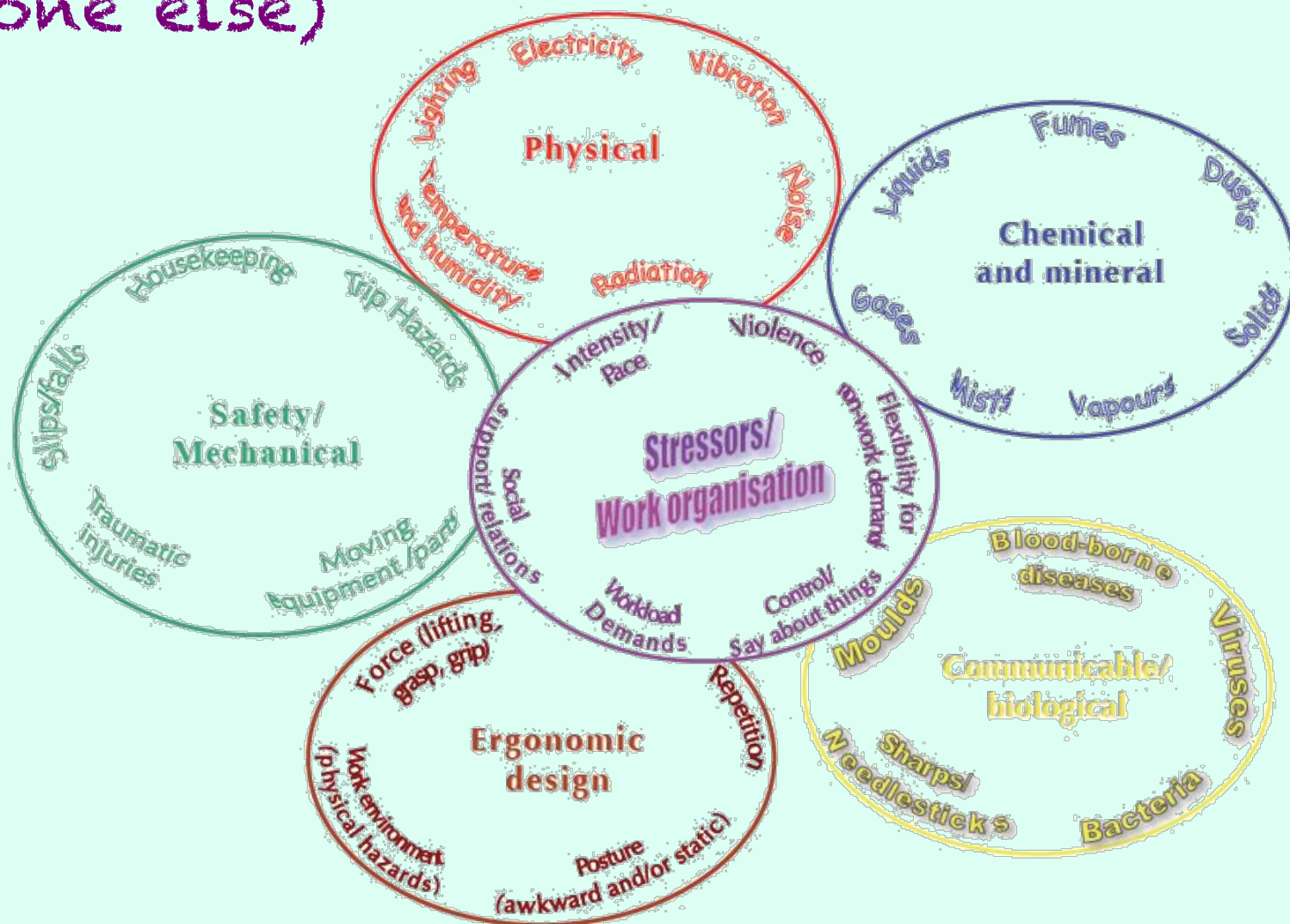
OCCUPATION	TOTAL EMPLOYMENT	MEDIAN HOURLY WAGE	WOMEN	NONFATAL INJURIES AND ILLNESSES
Childcare Workers	631,240	\$9.34	94.70%	26,505
Maids & Housekeeping Cleaners	877,980	\$9.32	89.00%	143,157
Home Health Aids	924,650	\$9.91	88.20%	59,500
Personal Care Aides	820,600	\$9.49	86.10%	55,289
Cashiers	3,314,870	\$9.05	73.30%	80,690
Waiters & Waitresses	2,289,010	\$8.93	71.10%	59,982
Counter Attendants, Cafeteria, Food Concession, & Coffee Shop	441,830	\$8.90	65.70%	17,464
Combined Food Preparation & Serving Workers, Including Fast Food	2,799,430	\$8.76	61.30%	97,739
Food Preparation Workers	775,140	\$9.27	59.20%	70,336
Packers & Packagers, Hand	666,860	\$9.55	56.50%	36,238
Bartenders	512,230	\$9.06	55.20%	18,085
Retail Salesperson	4,270,550	\$10.10	51.90%	195,961
Counter & Rental Clerks	420,070	\$10.93	49.00%	5,660
Cooks, Restaurant	947,060	\$10.61	40.50%	76,548
Stock Clerks & Order Fillers	1,782,800	\$10.52	36.00%	114,374
Janitors & Cleaners, Except Maids & Housekeeping Cleaners	2,068,460	\$10.75	33.20%	170,836
Dishwashers	504,280	\$8.83	21.10%	27,264

From: Worksafe's *Dying at Work in California. The hidden stories behind the numbers.* 2013

Adapted from Liz Borkowski and Celeste Monforton's 2012 policy paper, *Mom's off Work 'Cause She Got Hurt: The Economic Impact of Workplace Injuries and Illnesses in the U.S.'s Growing Low-Wage Workforce* with additional information from the Bureau of Labor Statistics (BLS).

What's the problem?

It's the hazards, stupid! (to quote someone else)



We know they exist, in too many jobs





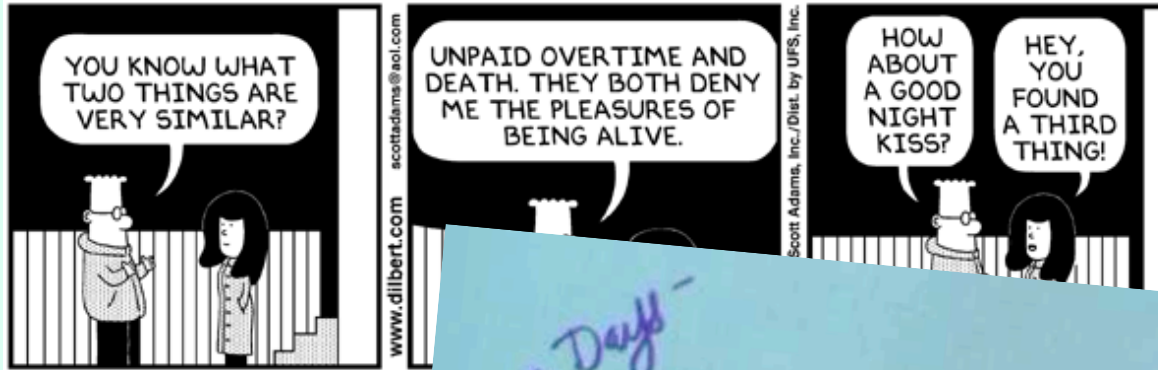
We know
many of the
effects of
hazards,
visible or not

Aches and pains

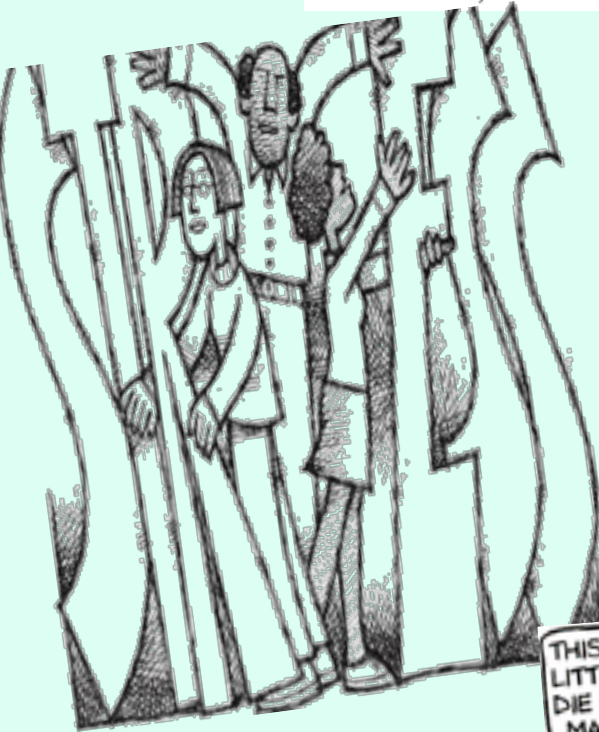
Where “stress”
shows up

Other symptoms

And not a single worker's comp claim in the picture

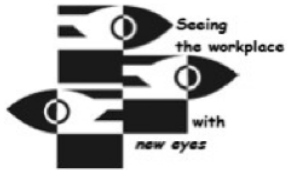


© Scott Adams, Inc./Dist. by UFS, Inc.



From: Enough workplace stress.
Organising for change. Canadian Union
of Public Employees. 2003





Workplace stressors have toxic effects

What we feel right away is ...

Dry mouth, difficulty swallowing

Out of breath or short, shallow breathing

Heart races

Stomach feels “funny” (butterflies, knots)

Sweaty

Tense, achy, muscle pain, “shaky” feeling

Pins and needles

What’s going on? Short-term stress effects include ..

Body fluids such as saliva are re-directed into the bloodstream

Airways widen to bring in more oxygen/energy for muscles

Blood pressure and heart rate increase to send oxygen/energy to muscles

Liver releases stored energy

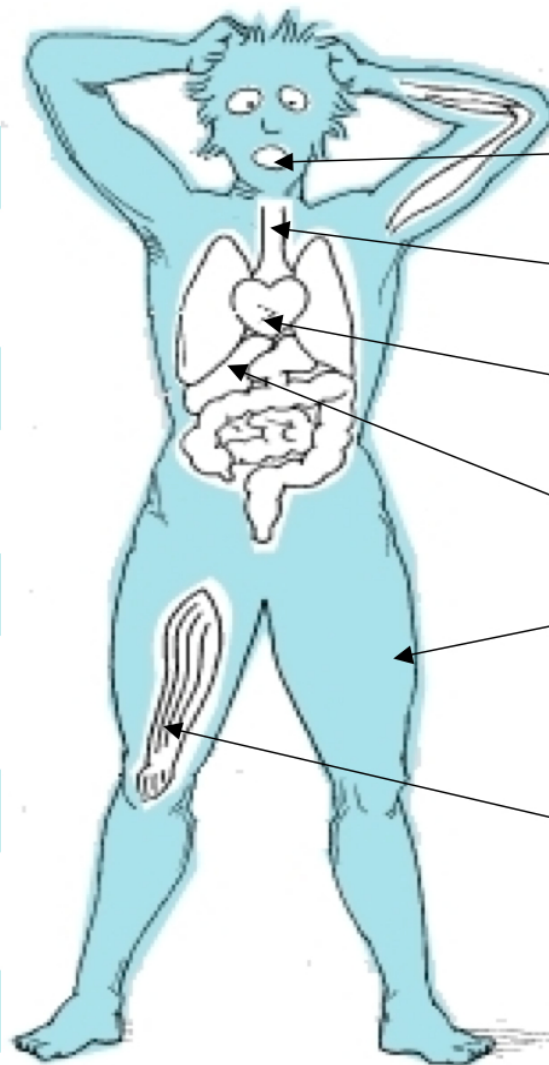
Skin sweats to cool hot working muscle

Bloodstream gets more cholesterol, fatty acids and sugar for extra energy

Protein production decreases, muscle tissue slowly breaks down

Muscles tense up

Calcium discharges from tense muscle



Strain (long-term) physical effects include ...

Sleep disorders, insomnia, fatigue, exhaustion

Headaches, tension, grinding teeth

Cardiovascular problems (e.g. high blood pressure, heart attacks, other changes to the heart and circulation system)

Chest pains/problems

Immune system problems, which make it easier to get sick

Asthma

Digestive system problems (eg. spastic colon, ulcers, impaired digestion, irritable bowel syndrome); weight gain or loss

Diabetes

Menstrual disorders

Sexual dysfunction

Joint and muscle pains; arthritis

Burnout



Strain (long-term) non-physical effects include ...

Anxiety, increased tension and fearfulness

Feeling apathetic, low self-worth, blaming ourselves for our stressed state

Social isolation, withdrawal at home and work, stop participation in family, sports and community activities

Inability to concentrate and finish tasks

Mistrust, blaming others (including "the union"), paranoia

Drug and alcohol abuse

Conflict with family and friends (sometimes violent), fights with co-workers and supervisors

Anger, frustration, envy

Depression, mood changes, constant negativity

Suicidal thoughts

Over-reaction, irrational behaviour

Job dissatisfaction

↑ Demands/
Workload ↑

↓ Control/
Say ↑

↓ Support ↑

↓ Respect ↑

Overloading
responsibilities

Co-workers
with no
Common
Sense

Incompetent
So-called
"Leadership"

Lack of
respect
"No Respect"

Fatigue
Larger workload

Increased
Responsibility
without the
needed
resources

Too serious
all the
time

To work
to survive
survival is
to work

Other
Adults

Workload
Not enough
time

Petty
Problems
& Complaints

Support
relations
social

Disrespectful
Children

Workload
Demands

Violence

Complaints

Lack of
Support

on the
same job
for long
periods
no
rotation
principles

Work
Environment

Traumatic
injuries

Phone
System
in the
office

Be
the
things
that are
not addressed

Leadership
↓
lack of
respect

Not want
Tell you the
whole story

Slips/falls

Everything
must be
turned in
by 8:30am

Perpetual
Instructions

Leadership
↓
Lack of
Support

Rude
Children

Non-Work
Demands

Too many
delegation

Constant
deadlines,
w/ short
notification

Conflict
between
Ability and
responsibility

Inconsistent
Incompetent
Leadership

One size
Does not
fit
All!

Work
Load
Demands

Too many
conflict
resolution

Not being
ABLE to
Delegate
Authority

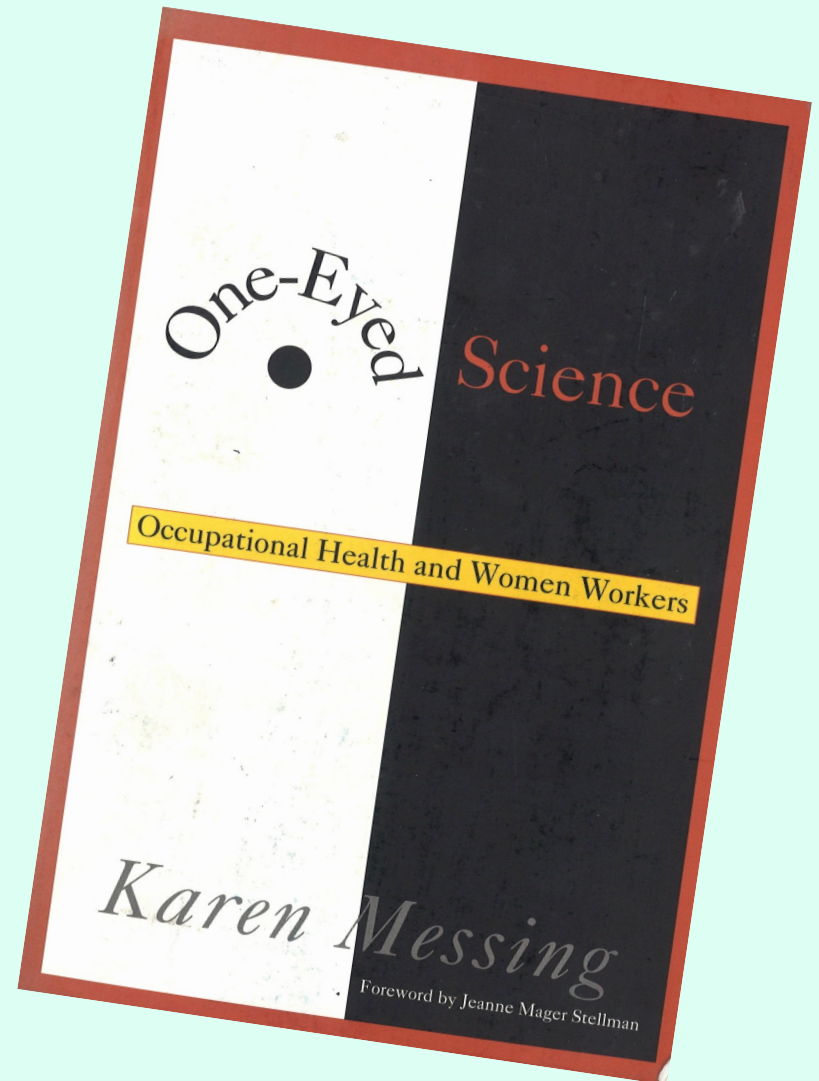
Doing your
Damn
JOB!

Unnecessary
papers

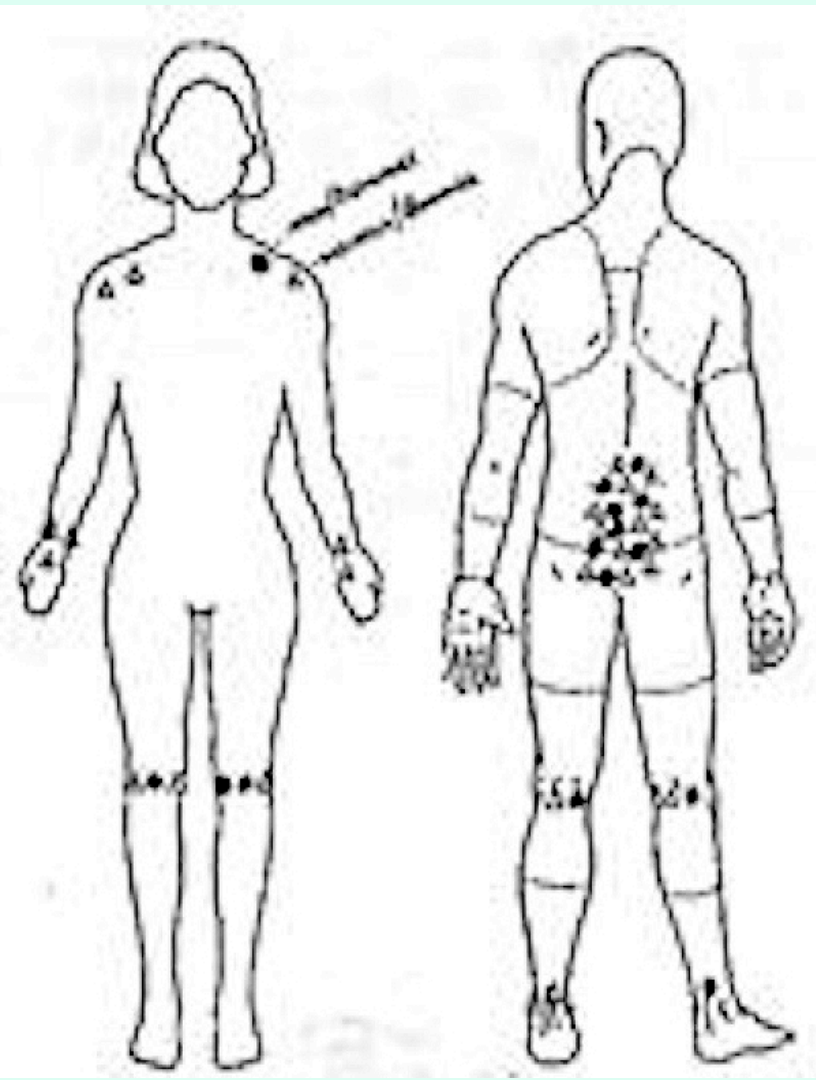
Women are not their work

*The nature of the work done by women is often confused with the nature of women because of the widespread tendency to adjust for gender rather than analysing the results separately by gender. Since women are often found in repetitive work, **gender reflects the degree of exposure**, and adjusting for gender tends systematically to underestimate risks in highly repetitive jobs primarily held by women.*

Karen Messing, *One-eyed Science*



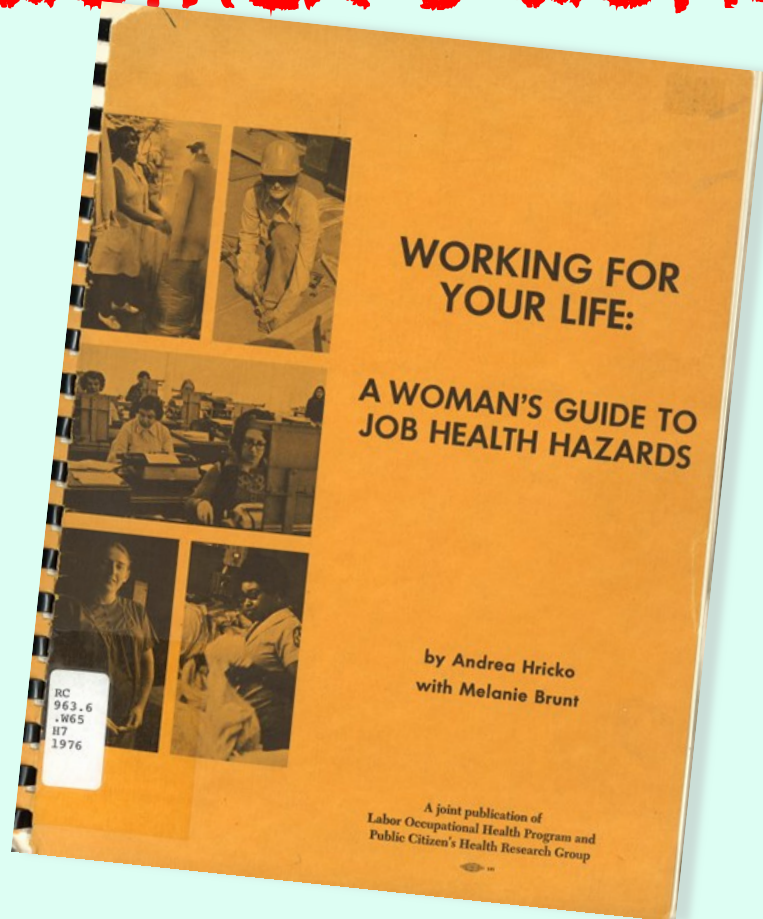
The same, only different:
It's the hazards of the job, not the
worker's sex



Women and men with the same job titles often have different tasks. Think of “cleaners”. Who does the “light” work? Who does the “heavy” work? Or retail clerks. Who does what kind of work?

A study of musculoskeletal injuries among municipal garden workers in Canada showed that women have more shoulder, wrist, and lower back injuries than men with the same job title. Must be doing something different!

What do we know about the hazards of women's work?



- musculoskeletal injuries and stress-related effects very common
- the double or triple day takes a toll with chronic fatigue, which affects the ability to rest and recover
- women are more likely to be hurt if they work more than 40 hours a week
- violence (including sexual harassment and discrimination common, still (e.g., firefighters win complaints about fire hose interference safety issues; in 2012 report, 77% of southern US Latinas said sexual assault at work is a major issue)
- OHS hazard discussions focus on ability to have children, not protecting the most vulnerable (and forces women to make horrible choices)
- we don't know the full story, given lack of (proper) studies

Examples of how hazards differ for men and women in the same occupation

Hazard	Women (N=604) % yes	Men (N=604) % yes
Smoke/fumes	14%	30%
Oils/solvents	13%	30%
Night shift	3%	8%
Irregular hours	11%	18%
Very fast speed	53%	43%

Eng, and colleagues (2011), *Occupational and Environmental Medicine*,
Thanks to Karen Messing, presentation at Gender and Ergonomics conference, 2012



"Prolonged standing"
is an issue for women

	Women N=2358	Men N=3201
Fixed position	14.1%	11.2%
Move a little	34.4%	27.9%
Move a lot	32.8%	44.0%
Can sit at will	18.6%	16.9%

F. Tissot and colleagues (2005) *Ergonomics*

Thanks to Karen Messing, presentation at Gender and Ergonomics conference, 2012

Sex differences matter for chemical hazards - and anthropometry matters for protection

- ❑ in the very same job, the chemical hazards for men and women can be different
- ❑ protective equipment may fit women less well (anthropometry – e.g., women's hands and feet are not “small” versions of men's and there's overlap between men and women for things like hand width and length, body fat, etc.)

Breast cancer, workplace link found

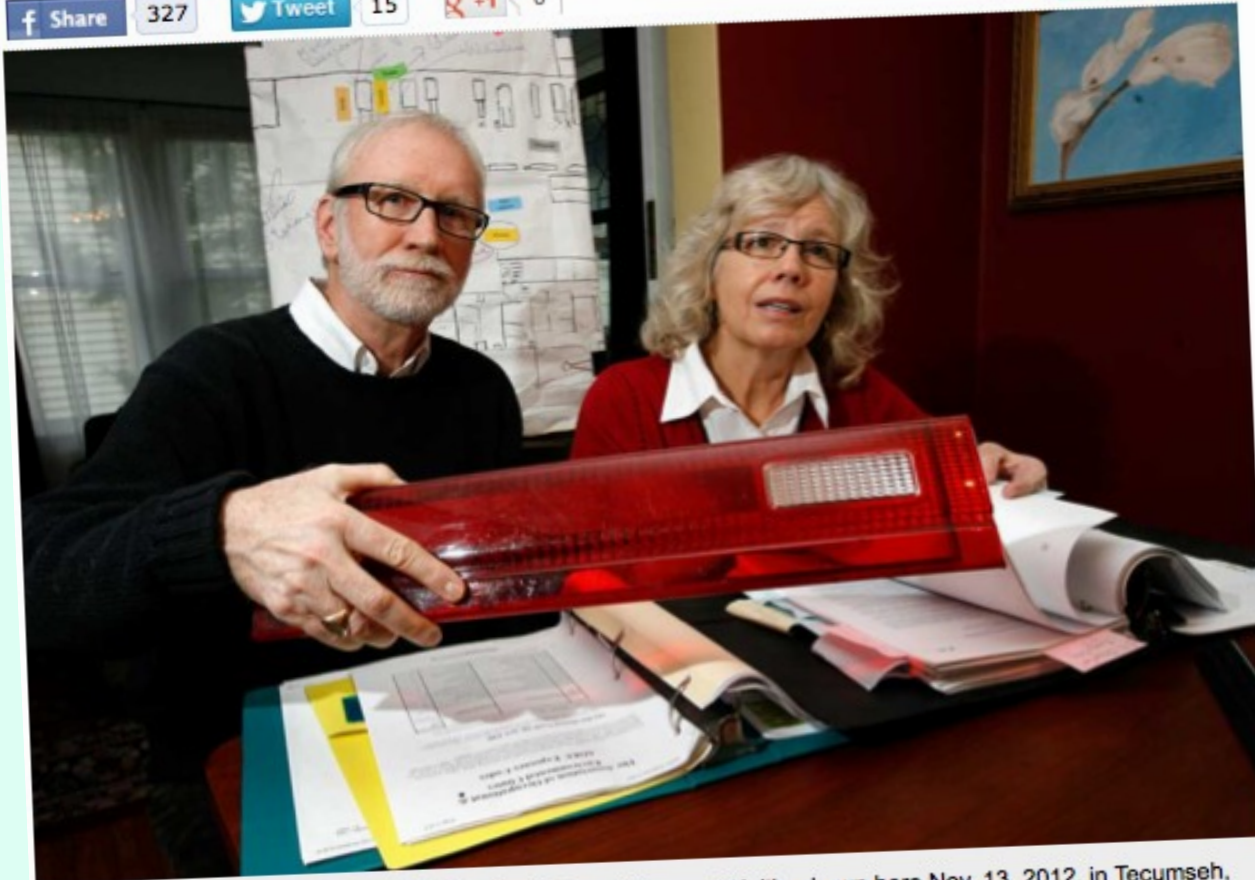
November 19, 2012, 3:01 am • Section: Essex County, News, Windsor

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Tweet 15

+1 0

ShareThis



Occupational health researchers Jim Brophy, left, and Margaret Keith, shown here Nov. 13, 2012, in Tecumseh, Ont., have conducted a study linking occupation with breast cancer risks. Many of the health concerns involve working with plastics. (NICK BRANCACCIO/The Windsor Star)

AA Increase Font Size

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Posted by:

A woman's occupation could pose more of a risk to developing breast cancer than smoking or alcohol use, local researchers have found.

Results from a study involving more than 2,000 women in Windsor-Essex and Kent County show a strong link between breast cancer risk and work in jobs classified as "high exposure" to breast cancer-causing substances and hormone disruptors. These jobs include farming, automotive plastics, food canning, metalworking, and bars, casinos and racetracks.

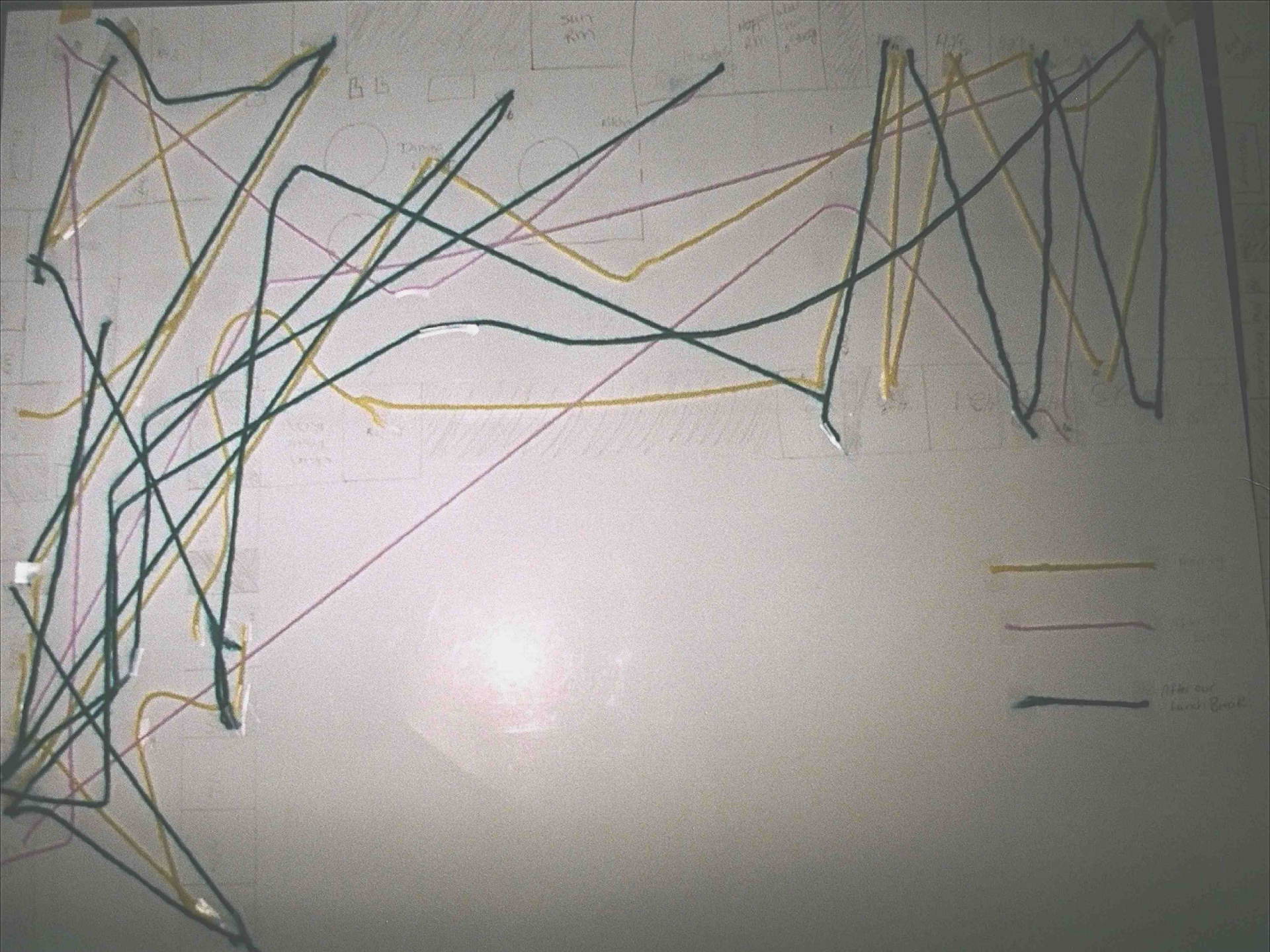
One especially significant finding was that women who worked in food canning and automotive plastics were five times more likely to develop pre-menopausal breast cancer (although the odds are supposed to be less for them).

Immigrant and racialized workers pay a higher price



- ❑ female immigrant workers often work in jobs with more hazards, low pay, no union, no security
- ❑ US Latinas are more likely than men to face wage theft (which can be linked to more hazards)
- ❑ in 2010, Latinas reported 46,640 work-related injuries that required a median of 7 days away from work to recover (highest number reported in healthcare and social assistance, retail trade and manufacturing)
- ❑ Latinas represented 10.2% of the total workplace fatalities for women in 2010
- ❑ half of all Latinas killed at work were victims of assaults and violent acts





Sam
Kim

Hopi
all
the
way

1/2

B B

Thompson

1/2

1/2

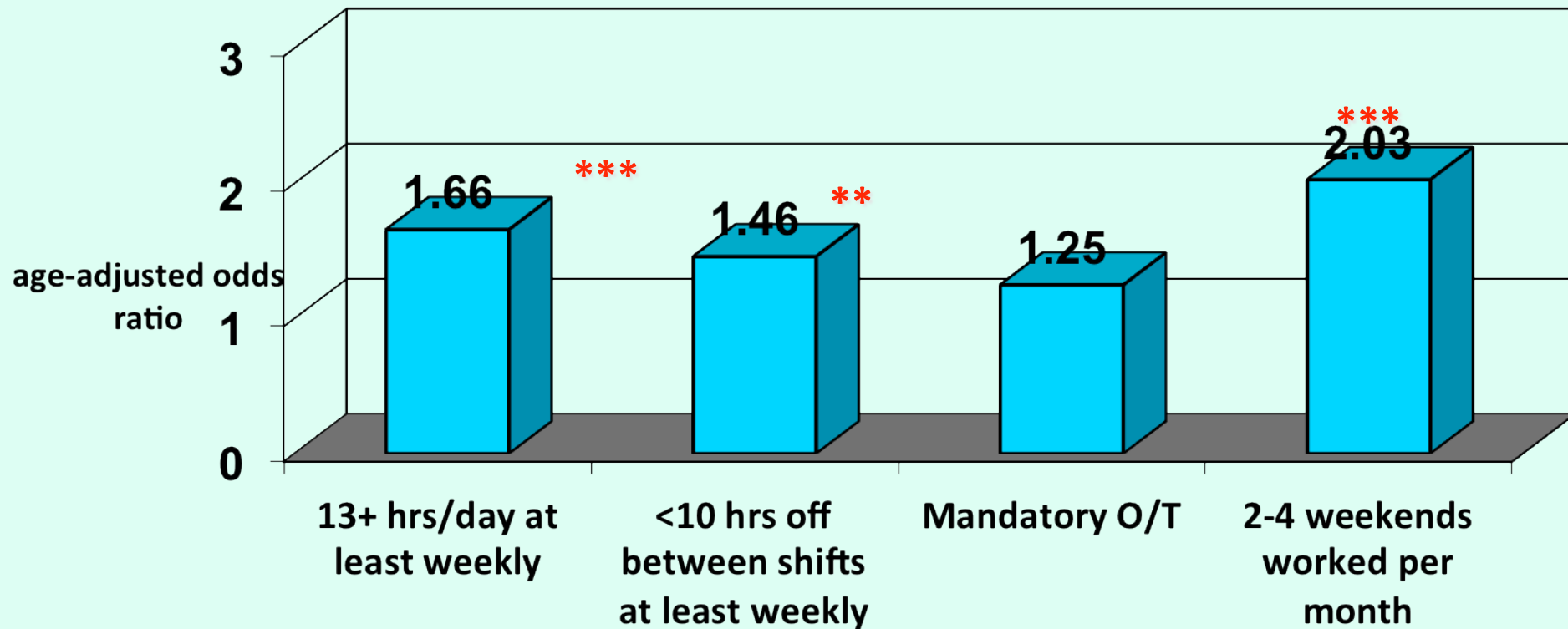
1/2

1/2

After our
Land Book

Long work hours related to needlestick injuries to nurses

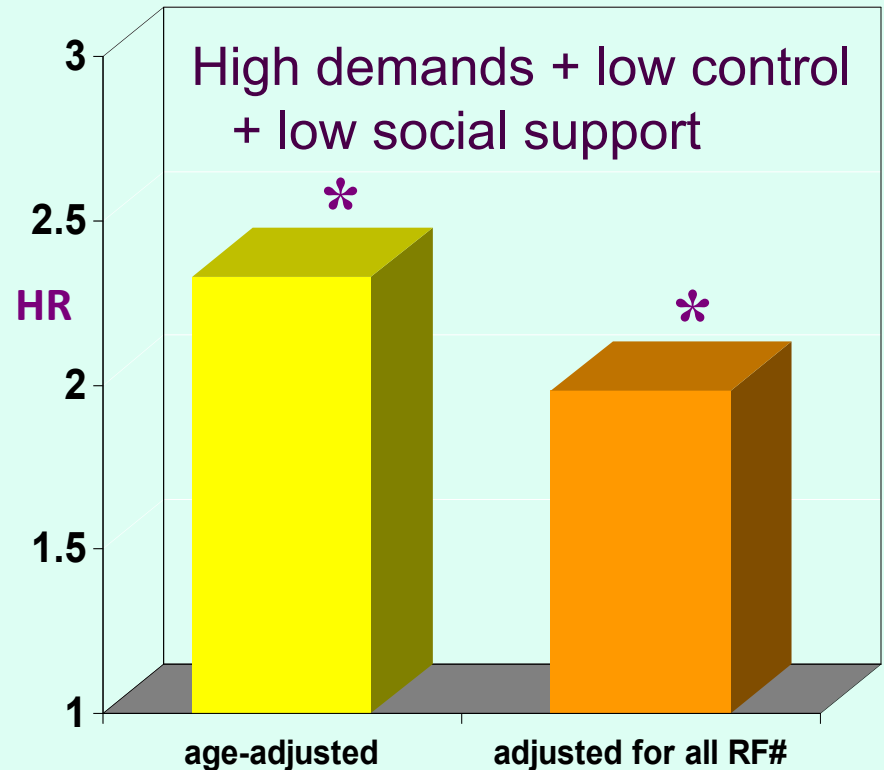
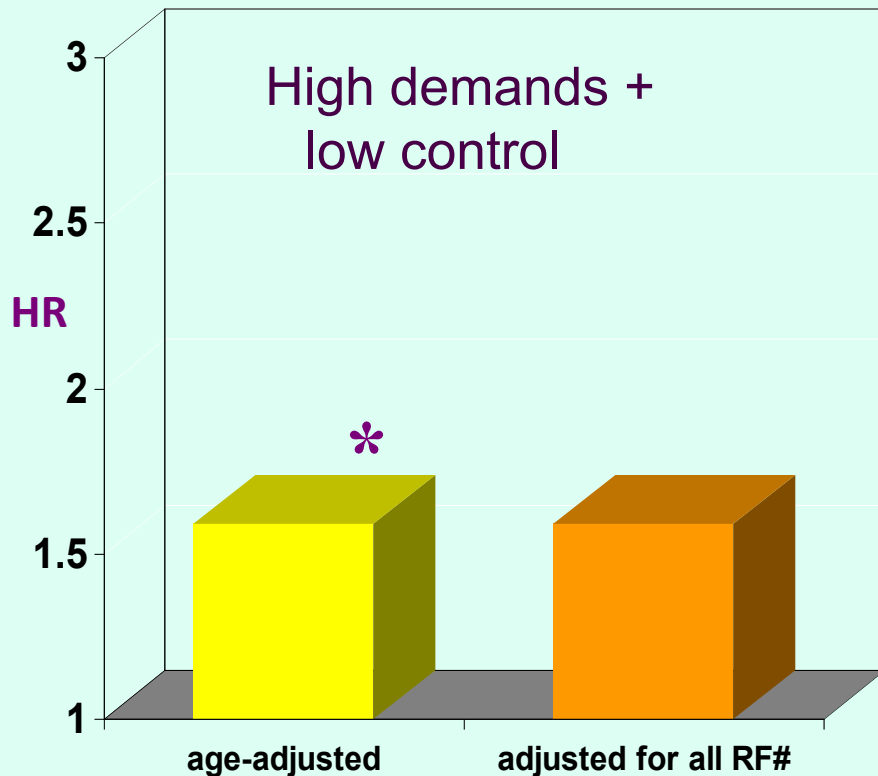
(2,273 registered nurses, 2 U.S. states, average age=45, 2002-2004)



*** $p < .001$, ** $p < .01$

High demands, low control, low support at work increase women's risk of type 2 diabetes

(1729 female British govt employees; incident cases; follow-up: 11.6 yrs)

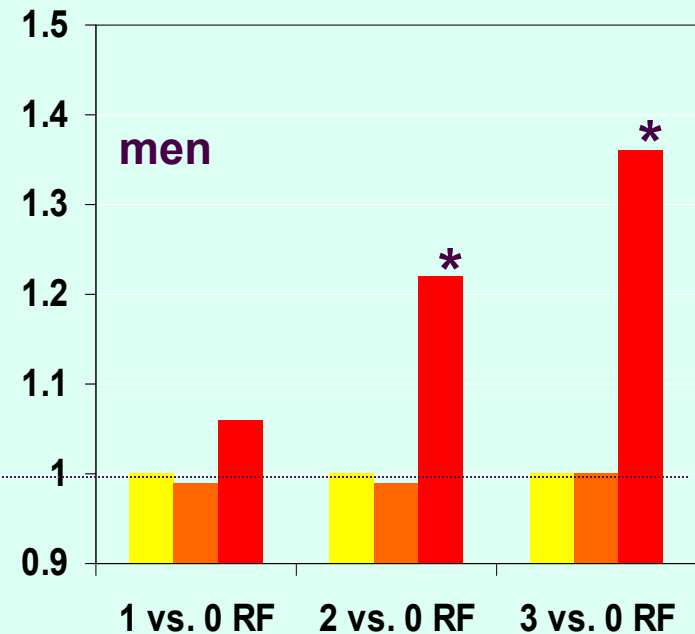
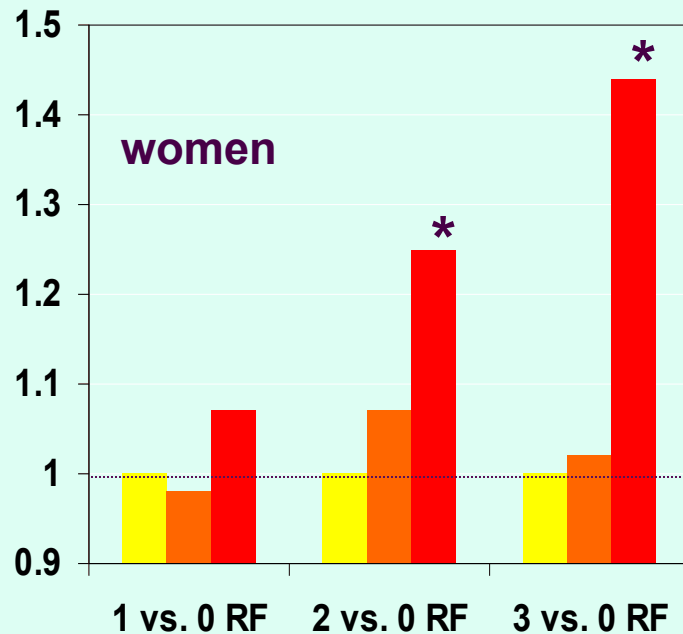


Hazard Ratios adjusted for diet, physical activity, alcohol, smoking, employment grade, life events, BMI, systolic BP, triglycerides, HDL cholesterol, CRP; * $p < .05$

High effort + low rewards at work related to smoking, overweight, little exercise, heavy alcohol use

(8,844 women and 7,233 men, public service, Finland)

Risk factors (RF): BMI ≥ 25 , smoking, heavy alcohol use, physical inactivity; Odds ratios, adj. for age, SES, marital status



High effort + low rewards

no

medium

high

Low wages are directly linked to your blood pressure, especially for women

- ❑ workers between 25 and 65 with lowest wages have highest risk of high blood pressure than those with highest wages
- ❑ especially true for women 25 to 44
- ❑ solution? double wages:
 - odds of hypertension diagnosis goes down 16%
 - younger workers have 25 – 30% decrease
 - women have 30 – 35% decrease

Women are less likely to get compensation for musculoskeletal disorders/injuries

	Women N=170	Men N=144
Claim accepted	36%*	50%
Claim refused	64%	50%
Carpal tunnel syndrome, claim accepted (N=77)	24%	40%

The costs are high - e.g., in the USA

... medical and indirect costs of occupational injuries and illnesses are sizable, at least as large as the cost of cancer. Workers' compensation covers less than 25 percent of these costs, so all members of society share the burden.

Paul Leigh (2011) Economic Burden of Occupational Injury and Illness in the United States", *Milbank Quarterly*, 89 (4): 728–772

The policy debates are almost always about workers' compensation costs and that “burden” on employers. But they pay very little for their hazards. This doesn't add up.

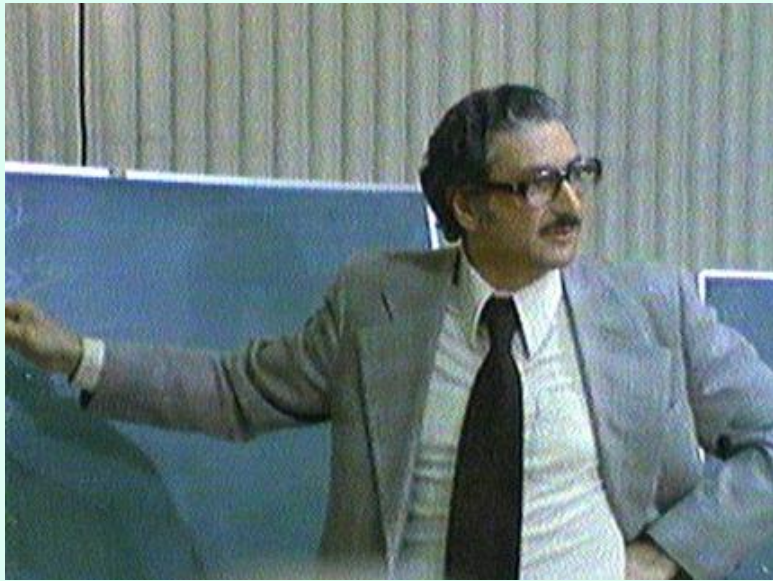


What is to be done?

Some principles and suggestions for ways to really reduce and prevent work-related injuries, illnesses, diseases and deaths



Worksafe, Inc. (California) 2011



Science is not
(most of) the
answer

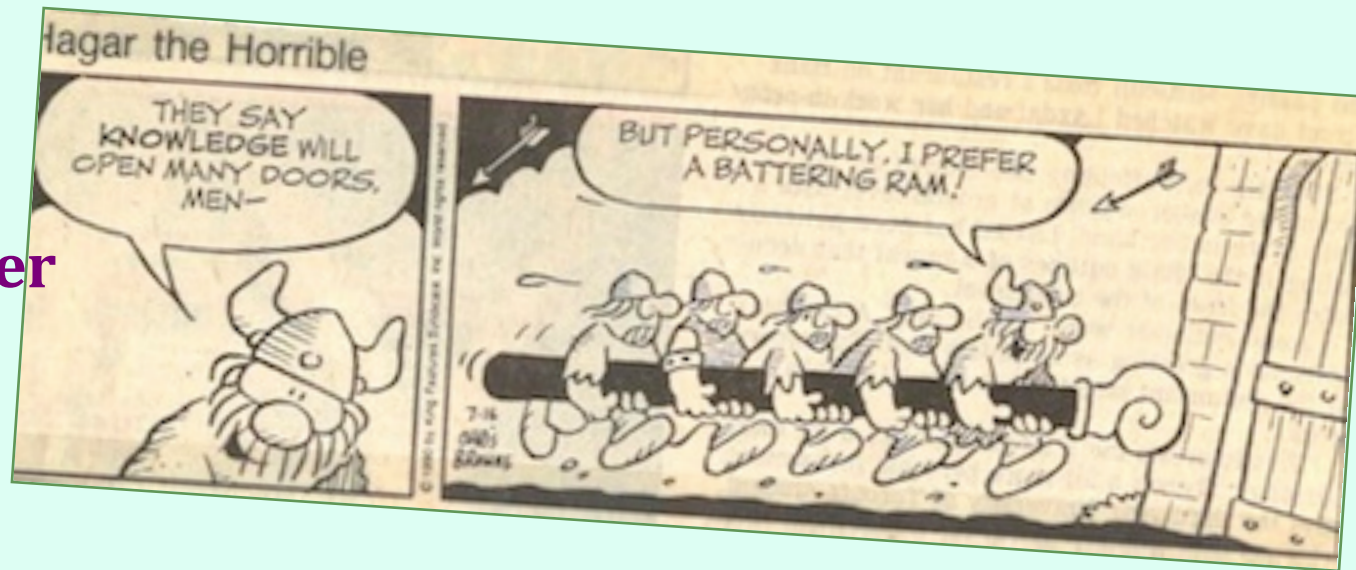
Scientific studies and standards, which are perceived as neutral and objective, have “annihilated our way of knowing” about hazards and overwhelmed workers’ rights. Standards and data banks, like those of the Canadian Centre for Occupational Health and Safety, are based on “industry-sponsored research with predictable results”..

Bob Sass,
Former Associate Deputy Minister of
Labour, with responsibility for
Occupational Health and Safety.
described in a CUPE newsletter, 2004



Recognise power and its results

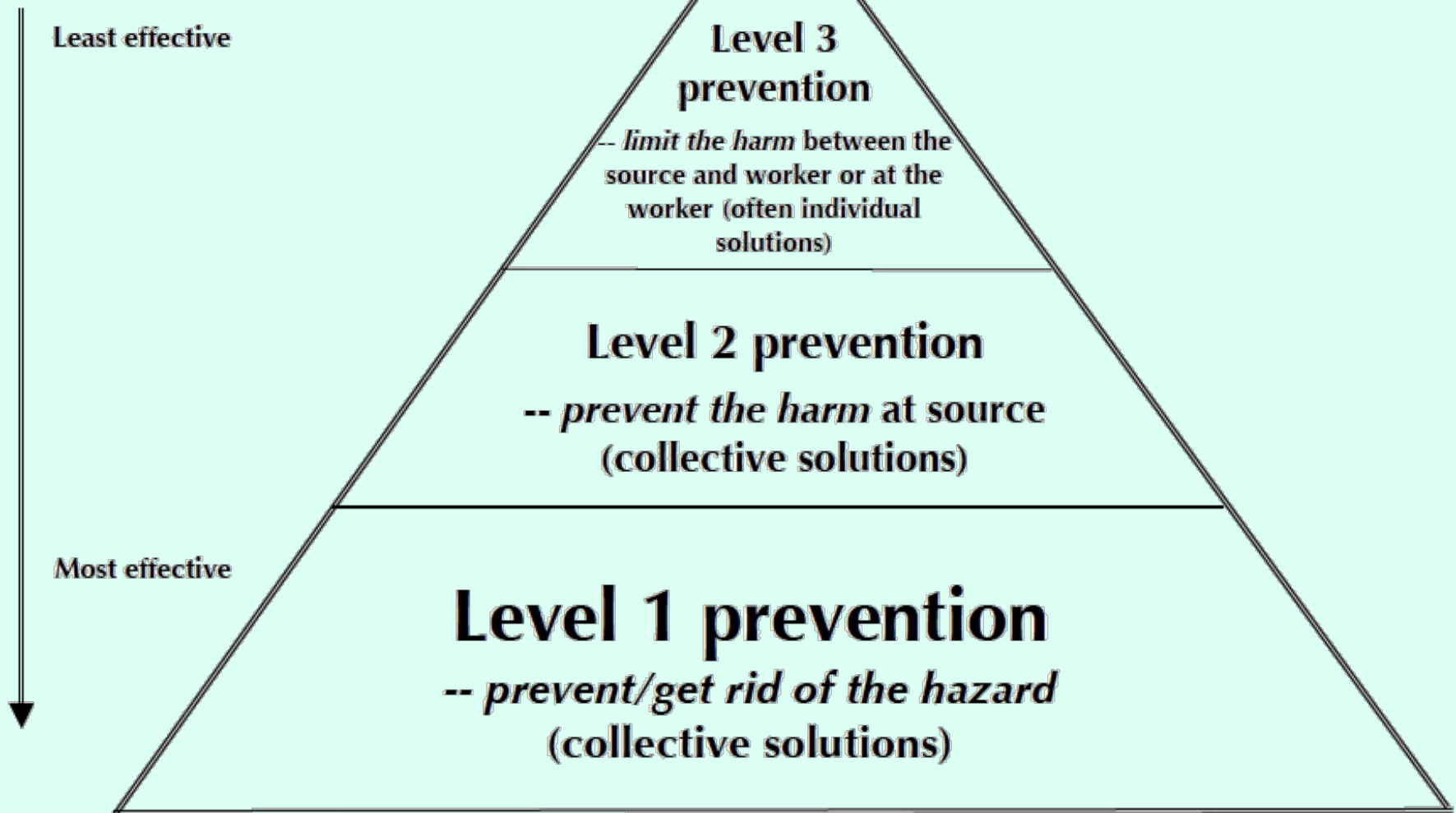
As Bob Sass repeatedly said:
“Knowledge is not power. Power is power.”



How does that
affect what can be
done? And by
whom?



The prevention triangle -- *principles for solving health and safety problems*



* *What happens if it's upside down? It falls over!*

Think big: Consider all the ingredients for a healthy environment ...

*... inside
and out*

**Workers'
environmental
rights**

Green jobs

**Blue-green
coalitions**

Just transition

**Green building
and retrofits**

**Community
right-to-know**

**Toxics use
reduction**

**Clean and just
production**

**Extended
producer
responsibility**

**Green
chemistry**

**Precautionary
principle**

**Informed
substitution**

**Life cycle
thinking**

**Sustainable
development**

**Social and
environmental
justice**

Stop the "Delay game" and its four dog defence around laws and regulations



My dog doesn't bite.



My dog bites, but it didn't bite you.



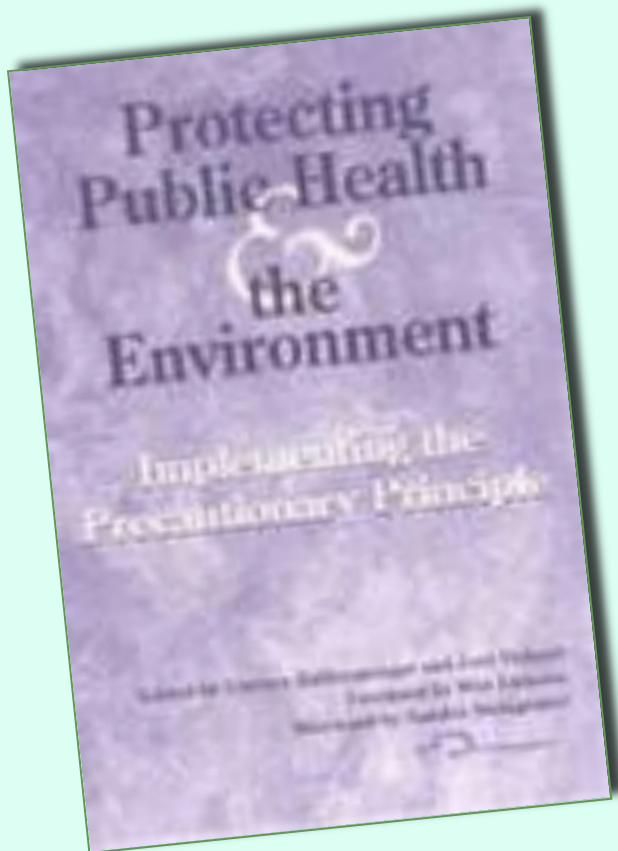
My dog bit you, but it didn't hurt you.



My dog bit you, and hurt you, but it wasn't my fault!

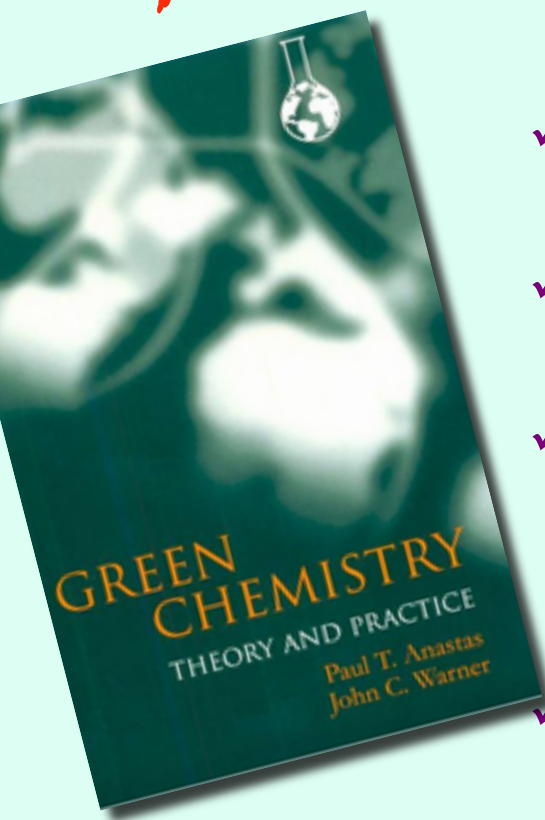
The Chemical Industry Delay Game, How the Chemical Industry Ducks Regulation of the Most Toxic Substances, Natural Resources Defense Council, 2011. <http://www.nrdc.org/health/thedelaygame.asp>

Avoid “paralysis by analysis” by acting to reduce hazards via the precautionary principle -- *better safe than sorry (or reactionary)*

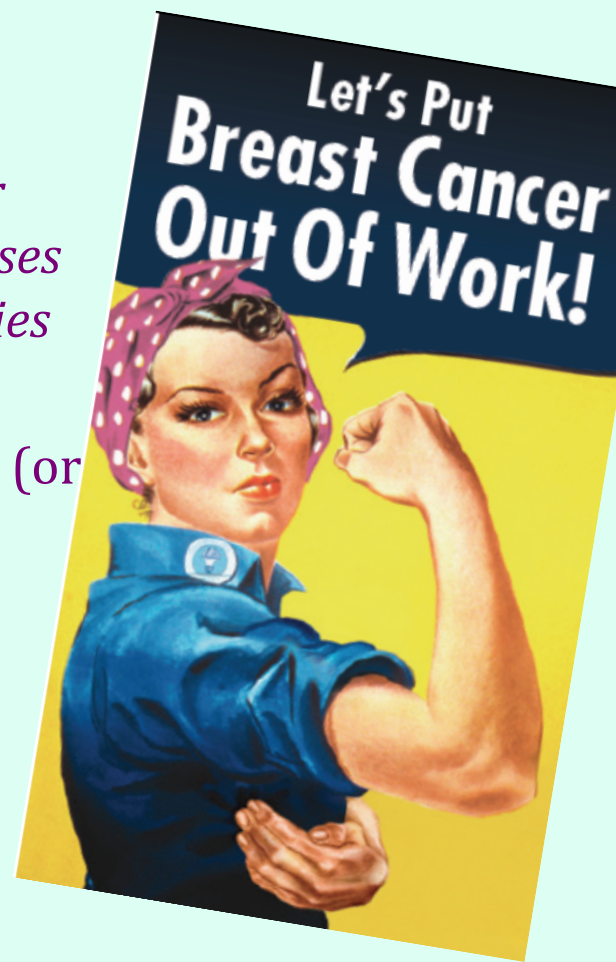


- ✓ Take action to prevent harm, even if we are not sure about (all) the hazards.
- ✓ Shift the “burden of proof” to companies. Before it is sold, used or put on the market, make them prove that something will not harm people or the environment.

Support green chemistry, a framework that is ..



- ✓ *asking “Is this chemical/product necessary for this task?”*
- ✓ *about prevention -- using the precautionary approach*
- ✓ *better recipes -- designing safer chemicals, products and processes for healthier people, communities and environments*
- ✓ *not having to say you’re sorry (or making it less likely)*



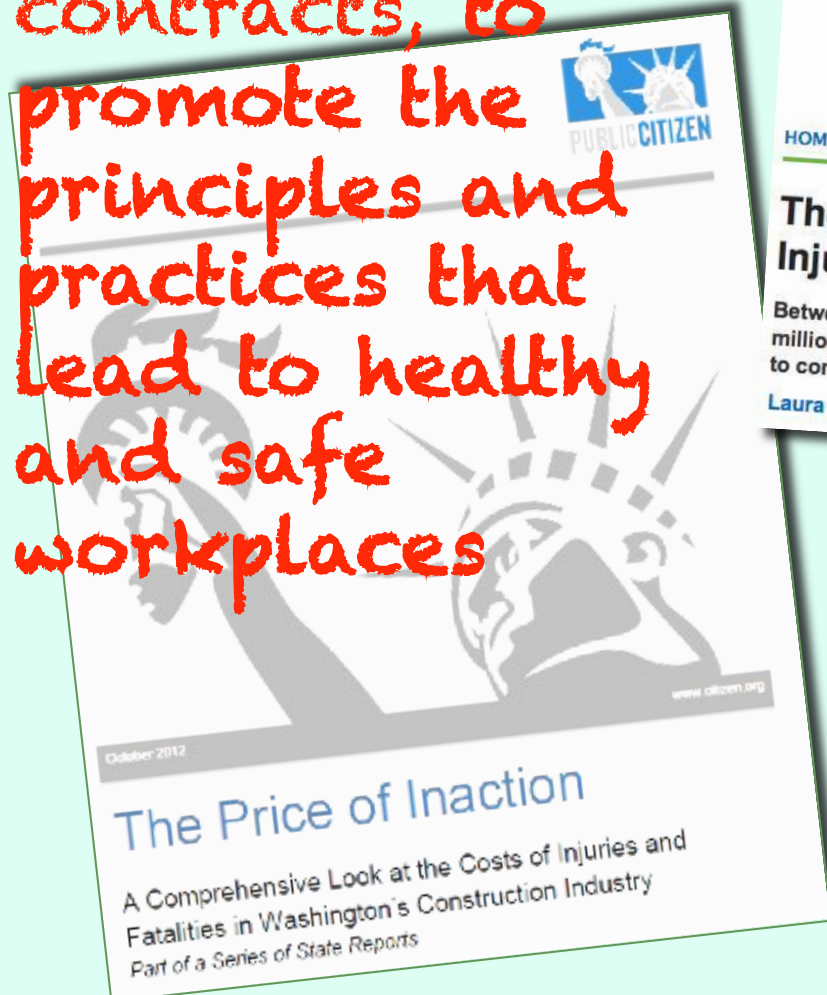
Make it illegal for employers to suppress claims, stopping workers from reporting injuries and hazards and programmes that promote this effectively (e.g., BBS)



Account for all economic and social costs to really know "the cost of doing business" (after doing a list of what to include). Take action based on analysis of all the costs.

Focus debates on the hazards, not the compensation. That's what prevention is based on. And that's where employers and workers need help.

Use public funding, especially contracts, to promote the principles and practices that lead to healthy and safe workplaces



<http://www.citizen.org/documents/price-of-inaction-washington-construction-worker-safety-report.pdf>



.. the state's leaders could take a major, yet inexpensive, step toward addressing construction industry safety shortcomings simply by **requiring that contractors meet safety standards to qualify to bid for public construction projects.** Washington should implement a comprehensive policy to prequalify contractors who wish to perform public contracting services in the construction industry.

And don't forget ...

- ✓ the goals of occupational health (prevention, ergonomic approaches)
- ✓ we still need more enforcement and better regulations from Cal/OSHA
- ✓ we still need ergonomic workplaces designed to fit our physical, mental, emotional and spiritual needs
- ✓ language matters (hazard vs risk, prevention vs control, injury vs disease, safety vs health)
- ✓ the law may be a useful tool, but it's not the only one we have
- ✓ our health is not supposed to be for sale

What can you do in the next while?

- ✓ support efforts at the Occupational Safety and Health Standards Board and Cal/OSHA
 - ☐ keep our right-to-know about chemical hazards (GHS-related changes)
 - ☐ ergonomics for hotel housekeepers and health care workers (safe patient handling)
 - ☐ health care workers violence prevention
 - ☐ heat illness
 - ☐ cancer drugs – protection for workers
 - ☐ good PELs
 - ☐ good process
- ✓ support bills that come up
 - ☐ SB 193 – get hazard information out
 - ☐ AB 165 – fix hazards while fighting citation

What can you do in the next while?

- ✓ always ask “Why?” when talking about hazards and when people’s behaviour is the focus
- ✓ talk to women you know and run into about their work:
 - ☐ “What do you do for a living?”
 - ☐ “How does it affect you?”
 - ☐ “How can the hazards be made visible?”
 - ☐ “What needs to change?”
 - ☐ “How can we work together to do that?”
- ✓ support unionizing efforts, especially for low wage female workers, and other campaigns to raise wages and improve working conditions

Look to reports and their recommendations

IMPROVING THE HEALTH OF WOMEN IN THE WORKFORCE

Action Plan

developed by participants
at the Symposium on the Health of Women in the Workforce
held at the Université du Québec à Montréal
March 26-28, 1998

Gender Equality, Work and Health: A Review of the Evidence



World Health
Organization

European Agency for Safety and Health at Work

R E S E A R C H



Gender issues in safety
and health at work
A review



European Agency
for Safety and Health
at Work

Think hazards.

Think big.

Think solutions.

Think tools.

Think collective
action.

With thanks to Ken Geiser, University of Massachusetts Lowell, Toxics Use Reduction Institute, Lowell Center for Sustainable Production, and great thinker.

What are
your
questions?