

Trade union initiatives across Europe

ITALY: Women, health and work task force in Milan

Milan's three trade union confederations, CGIL-CISL-UIL, set up a women's occupational health task force of trade unionists, public prevention service technicians and doctors, and workers' safety reps in 1996. Its

areas of study have included repetitive work by women in different industry and service sectors, as well as biological risks, maternity protection and night work.

The special report of the French magazine *Santé et Travail* (pages 25-27), sent along with the French issue of our *Newsletter*, has an article on the group's activities. Below is a translation of this article. ■

Italian MSD survey: Women taking the strain

Marina Finardi*

The living is anything but easy for Italy's women workers: many suffer severe musculo-skeletal pains from fast-paced, repetitive precision work. Now, a nine-company survey by a women's occupational health task force collecting data for a risk analysis has let them be heard... and action has followed.

Looking back at the film *Modern Times* where Chaplin's worker frenetically fails to keep up with his assembly line, you might think the bad old days of "man against machine" were long gone. But are they really, for all of us? That was the issue on the agenda of the "women's occupational health task force" of women workers' safety reps, union reps, technicians and medical officers of workplace safety agencies, set up by the three Milan-based trade union confederations CGIL, CISL and UIL to look into various aspects of women's health in the workplace from an ergonomics perspective. Its work lifted the veil on a state of affairs hitherto disregarded even in highly unionised workplaces: the large number of women engaged in fast-paced work.

The task force got a specialised ergonomics agency of the public industrial safety service to carry out a survey of nine workplaces in different industries (food, metalworking/engineering, industrial laundries, toy manufacture, computer data entry) where women are employed. The lack of specific model methods for this type of survey meant that an experimental procedure had to be worked out for organizing each individual safety rep involved in the project. They were given a half-day's training in how to administer questionnaires detailing disorders and illnesses reported by women workers, and work organization problems to be addressed in the risk analysis. The survey covered 380 women and 12 men.

Women or machines?

The women workers gave tremendous input. Just the opportunity to voice their problems was enough to open the floodgates. The relief at finally gaining recognition as human beings - and above all as women - produced an outpouring of all the disorders and pain caused by the way they were forced to work the machines.

The hazards involved are very different from the manual handling of loads, which is mainly done by men. This is because women are regarded as more dextrous than men, and better suited to finicky work requiring fast, precision movements demanding extension motions within a limited range rather than great physical strength. Looking at the types of movement required of the women in terms of frequency, lack of rest breaks, uncomfortable postures, application of force, and contributing risk factors (poorly-designed machinery, vibrations, damp atmosphere, etc.) it is clear that they can be placed under considerable strain.

"I can't even do my own hair, now"

The upper limbs are worst-affected, with overstraining of arm muscles, tendons and ligaments. *"I can't get to sleep at night my arm hurts so much, as if I've lost all use of it"*, said one industrial laundry worker. *"It's costing a bomb at the hairdresser's, because I can't lift my arm to dry or brush my hair!"*. Like many of her fellow workers, she has carpal tunnel syndrome. She has already had one operation, but will need another. Often, one individual will suffer different strain disorders in different parts of the body. Apart from carpal tunnel syndrome, other common disorders

include shoulder tendinitis (especially acute painful shoulder), lateral and median epicondylitis (tennis elbow), breathing difficulties, cervical radiculopathy, and so on. Many of the women interviewed had doctor's certificates mentioning one of these problems, but no-one had ever considered there might be a link with their work.

Although ignored by occupational health doctors, some problems are symptomatic of work-related disorders: tingling, numbness and pain in the fingers, hand, wrist, arm and shoulder first during the daytime, then at nighttime, too. The problem steadily gets worse, sometimes to the point where movement is impossible.

Working in increasingly arduous conditions, in visibly declining health, being unable to perform certain daily living activities, feeling isolated, being told that your illness is nothing to do with work, builds up a head of physical and mental stress. Some may end up on tranquillizers, which may do more harm than good, or increasingly frequent sick leave, and be branded as a "skiver". Unless proper steps are taken, the final stage may be resignation or the sack.

Hopeful signs

After the survey, the Cemoc ergonomists went through the questionnaires and picked out workers in need of a medical check-up. In most of the firms surveyed, serious problems were brought to light, with a very high rate of repetitive movements in some cases (from 40 to 60 actions per minute). In all, 29.7% of the

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SPECIAL REPORT

Women, work and health

women were affected by work-related disorders. Meetings were then set up with the workers' safety reps, union reps, and doctors in the workplaces concerned to put the next stage of the work into operation - further medical examinations and collective risk assessments, compensation claims and securing recognition as an occupational disease¹. At the same time, a campaign was mounted to raise awareness among industrial employers, doctors and workers' reps.

The firms involved accepted this as a responsible survey and did not try and deny its findings. All agreed to foot the bill for further medical investigations and have these previously-disregarded hazards assessed. All but one of the doctors worked willingly with the project, and did their duty in reporting all the occupational diseases observed. Some adjustments needed to reduce hazards have already been suggested and made (cutting out certain operations, a more appropriate division of tasks and work loads, changing the worst-

affected workers to other jobs, etc.). Even the less well capitalized companies are - slowly, let it be said - improving workplace health and safety. Things are still far from perfect, but the women and their workers' safety reps all recognise that they are on the right track. The survey administrators hold regular meetings with the reps to review progress.

Closing the gender gap

The women's occupational health task force thinks it has done a fair job of moving forward a process based on the EU Framework Directive's prevention principles. But its aim was to create an umbilical cord between health protection and equality of opportunity, so the biggest hurdle still to overcome is the continuing gender division of work roles.

Other issues on the task force's agenda include working hours, night work, employment injuries and maternity protection, to underscore that work hazards are not "gender

blind". Simply that biological, physical and especially sociocultural factors dictate that men and women, old and young, migrants and natives, the hale and the halt, are not exposed in the same way. ■

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The women's occupational health task force survey found that 29.7% of women workers were suffering work-related diseases. Doctors for the nine firms surveyed had failed to make the link between the disorders and working conditions...

¹ Until recently, Italy's occupational risk insurance agency (Inail) did not recognise, and so did not compensate, this type of injury. More extensive investigation by the public prevention services and a series of court decisions are achieving movement on this front, however.

SWEDEN: Women shoulder burden of savings

The salaried employee's union, TCO, is campaigning against gender discrimination created by the revision of the rules on recognition of occupational diseases. This 1993 revision of the Occupational Risks Insurance Act 1976 was chiefly a cost-saving measure, and changed the basis on which occupational diseases were recognised. Under the Act, an occupational injury was defined as the consequence of an accident or other harmful factor at work. Since 1993, other factors can be taken into consideration only if it is "highly probable" that they caused the reported injury.

The Act also created a presumed causal link in the worker's favour between the harmful factor and the injury "unless there is substantially stronger evidence to the contrary". The 1993 revision seriously watered down the presumption in favour of the worker. Now, the grounds in favour of the causal relationship must be "predominant". In practice, that shifts the onus of proof firmly to the injured party.

The effects of the 1993 legislative revision were quick to filter through. The number of recognized occupational diseases plummeted by nearly 90% between 1992 and 1997. This partly reflects the decline in reported diseases for two reasons: there is no certainty of success

in the new system, so workers are not claiming, and the financial benefits of recognition (compared to the general health insurance scheme) have been dramatically reduced. Also, the proportion of claims rejected has risen sharply (66% between 1994 and 1997 compared to 31% in 1992).

This dramatic decline has created adverse-effect discrimination. The invisibility of women's work hazards makes it very hard to establish a cause-effect link between work-related risks and specific diseases. Of the 100 employment injuries recognized in the period 1994-1997, 70 concerned men and 30 women. Recognition of musculoskeletal disorders fell particularly sharply.

The discriminatory effect of the new system is shown in the table above. It shows the ratios of employment injuries recognized to employment injuries reported between 1994-97.

Another factor of disparity is part-time work, which affects women much more than men. Incapacity and invalidity benefit levels are wage-related. Women who downscale to part-time work temporarily and suffer an occupational disease or employment injury during the period, will find their benefits

	Women	Men	Total
Musculoskeletal disorders	21	39	28
Chemical agents	47	62	57
Employment or work organization-related causes	10	10	10
Total	23	44	34

calculated at a lower rate than for a normal full time wage, even if they intended to return to full-time work later. The Swedish courts have repeatedly refused to review the basis on which invalidity pensions are calculated.

As part of its campaign, TCO lodged a complaint with the European Commission on 8 March 1999 to force Sweden to fulfill its obligations under Community sex equality legislation. It is unfortunate that, as Community law stands, default proceedings as still entirely at the mercy of the Commission's political will, and trade unions cannot bring proceedings directly before the Court of Justice. ■

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SPAIN: the unseen face of the tourist industry

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Since the Safety in the Workplace Act (see *TUTB Newsletter*, No 2-1996) came in, we have developed a training programme for prevention reps. The main focus is on basic training in the hospitality industry, which currently employs 50,000 workers in the Balearic Islands (17% of the employed workforce), 52% of them women.

Productivity demands in the hospitality industry have risen sharply (by around 170% between 1990 and 1997). This has been achieved at the cost of working conditions, reflected in rising accident and sickness tolls. Musculoskeletal disorders (MSD) are our main concern. The courses for hotel industry safety reps prompted us to wage a campaign on the theme.

Most of the course participants are women room cleaning staff whose health problems - backache, sciatica, and other illnesses plus their psychological after-effects leading to many days' lost work - made them highly receptive. They also worry about doctors' reflex responses of prescribing painkillers, a few anti-inflammatories, two or three days off, then back to work.

We negotiated with the Balearic Islands' main industry employer - the biggest hotel chain on the islands - to set up an information and trade union training campaign on MSD in the group's thirty-odd hotels.

Training takes place on hotel premises. It is for all staff, and comprises 3 x 4 hour sessions:

- what MSD are, their symptoms, and practical exercises to pinpoint problems on workers' own bodies;
- how MSD fit into risk assessments and job design, with a focus on how room cleaning

staff can help identify high-risk jobs and formulate proposed improvements;

- drawing up a prevention plan which incorporates all the workers' proposals and suggestions.

This training-cum-survey is much-appreciated by the workers, in giving them a chance to share their problems, and freeing them from the isolation and loneliness which typifies their work.

It also helps identify problems which clearly have nothing to do with hormones or age, as doctors tend to suggest, but are directly work-related. They include:

- rooms per worker: 22;
- fast-paced, sustained work;
- no breaks;
- casual jobs, so poor follow-up of problems;
- hotels' purchasing policies do not include ergonomic design requirements. So, furniture is designed with foreign customers in mind - mirrors positioned too high-up, beds too big for the total room area, etc.

Proposals made by workers throughout the courses collected by the members of the health and safety committee, included:

- poorly-designed work equipment: brush handles too long, vacuum cleaner flex too short, problems with linen and cleaning product trolleys;
- workers to clean rooms in pairs so as to reduce isolation and physical strain;
- rest breaks to recover from muscle fatigue, especially at peak times like guest check-ins and check-outs.

After the training, we tackled risk assessment which had not yet been applied to MSD. Safety was the main focus. There was no

available data on MSD, and preventive services had not enlisted help from ergonomists or social psychologists.

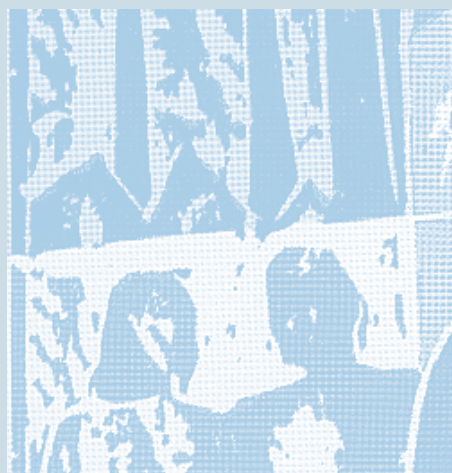
In discussions with preventive service technicians, we stressed that the findings of the room cleaning staff survey, data on absences and information provided by workers in training had to be taken into account.

We know the problems involved in dealing with things like the pace of work, number of rooms per worker, breaks, etc. But the information collected from workers and the cost of sickness gave us ammunition to prove the need for a proper, across-the-board evaluation of working conditions.

This provided the basis for preventive action. Health and safety committees now discuss the hazards of each job to agree on an assessment. We keep on at the preventive services to use the data supplied by workers. We keep up pressure on the employer to recruit prevention personnel. At present, ergonomic and social psychology services are contracted out to an accident insurance agency, so there is no coordination with the employer's own in-house prevention activities.

One important thing to say is that room cleaners, whose working conditions are particularly hard, had played little part in the health and safety committees or in purchasing decisions. This campaign encouraged us to demand a say everywhere decisions were taken affecting prevention, both in the firm and within our own union. ■

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UNITED KINGDOM: The TUC gender agenda

The TUC has set out a gender agenda for health and safety to increase the profile of women's health and safety, based on the 3 November 1998 seminar, the safety rep survey reported to it¹, and subsequent discussions at the TUC 1999 Safety Convention.

In January 1999, the TUC published *Violent times*, a report on physical and verbal assaults at work, which revealed that young women were more likely than any other group to be assaulted. As a direct result, Ministers asked the Health and Safety Commission to develop a programme of work to combat workplace violence.

On 28 April 1999, International Workers' Memorial Day was devoted to women's health and safety. The TUC issued *Restoring the balance*, guidance for safety reps on how to build women's health and safety into their employer's health and safety work (a direct proposal to arise from the safety rep survey) and published a report called *A woman's work is never safe*, by Jacqueline Paige. This set out the risks faced by working women, notably stress, RSI and back strain.

On the evening of Workers' Memorial Day, Minister for Women and for Public Health Tessa Jowell MP gave the first Workers' Memorial Day lecture at the TUC's headquarters in London, endorsing the TUC's gender sensitive approach and announcing the next step in the Government's back strain initiative, Back in Work.

In May, partly at the behest of the TUC, the Health and Safety Commission's first ever three year corporate plan committed the HSC/E to social equality (including gender) as one of its five strategic themes.

The TUC is continuing to press the HSC/E to:

- take on board the steps proposed in *Restoring the balance* in inspecting workplaces;
- improve the sensitivity of HSE staff, so that they understand the need for a gender sensitive rather than gender neutral approach;
- deal with gender issues as a matter of course in the collection and analysis of data about health and safety; and
- promote positive images of women at work in HSE publicity so that women are aware that health and safety is about their concerns, as well as men's.

In September 1999, the TUC set up an occupational health website at www.tuc.org.uk with a specific section devoted to women's health and safety. This will complement a new training module for workplace safety reps which is being developed.

In October 1999, the TUC and the National Back Pain Association mounted a campaign to prevent back strain among working women with guidance for safety reps, posters and a report on women's experiences.

The TUC is also surveying safety reps on occupational health aspects of the change of life (reported as a priority in the 1998 safety reps surveys). Another priority is to ensure an appropriate gender balance in TUC representation in the Health and Safety Commission's different consultative committees. ■

For further details:

<http://www.vl28.dial.pipex.com/women.htm>

¹ See also on the TUC Survey: *TUTB Newsletter*, No 10, December 1998, p.9.

The CINBIOSE group (Centre for the study of biological interactions in environmental health at Quebec University in Montreal) are key players in the links between academic research and the trade unions to promote gender-sensitive occupational health policies. In 1999, the TUTB published the results of joint action-oriented research under the editorship of Karen Messing.



Integrating Gender in Ergonomic Analysis. Strategies for Transforming Women's Work

Scientists, employers, decision-makers and even women themselves seem to have difficulty in coming to grips with women's work-related health problems. This stems partly from traditional perceptions of women's work. The widespread belief that women's jobs are safer than men's means that women's health problems are dismissed as women "not being up to the job" or "imagining it". This has held back efforts to improve their occupational health. Prolonged standing which leads to problems of circulation, or repetitive movements which cause micro-strains, seem much less dangerous than the risk of falling from scaffolding or metal saw injuries. Karen Messing and her team point up the interactions between gender, work organization and working conditions. The results show the immense contribution that action-oriented

research can make to improving equal opportunities and working conditions.

TUTB, 1999, 192 pages, (19.83 euros)
In English and French. Portuguese, Italian and Greek versions will be published in 2000.
Details on the TUTB Internet site: www.etuc.org/tutb

From the end of 1999, some of CINBIOSE's works will be published in an e-zine on the web.

PISTES is a cross-disciplinary free e-zine dealing with social and human aspects of work and the links with human health. It focuses on workplace research, especially new issues in work and health. It publishes full articles in French (with English abstracts) to foster discussion between researchers and practitioners in the French-speaking world. It also aims to promote the transfer of work-derived knowledge in a range of work- and health-related areas.

http://www.unites.uqam.ca/pistes/menu_p.html