

Union action can make the difference

Workers have little or no say in the organization of their work, and it is time that their views were properly recognised as being equally valid as those of employers and self-styled experts. What unions have to do is support their members in wresting back ownership of their labour.

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Hospital working conditions have been deteriorating for a decade. Polish nurses protest outside government offices against its health policy in November 2003.

Image: © Janek Skarzynski, AFP



1. Walters D. and T. Nichols (2009) *Workplace Health and Safety. International Perspective on Worker Representation*, Palgrave-Macmillan.

In one region of Italy, some hospitals assess the risks to reproductive health and take preventive measures, while others do not. The activity of union health and safety reps is clearly key to getting this result. In France, workers in firms with a health and safety committee are twice as likely to have been given health and safety information or training on a like-for-like basis (i.e., comparable sectors and company sizes). Examples abound in Europe, as elsewhere.¹ The existence of proactive trade unions with specific health and safety reps often makes the difference between real prevention and a management tick-box exercise. These facts are important, but do not explain the why and the how. In other words, why is trade union action so important, and how can it be effective?

Health at work was a central factor in making workers conscious of forming a class distinct from other classes of society in the early period of the industrial revolution. Intensive exploitation of the first generations of

industrial workers left its marks on their bodies. All 19th century accounts point to a very high rate of early deaths among industrial workers. Organised labour had to act immediately and urgently to do something about these life and death issues. The unions actively rebutted attempts to portray accidents as inevitable in the late 19th/ early 20th century. In the closing third of the 19th century, joint initiatives were launched beyond national borders, including for shorter working times and the replacement of certain hazardous substances like white phosphorus in match manufacture and lead in paint.

Even today, most surveys that ask workers what they want trade unions to do find that improving working conditions comes high on the list.

Yet problems and pitfalls abound. There is no hard-and-fast guarantee that union action will achieve improved working conditions. It takes critical thought, discussion, strategy formulation and experience-pooling. It may sometimes seem to conflict with other priorities of union action for pay or jobs. It raises many immediate questions, some of which require long-term answers. The current situation where EU health at work policies have petered out has increased the role of trade union action. "Top-down" reform through EU directives is unlikely to drive major changes until bottom-up pressure evens up the playing field.

What only unions can do

For upwards of a century, occupational health has developed more as the purview of specialists. The hazards of work have been pigeon-holed into different disciplines. Occupational medicine, industrial safety and industrial hygiene have developed as separate areas. After World War Two, ergonomics and occupational psychology gradually marked out their territories. More recently, psychosocial factors have come to the fore, addressed through different approaches by professionals more often in competition than cooperation.

The union approach does not preclude what each of these disciplines has to bring provided those concerned act for occupational health rather than putting it second to other concerns like employee selection, productivity and discipline. What gives union action its uniqueness and potential is that it starts by recognizing that workers have their own perceptions and knowledge of working conditions and how they affect health. In some cases, that perception is immediate: having a bad back or joint pain, feeling tired or demoralised, seeing that scaffolding is unstable or that the pace of work cannot be kept up. In other cases, the perception needs to be organized. It may take different forms from one person to the next according to age, gender or other factors, and it may be difficult to see the collective dimension of the problem. Sometimes, a link needs to be made between the experience of workers from different generations where long-term effects are concerned – immediate perceptions can mask a less visible problem. The large-scale advent of computers into offices in the late 1970s, for instance, prompted widespread fears that the new work equipment might cause miscarriages. This seemingly irrational response was in many cases an indirect signal of being ill at ease with an increasingly impenetrable work organization and the dangers of increased employer control bypassing the means for workers to fight back handed down by union struggle.

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There may be no quick fix, but there is a solid baseline: empower workers, not let specialists annex matters relating to their health. It is an important starting point because it calls into question one of the major elements of work organization: the division between managers who devise and operatives who put into practice. Getting them to talk about working conditions is to make a start on regaining dignity for all those who have such conditions forced on them by others.

Workers' unique experiences can fill the gaps and overcome the biases of number-counting scientific methods when it comes to exploring new issues. In the 1970s, workers' complaints about the limits on exposure to certain organic solvents were often looked at askance. The protocols agreed on by scientists found no biochemical abnormality below certain exposure levels. Yet the workers complained of memory lapses and irritability. Investigations instigated by some unions found that these complaints reflected genuine health problems. Over time, a section of the scientific community developed more accurate analytical methods that identified the problems. The employers and public authorities used the uncertainties and controversies as an excuse for doing nothing. The late 1980s saw a rash of newly-named diseases like chronic painter's syndrome, solvent encephalopathy, and psycho-organic syndrome. It took a further few years for a

handful of countries to recognize these conditions as occupational diseases, while others continue to ignore them. The tenacity with which some unions campaigned on the issue and the alliance they forged with a section of the scientific community helped improve the conditions of prevention. In the late 1990s, union networks launched EU-wide projects to replace hazardous chemicals, particularly in the building industry.

This is anything but an isolated example, and is an object lesson in what is specific to the union approach. Giving visibility to what is invisible, identifying the collective dimension to what is often seen as an individual health problem, turning that collective consciousness into interest articulation.

Pitfalls...

Obviously, not all stories are success stories. There is also a catalogue of failures that are just as instructive as the successes.

It took the labour movement in many countries generations to demand a ban on asbestos. A sorry tale, but one that reflects the pressure from industry holding jobs to ransom. Any significant improvement to health at work has been portrayed by employers as a threat to competitiveness. Apocalyptic howls have greeted everything from taking children out of the mines, to banning asbestos or requiring an assessment of health risks before putting chemicals on the market. Employer pressure has had its biggest effect when it has relied on a productivity-driven ideology that automatically sees output growth as creating social progress. The obsession with productivity often goes in hand with the illusion that science will solve problems as they arise.

In the late 19th/early 20th century, the issue of compensation for health damage pushed the need for prevention in the workplace into the background. New laws picked out specific risk factors, creating compensation schemes (work accidents first, a small number of diseases later on). To some extent, the focus on these issues took the momentum out of challenges to work organization and demands designed to eliminate risk factors and give workers control over their working conditions.

Compensation for accidents and certain diseases apart, the most visible and recognized forms of health damage may be included in wage setting. Night work and some particularly hazardous exposures can result in a direct (through so-called "danger pay") or indirect (where certain health risks are treated as part of the job) wage adjustment. In these cases, job blackmail may be combined with threats to income, whereby better working conditions almost automatically means forfeiting pay or bonuses. Looking beyond this key material aspect, risks may be hard-wired into the occupational identity of some categories of worker. Short of being able to eliminate them, the risks are played down or given a positive spin. This is a false defence mechanism to protect health by playing down

unease and developing practices to "manage" some risks; but it can also produce a kind of fatalism. In many cases, it is turned against workers by some experts who treat it as irresponsible risk-taking without inquiring into where it comes from.

Another obstacle has been the unequal influence of different categories of worker within unions. Women, migrant workers, young workers, workers in contingent jobs or with less recognized qualifications had little say. In certain eras, women were not allowed to join trade unions, and the occupational health solution offered was to bar them from certain jobs like mining, night work, etc. By and large, the most exploited categories are those where occupational health problems are most disregarded. This second obstacle also shows the huge potential of a dynamic, union-led workplace health policy. It is both key to getting a foothold in new, less organized sectors or categories and goes to make for sound internal democracy in action. It is also vital to create solidarity between workers in different firms working on the same job. One probable criterion for successful trade union action is the ability to address the issues raised by subcontracting, and identify the least well-represented categories with the worst working conditions. A close look at major chemical industry accidents shows that in many cases, subcontracted workers from other industries are exposed to the most hazardous situations.

... and many problems

While most available data point to a significant link between trade union action and prevention, the practical outcomes vary by company, type of risk and other conditions. This makes it relevant to consider the conditions for effective trade union action in this area.²

The autonomy and strategy-formulating ability of unions are key factors. From the blanket level of inter-industry policies right down to workplace safety reps, enormous pressures are in play to reduce the trade union role to that of carrying out policies set by others. In occupational health management systems, company management will often set the priority objectives and ask the workers' reps to "pass them on" to their colleagues. The poor performance of health and safety representation systems in non-unionised workplaces evidences this problem. The role of a safety steward is not to be confused with that of a "mini-technician" or, worse, an overseer.

An integral part of union autonomy is their ability to independently determine things they agree on with the firm (e.g., preventing industrial disasters), things where compromise can be reached, and things they cannot agree to. On this basis, union action can be thought of as a sort of pendulum movement: starting from workplace health needs, exercising the leverage needed to get agreements that will change work organization, assessing the outcomes and organizing labour action over the sticking points. In

2. Menendez M., J. Benach and L. Vogel (2009) *The impact of safety representatives on occupational health. A European perspective*, Brussels, ETUI.

3. Based on the experience of unions in Ontario, Canada, A. Hall and others describe this strategy as knowledge activism (Hall A., et al. (2006) *Making a Difference: Knowledge Activism and Worker Representation in Joint OHS Committees*, *Relations Industrielles/Industrial Relations*, Vol. 61, No. 3).

4. Boix P., et al. (2001) *Percepciones y experiencia. La prevención de los riesgos laborales desde la óptica de los trabajadores*, Valence, ISTAS.

5. Clot Y. (2010) *Le travail à coeur. Pour en finir avec les risques psychosociaux*, Paris, La Découverte.

that process, any real improvement, however small, increases workers' confidence in their own strength and the importance of organized action.

Other things can play into the success of that movement, including: a defined framework of statutory rights, training, adequate and accurate information, effective control by the Labour Inspectorate.

Two factors arguably play a particularly important role. Unions' ability to build networks that can identify problems, develop the preventive solutions applied in some workplaces and effect regular exchanges of experience between safety reps. This avoids endless repetitions of the same obstacle course, and also helps to create bonds of solidarity between trade unionists in different firms and support their activism through improved knowledge.³

Another major thing is the union's ability to tie occupational health issues into other aspects of its agenda both in the workplace and in broader society. In collective bargaining, leveraging the experience of safety reps from the initial demand formulation stage helps avoid the frustration of getting agreements that sacrifice the quality of working life to other claims. Linking occupational health requirements to the fight for gender equality is also important. Giving recognition to the work hazards that women workers are exposed to is part and parcel of action for job desegregation. Pay differentials can only be tackled by challenging stereotypes that deny some of women's professional qualifications. This is one lesson of the grievance disputes staged by nurses in Europe over the past twenty five years. They were able to mount blanket protests encompassing occupational health, recognition of qualifications and better conditions to ensure more effective health care for patients. Such actions helped to raise questions about the authority structure in hospitals and health budget cuts. Similarly, trade union action to get the most hazardous chemicals eliminated is calculated to improve occupational health, public health and environmental protection.

On the offensive on work organization

Dividing workplace health into boxes dealt with by experts from different disciplines goes against workers' correct perception that health is bound up with work organization. A survey of ceramics industry workers in Spain found that: "Unlike the distinctions usually made by the specialised language of prevention techniques, workers generally instinctively see the hazards of work as being an inter-related whole where, for example, dangers to safety or hygiene are linked to specific forms of organization and their physical manifestation is perceived in the form of health damage (...) In the discussion groups where a less media-spun collective perception of risks emerges, workers voice different problems and priorities from those

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identified by technicians. Particularly striking is the importance that workers attach to health problems related to work organization, as compared to the almost exclusive technical focus on safety and workplace accidents".⁴

Generally, there is no mechanistic link between exposure to a risk factor and its health impact. The division of labour, the company management structure, the amount of control workers collectively and individually have on how to organize work, the ability to give opinions, make demands and influence decisions are all factors that can lessen or worsen the health impact. This is illustrated by occupational accident figures which show that agency workers have a higher accident rate than employed workers in the same jobs and production sectors. The same trend is found in some outsourcing situations where the scope for influencing working conditions is reduced by the existence of a dual power relationship: that of the employer and the work specifier. The absence of democracy in the workplace has a negative effect on two fronts. It makes it harder to put knowledge to work for prevention; and it affects the overall quality of life at work and can dramatically limit its positive potential for personal self-fulfilment and development.

Huge potential

An offensive trade union policy on occupational health holds tremendous potential because it forges a daily practical link between broader societal issues and workers' daily lives. There is a constant interplay between the "micro" level of diseases, accidents, premature aging of the body, psychological distress and the

"macro" level of social inequalities, where work fits in, economic development strategies and the way our societies work generally. It is also a daily class in how absurd and damaging the traditional division is between those who are purported to know and order and those who are purported to do and produce.

Two important developments bear a moment's attention. There is some unease about the very meaning of work. The groundswell of discussion on psychosocial factors to some extent shows the quality of work to be an issue in industry as much as in services.⁵ Many of the changes in management systems have provided answers that do not work because they are based on a vertical approach (top-down from management to the workforce), they are immediate-profit-driven and apt to discount the collective dimension of work. The warning signs abound: recall after recall of vehicles even though the car industry subcontracting chain is meant to ensure top quality at least cost; unease in public services at the constant pressure on resources, be it in health or education.

There is a growing awareness that our development model is incompatible with environmental constraints: global warming, water issues, the growing mountain of waste, disastrous urbanization in many parts of the world. Embracing human working conditions and social equality are two areas ripe for a union approach. Getting back to the vision of human work in balance with its natural environment is a central challenge for any environmental policy whose aim is more than just greenwashing capitalism. In this way, the union movement can tie the immediate defence of the workers it organizes in workplace with the global aspiration to change society. ●