

Working for better health for workers

In the city of Sheffield, birthplace of Britain's stricken steel industry, an occupational health surgery carries on a pioneering scheme started over thirty years ago. In that time, the thousands of workers it has seen have mainly presented with the typical "smokestack industry" diseases of lung diseases and deafness. Now, it is psychosocial illnesses that are taking the toll.

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Complaints of bullying at work are on the rise. Sheffield workers get a sympathetic hearing from SOHAS advisors.

Image: © Martin Jenkinson



Yuki Hussein¹ is crying. She plucks paper towels from the box on the clinic table and dabs her eyes. "It's really hard", she keeps saying. "I'm sure that nothing is going to change. They are just going to carry on making my life miserable. I just want some sort of way out of the place, but it's really hard."

Yuki, a 20-year old student brought from Somalia to England for a new life by her uncle, sounds desperate. She has been off work suffering from stress and vomiting for the last two weeks. She has come to one of the regular clinics run at doctors' surgeries by the Sheffield Occupational Health Advisory Service (SOHAS) in northern England. And she is pouring her heart out, pleading for help. She is just one of over 1,000 workers with problems seen every year by SOHAS, a groundbreaking project that has won plaudits for its pioneering work in combating occupational ill-health.

Yuki is employed by a nursing home near Sheffield, and asked for shifts that would enable her to keep attending college in the evening. But, despite an agreement to that effect, she has been repeatedly put down for shifts that she can't do, she says. This happened after her usual manager had changed, and that, combined with long hours, had caused her great upset. "They didn't approach me in a nice way, and never said hello or thank you", she claims. Yuki became ill, and had to take time off work. "I was accused of inventing my illness", she recounts. "I was told that I was just messing about when I was sick."

Now she is looking for another job, but she is worried that her current employers will give her a bad reference because of the complaints she's been making. "It's your word against theirs and it's really hard", she says, her voice breaking. SOHAS adviser Simon Pickvance gently tells her to keep in touch with her union, Unison. He offers to write to her employers reminding them of their promise to make her shifts compatible with her college work. Simon asks Yuki to email him a detailed list of her grievances, so he can pursue the matter. He also says he will ask the doctor for another note saying that she is sick.

Yuki is one of six cases being seen by Simon in a smart new clinic in a suburb of Sheffield on a cold, snowy afternoon in February 2010. Others also complain of stress, overwork and exploitation, and Simon offers whatever advice he can, listening carefully and speaking softly.

The demise of steel

Sheffield, with a population of more than half a million, is one of Britain's great industrial cities. It was born as a centre for steel-making in the 19th century, and now is still trying to recover from the collapse of the heavy engineering industry.

When the Sheffield Occupational Health Project, as it was first called, was being set up in 1978, the steel industry was still one of the city's main employers. A group of trade unionists and concerned scientists got together, keen to help workers to make more use of the rights they had gained under the 1974 Health and Safety at Work Act.

The first problem they focussed on was industrial deafness. Steelworkers were exposed to a great deal of noise at every stage of the manufacturing process, including welding, rolling and forging, with some becoming stone deaf after years of work. So the Sheffield project made an audiometer and devised a series of tests to check workers' hearing. As steel plants started to close in the early 1980s, and thousands were made redundant, this snowballed into a nationwide campaign for compensation. "Anger at what was happening in the steel industry sparked workers into finding out about health and safety", says Simon Pickvance. "Making claims became an act of solidarity."

Insurers accepted that the deafness prevalent amongst workers over 45 was caused by the high levels of noise at work, and thousands started to win financial recompense. A team of former steelworkers put together by the Sheffield project toured the

country, urging workers from other steel plants to get tested and put in their claims. For those involved, it was a galvanising and educative experience, and it laid the foundations for the work that SOHAS has done since. As well as deafness, the project has discovered a high prevalence of respiratory problems (later to be termed Chronic Obstructive Pulmonary Disease) amongst former steelworkers, and campaigned for its recognition as an industrial disease.

Through the 1980s, the project's work broadened to encompass other health problems like asthma, vibration injuries and muscle, back and joint damage. It identified the pains that could be caused by what we now know as repetitive strain injuries, and began to work with ethnic minorities. By 1989, the project had acquired funding from the National Health Service (NHS), and was employing people as advisers to work in 20 doctors' surgeries across Sheffield. In the wake of the large-scale redundancies in steel and other heavy industry, they had to deal with a great deal of depression, and loss of purpose amongst workers.

According to Pickvance, trade unions had come under fierce attack from the Conservative government led by Margaret Thatcher, who was prime minister from 1979

1. Not her real name.

2. On which, see the article on p. 32 on regional safety reps in Sweden.

Part of the inspiration for the work Simon Pickvance does came from communist China's famed barefoot doctors – farmers who brought basic health care to rural villages.

The cancer victim

Jay Laver can remember the day back in 1989 when it happened. One of his co-workers at a metal plant in Sheffield picked up a vacuum cleaner, put it into reverse, and blew billowing clouds of dust into his face. "It was full of particles cleaned up from the plant - chromium, tungsten, nickel and so on", he said. "It was a cocktail of heavy metals, a fine clinging dust that got everywhere."

Eighteen years later, Jay had a loose tooth. After it was removed, his gums kept bleeding so he went for tests. The results, in October 2007, gave him a shock that changed his life. He was diagnosed as suffering from a rare form of nasal cancer, known as maxillary sinus cancer. The passages inside his face were being consumed by an aggressive and malignant tumour.

Jay, now 40, was told that he had a 30% chance of surviving. In November 2007 he had a 13-hour operation which removed part of his upper jaw. He then had to endure dozens of debilitating radiotherapy and chemotherapy sessions, and lost 20 kilograms in weight. But the treatment didn't work, and by December 2009, the cancer had

returned and spread to a lymph node in his neck. He then had to undergo another major operation, removing the lymph from the right side of his neck, and more radiotherapy.

In February 2010, he was feeling fine and talking animatedly about his attempts to get justice. He was being greatly helped by the Sheffield Occupational Health Advisory Service (SOHAS), he said. He has won a disablement benefit and a reduced earnings allowance, which were helping him live. He has also persuaded the Industrial Injuries Advisory Council to recommend the inclusion of chromium as a potential cause of nasal cancer, which should enable others to qualify for benefit.

Jay is convinced that his cancer was caused by the heavy metal dust blown into his face in 1989. He's been pursuing legal avenues in an attempt to force his employer at the time to take some responsibility, so far without success. He accepts that it's hard to prove that his cancer was triggered by an event all those years ago, but he is determined to fight on. "The cancer is usually blamed on smoking, but I've never smoked a cigarette", he said. "I'm 40 years old, and I need to achieve something."

Lead poisoning

Gerry Hadfield sometimes can't remember where he is, or what he is doing. "I can't see things which are right in front of me. I don't recognise them", he said. "Apparently I can see them, but the message doesn't get through. And that happens a lot. I find myself in front of the cupboard with the door open. And I don't know why." On one occasion Gerry, a plumber in Sheffield for 44 years, forgot what his wife looked like and panicked. "When she was actually coming down the street I didn't know it was her until she got right up to me and spoke to me", he recalled. "It was quite upsetting, quite scary."

According to the Sheffield Occupational Health Advisory Service (SOHAS), from which he sought help, Gerry's symptoms are due to the lead he has been exposed to in his work. Lead is common in old pipes, and low levels inside the body are known to cause a range of disturbing neurological symptoms.

"He has had memory problems and mood changes, digestive problems, exhaustion and many other non-specific symptoms", said Simon Pickvance from SOHAS. "It would be very surprising if he didn't have lead poisoning, given the high levels of lead that he has had over a long period of time."

Pickvance estimated that there may be well over 100,000 workers in the UK suffering from lead poisoning as a result of their work. The toxic metal

was widely used in batteries, plastics and paints and is a particular hazard in the scrap and demolition industries.

Recent scientific studies have suggested that people with very low levels of lead in their blood – down to 10 micrograms per decilitre or below – could suffer serious illness. Scientists at the University of Pittsburgh, for example, found that older women with more than eight micrograms of lead per decilitre of blood were more likely to die from coronary heart disease.

As a result some countries like France, Germany and Denmark have tightened their lead standards. But the UK has failed to take action, saying recently that it had no plans to review the safe limits for lead.

But the UK's main occupational health agency, the government's Health and Safety Executive (HSE), was forced into an embarrassing U-turn when the plight of Gerry Hadfield and other lead workers was investigated by Channel Four News in 2009. The agency withdrew an online leaflet suggesting that serious health problems "rarely" occur unless people have at least 100 micrograms per decilitre of lead in their blood - ten times higher than the danger level suggested by scientists. The guidance "could be made clearer", the HSE admitted, and promised to review the wording. For workers like Gerry and for SOHAS, that's not much - but at least it's a start.

to 1990. "The unions were atomised", he says. "Individual workers were stressed, so we had to start thinking about stress."

To help reduce unemployment figures, many workers were defined as long-term sick, meaning that all advisers could do was to ensure they claimed the right benefits. In the 1990s, however, Sheffield project workers began to challenge this, by increasingly trying to get the long-term unemployed back to work.

"We all found it difficult", Pickvance recalls. "It was like we were taking on the whole capitalist system in an individual advice session. What can you do? There are things you can do, but you have to work at it. We're still working at it."

Funding for the project varied in the 1990s, and some tough decisions had to be taken about its collective structure. In 1999 the Sheffield Occupational Health Advisory Service was formally set up as a limited company, with a manager.

Barefoot doctors

Now, the project employs seven advisers, who run clinics in 30 of Sheffield's 100 doctors' surgeries, and is still funded by the NHS. "In the Noughties our work has shifted towards helping people hang onto their jobs when they are off sick, particularly those with mental health problems", says Pickvance. "It was the workers who taught us about deafness. Then they told us about lung disease. Now they are telling us about mental health problems."

Pickvance, who turns 62 this year and is an honorary research fellow with the School of Health and Related Research at Sheffield University, has been with SOHAS since its inception. "I'm not clinically trained", he explains. "None of us are. But we have access to the whole clinical machinery of the NHS." Part of the inspiration for the work he does came from communist China's famed barefoot doctors - farmers who brought basic health care to rural villages. "We are paramedics", he says. "It's widely accepted now that you don't have to be a doctor to make a major contribution to someone's care."

SOHAS provides an advocacy service, a welfare rights service and a lobby on behalf of the worker. "What we do is traditional trade union work. It's representing people, trying to help people negotiate their rights within the grievance procedures", he adds. "We're a bit like health and safety representatives on the loose. Some countries have roving safety reps, but Britain doesn't."²

Pickvance points to the important role that SOHAS has had in highlighting a series of occupational health problems. As well as hearing and respiratory conditions, advisers can pick up on hidden health issues, like the large number of workers still exposed to dangerous

The main health problems of workers seen by the Sheffield Occupational Health Advisory Service in 2007-2008

Health problems	Number of workers	Percentage
psychological	348	31%
muscles, joints, back, repetitive strain	219	20%
asthma, chest complaints	75	7%
hearing	74	7%
injuries	32	3%
heart, circulation	28	2%
vibration syndrome	26	2%
other	102	9%
health problems not related to work	207	19%
Total	1,111	100%

Source: Sheffield Occupational Health Advisory Service

levels of lead or the cancers that could be caused by contamination at work (see panels).

SOHAS has also made representations to the Industrial Injuries Advisory Council for recognition of steelworkers' lung diseases, for bladder cancer due to exposure to dye and cadmium and for nasal cancer due to nickel and chromium exposure. This helps more workers gain access to financial compensation. Pickvance gives a long list of the project's other achievements, including how it exposed other industrial diseases and how it helped shape the government's latest occupational health strategy. SOHAS has also hosted several major meetings on occupational health issues, including the European Work Hazards Conference in 1992.

Bullying

Another SOHAS adviser, Noreen Moore, has only been in post for two years, but she is equally adamant about the value of her work. "It's a great job", she says. "It's about the people, and the knowledge you can give them." She cites several cases where she has helped people with disabilities gain their rights, including more allowances. The problem is that people just don't tell others about the real difficulties they are facing, she argues. They try quietly to cope instead.

According to Moore, who comes from a trade union background, bullying at work is now commonplace. "Restructuring or a new manager is often to blame", she says. "People become over-assertive, they constantly pick on others' flaws, undermine their experience, ignore them. But it's really just a sign of insecurity." Again, people are reluctant to say they are being bullied as it makes them look weak. The victims, Moore points out, are often older men, but no-one is immune. Just as managers can bully staff, so staff can pick on managers and make them unhappy at work.

But Moore doesn't think that her work is grim as a result, rather the opposite in fact.

"We do have bright spots", she says. "Part of the job is to enable people to win, and overcome their problems. They make decisions to walk away, and you do see people getting better."

Her colleague Adel Taylor, another SOHAS adviser, agrees. She recounts how she was able to help a woman who came in complaining of tennis elbow, one of the original repetitive strain injuries. She visited her workplace and found that she was frequently having to turn and lift heavy files. So she helped her work out a way of reducing the strain on her arms, and so solved the problem. "It was quite a refreshing case", says Adel. "But not every one is that simple."

In 2007-2008, the highest proportion of cases seen by SOHAS - 31% - were psychological. The next biggest category, covering 20% of cases, were those who were suffering from problems with their muscles, joints or backs, including repetitive strain injuries. Then came asthma, chest problems, hearing and industrial injuries (see table).

The value of SOHAS has often been attested to by those it works with. "I have shared care over the years for many patients and the service provided is invaluable", Dr Karen O'Connor, a general practitioner in Sheffield, has said. "I have examples of patients returning to work with the support of SOHAS who I feel certain would not be at work now if they had not got that support. I would be very surprised if an analysis did not confirm my opinion that it is a cost effective service."

SOHAS is by no means the only project doing this kind of work, but it was certainly one of the first. As such, it has earned a special place in its community, and in the history of occupational health. Like all similar projects, its future is never guaranteed - though perhaps it should be.

Back in Simon Pickvance's clinic, Yuki Hussein has calmed down and has stopped dabbing her eyes. She seems cheered by his advice and support, buoyed up at least enough to go back out and keep looking for new jobs. "I'm living on my own. I don't have any family here and I have to support myself. I just want to get on with my working life", she says. ●

Need to know more?

Sheffield Occupational Health Advisory Service:
www.sohas.co.uk

School of Health and Related Research at Sheffield University: www.shef.ac.uk/scharr

1974 Health and Safety at Work Act:
www.hse.gov.uk/legislation/hswa.htm

Industrial Injuries Advisory Council:
www.iiac.org.uk

Health and Safety Executive:
www.hse.gov.uk