ITUC Contribution

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Face it: We are all sickened by inequality at work

Whether it is a gaping gulf in pay, job insecurity or job discrimination based on your class, gender or race, a divided workplace is bad for your health. Sharan Burrow, general secretary of the global union body ITUC, reveals how inequality is a real pain in the workplace – and outlines how unions can make things better.

When Babul Khan (below) lost two of his four sons in an inferno at Gadani shipbreaking yard on 1 November 2016, it was a tragedy but it wasn't a surprise. Like all the 26 workers who were killed when an oil tanker was blasted apart at Pakistan's largest shipbreaking yard, 18-year-old Ghulam Hyder and 32-year-old Alam Khan were insecure workers. Disposable workers.

The yard was shut in the immediate wake of the deaths. Soon, though, it was business as usual – and that meant, inevitably, more deaths. At least five workers died in a fire on a liquefied petroleum gas (LPG) container ship at the shipbreaking yard on 9 January 2017. The yard was making money; a steady stream of horrific fatalities was just collateral damage.

Who lives and who dies at work is not an accident of chance. The emergence of increasingly precarious forms of employment in convoluted supply chains was as deliberate as it was deadly.[1] It creates a working world where the bad actors set a wage, conditions and employment rights benchmark which sucks down conditions across the global economy.

Maintaining a system of indecent work has always required an extra ingredient – a divided workforce. Where workers do not have a collective voice and where jobs are by design segregated by gender, race or class those divisions can perpetuate disadvantage and leave the most exploited workers powerless while undercutting the conditions of the rest.

All this comes at a price.[2] At the top of the workplace pecking order, those making the decisions don't just receive multipliers more in income and perks, they get to live many years longer to enjoy them.

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Don't look, don't find

Thumb through the classic occupational medicine textbooks, and you get a picture of work related disease dominated by exposures in mines, mills and factories. Male exposures. Dust diseases like pneumoconiosis and the pollution and the physical strains hauling large weights over long hours had a devastating impact on the lives of the men studied, dramatically curtailing life expectancy.

Women worked, but were treated as 'confounding factors' in research. Likewise black and minority workers. It was a bias that persisted through much of the 20th century, and it perpetuated a vision of industrial health problems that was white and male.

It was a big white lie. Women working in the caring professions and as supermarket cashiers can lift more in a shift than a construction worker or a miner, and frequently combine their work with a second unpaid shift of domestic work. From tea plantations to brick kilns to flower fields worldwide, women do arduous work, frequently with young children in tow.

A study published in the September 2016 issue of the Journal of Occupational and Environmental Medicine[3] concluded the total hours burden borne by women who put in long hours for the bulk of their careers led to 'alarming increases' in life-threatening illnesses, including heart disease and cancer.

Yet even today, the occupational exposures in female dominated trades like caring and cleaning are under-researched and under-appreciated.

It may be that women, often under-represented in hazardous trades like construction and mining, are less likely to feature in the occupational fatality statistics. But occupational disease deaths dwarf the work fatalities total, and there is good reason to suppose women are every bit as vulnerable to these diseases. The chemicals are there, the musculoskeletal hazards are there, and the stresses are there. It is just the studies and the give-a-damn that is missing.

Take cancer. We know about the lung and other cancer risks facing men employed in dusty trades, and this has been recognised for many years and is sometimes state compensated.

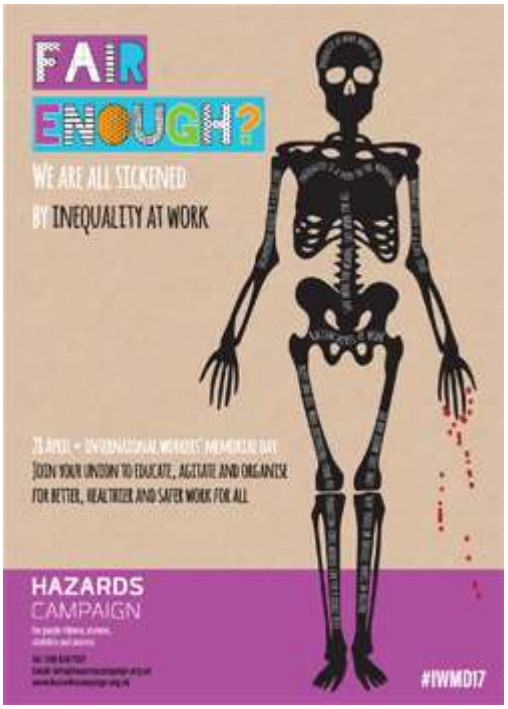
In women, the biggest occupational cancer killer is likely to be breast cancer, caused by shiftwork and working in a "toxic soup" of hormone disrupting chemicals in agriculture, plastics, food packaging, metal manufacture and other jobs.[4] Is breast cancer a universally recognised and compensated occupational condition? No.

We know women's wages are lower than men's, not because women's work is worth less, but because of glass ceilings and gender tramlines that keep women 'in their place'. If society places less value on women's work, makes fewer efforts to assess its effects and takes less care in mitigating its consequences, then that will, inevitably, be reflected in unrecognised but substantial work related ill-health.

At a disadvantage

It is easy to think of carcinogens like asbestos and silica as equal opportunities killers – if you are exposed, then you may get the cancer. But there's not much asbestos flying around boardrooms, and while construction workers might be predominantly male, they are also predominantly working class.

Occupational cancer, like all occupational conditions from stress, to dermatitis to lung disease, is a blue collar ailment. Not the old blue collar of the factory and the mine, but one that also includes toil in garment factories and food processing, cleaning, caring and a miscellany of other trades. And within the workforce, certain groups face the bulk of the risk.



Like gender, race has been treated historically as a 'confounder' in occupational health research, so the literature on racial inequalities in occupational health is threadbare. But as occupational risk increases the lower you go down the social class ladder, race as surely compounds this.

In the early 1970s, the US government's occupational health research body NIOSH investigated the risks to workers on the coke ovens fuelling steel works and factories. It was apparent coke oven workers faced a greatly increased risk of lung cancer. But on closer inspection it became clear

black workers were far more likely to be given the worst jobs with the highest exposures, at the top of the coke oven.

Without this observation, it would in all probability have been assumed the increased lung cancer rates in black workers was to do with race, rather than exposures.

This isn't an historical artefact. In 2011, NIOSH noted: "African-American, Hispanic, and immigrant workers are disproportionately employed in some of the most dangerous occupations. African-American males are twice as likely as non-Hispanic white males to work in service occupations and as labourers, fabricators, and operators, yet are half as likely to be in managerial or professional specialty occupations.

"The result is that the African-American injury rate is about a third higher for both African-American males and females compared to white non-Hispanic workers."

Sometimes the process is more blatant. In December 2009, the Studsvik Memphis Processing Facility in Tennessee, a US company that processes nuclear waste, agreed to settle compensation claims with black employees who were assigned to jobs with higher radiation exposures but who then had their dose meters doctored to show lower exposure levels.

In India, the workers employed informally as manual scavengers – removing by hand human excrement from homes – are drawn exclusively from the persecuted 'low caste' Dalit community. The health consequences - constant nausea and headaches, respiratory and skin diseases, anaemia, diarrhoea, vomiting, jaundice, trachoma, and deadly asphyxia – are limited entirely to this community.

A 2017 study on racial and ethnic differences in accident rates[5] warned about discrimination-based disparities in workplace injury risk. It noted: "Based on our findings, policymakers and regulators may need to review whether employers are systematically assigning people of different races and ethnicities different jobs or job tasks according to the risk."

Distressing work

Any notion that knowledge and enlightenment is creating a working world that is by increments getting safer and healthier is misguided. Instead 'ordinary' jobs, not commonly associated with excessive dangers, are driving many workers to a state of perpetual and sometimes deadly desperation.

Reviewing evidence of a sharp spike in death rates among white working class American males,[6] occupational health specialists at the University of Massachusetts Lowell identified job insecurity, discrimination and a lack of control at work behind an increase in 'diseases of distress'– alcohol and drug-related diseases and suicides.[7]

Studies in France have estimated the annual work-related suicide toll – which has risen sharply in recent years - at several hundred and possibly thousands of deaths each year.[8] Reports in the United States, Australia, France, Japan, China, India and Taiwan and the UK[9] all point to a steep rise in work-related suicides. There is a clear social class association evident and a common set of workplace abuses witnessed time again.

An official March 2017 report in the UK noted individuals working in roles as managers, directors and senior officials – the highest paid occupational band – had the lowest risk of suicide. Among corporate managers and directors the risk of suicide was more than 70 per cent lower for both sexes. Contrast that with construction where low skilled male labourers, had a three times higher risk of suicide than the national average.[10]

These deaths should not dismissed as a last cry for help. They are a last cry of protest. At the core of the problem is a system where workers are treated increasingly as just another component, a variable on a business spread sheet to be cut, squeezed or extended beyond operational capacity.

The increasingly 'contingent' workforce - part-time, temporary, zero hours and contract workers - favoured in the deregulated global workplace face higher rates of occupational injuries[11] and illnesses.[12] In the UK, the government safety regulator found insecure employment is creating an army of disposable workers, too scared to take sick leave and who are fired when they can no longer perform.[13]

But workers with, ostensibly, permanent jobs are also harmed. A study of the impact of the recent 'Great Recession' discovered just watching people lose their jobs all around you will make you sick, even if you held onto your own.[14]

The tragedy is that job insecurity isn't an irresistible force of nature. It is a choice. Work can be decent and productive and profitable. But corporate boards are judged by this year's bottom line and at this year's AGM. Corporate social responsibility is frequently little more than cynical public relations, not an operating imperative.

Low pay, high risks

It is a perversity of work that the language of 'risks and rewards' is used to justify soaring boardroom pay packets and the growing income inequality at work. But the workers most frequently compelled to take genuine risks – to life, to limb, to health – are those who receive the lowest financial rewards.

Low pay is in all probability the most clear indicator of the degree of health and safety risk a worker will face. Low pay affects your choices. It influences whether you work more overtime, extra shifts, report an injury, take sick leave. And it leaves you in jobs that typically have the insecure, dirty and dangerous hallmarks of risky work. Or jobs that are mindnumbingly dull and depressing. Or scratching a living from multiple jobs.[15]

The major Whitehall II study of UK civil servants showed that stress, sickness and heart disease all went up as your employment grade went down.

Whole categories of workers are more likely to populate the low pay classification, and have greater employment and health vulnerability as result. Migrant workers, like the captive labour from South Asia building the glistening stadiums in Qatar, face unpoliced, uncounted but shocking injury and ill-health risks. Perm in other factors – ill-health, disability, age – and a lack of employment options translates to fewer choices and fewer opportunities to just say no.

Workers need the added volume of a collective voice to make themselves heard. And that is where unions come in.

The union effect

If you want better pay, more job security, lower injury and ill-health rates and better terms and conditions at work, then unions have a proven track record.[16] In a virtuous circle, unions make workplaces fairer, which makes the union voice stronger, which makes workplaces safer and healthier.

Wherever there is an active union presence, this union effect is likely to be observed – and there are economic benefits too.

A September 2013 study covering 31 industrialised countries, published in the journal Social Science & Medicine,[16] concluded: "Union density is the most important external determinant of workplace psychosocial safety climate, health and GDP." The paper added "worker health is good for the economy, and should be considered in national health and productivity accounting. Eroding unionism may not be good for worker health or the economy either".

Unions narrow workplace inequalities, with a concomitant benefit to health. In a harsh economic climate unions continue to make work fairer. The same collective strength that delivers better wages also makes work safer and healthier.

It is an indictment of the economic and political process that globalisation has seen a fragmentation of work and a decimation of work rights, causing inevitable harm to the public health.[17]

But it does put in sharp relief the undeniable benefits of trade unions.[18] It's not just about wages, or equality or safety. It is about dignity and respect at work.

The shame is that without unions this basic decency is in increasingly short supply.

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