HARARE,
ZIMBABWE
5-9 DECEMBER
1983

REPORT OF THE ZIDS SEMINAR ON:

THE TRAINING AND RESEARCH NEEDS OF TRADE UNIONS IN ZIMBABWE

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ZIMBABWE INSTITUTE OF DEVELOPMENT STUDIES

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THE ZIDS SEMINAR ON

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Occupational Health and Safety and Organized Labour

by
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BACKGROUND

The increasing centralization of monopoly into fewer and larger multinational corporations has had a fundamental effect upon organized labour. In the last 20 years this has been dramatically demonstrated by what American labour has referred to as the runaway shop. Unions in the highly unionized north-east of the US have, for example, been threatened with wage cuts or removal of the factory to the southern or western states where labour is unorganized and wages cheaper. These states also have anti-union laws which make it difficult for unions to organize. Many local unions who have accepted wage cuts have seen their plant close down and move anyway. This phenomenon has a special relevance for occupational health as will be explored later.

OCCUPATIONAL DISEASE

Occupational disease is simply defined as disease which arises from a person's work. The fact that it has been with us for a long time is illustrated by this extract from a booklet produced by NIOSH.

> Ancient Roman slaves toiling in mercury mines devised bladder skin masks in a futile attempt to avoid inhaling toxic fumes. In 1979, several workers in Linden, New Jersey, were hospitalized with mercury poisoning, and others suffered classic symptoms: weight loss, tremors, and psychological problems. Federal officials ordered engineering and housekeeping improvements with strict use of respirators in the meantime.
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> Sixteenth century grinders suffered a lung ailment they called "grinders disease" from inhaling silica dust. Today, in the United States, silicosis is prevalent among sand blasters in the shipbuilding industry. Despite the hazard, this country has chosen not to follow the lead of Great Britain, which banned the use of silica sand in blasting operations more than 25 years ago.
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> Medieval scribes probably suffered lead poisoning because of the common practice of tipping their quills with their tongues between dipping them into metallic ink solutions. Today, lead poisoning is common among workers in lead smelters and battery plants and some industries routinely administer drugs to lower their workers' blood levels. One Illinois labourer told Federal officials he was so afraid of lead poisoning that he took 250 pills every two weeks.
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> In 1775 an English surgeon "discovered" occupational cancer when he noted numerous cases of scrotal cancer among chimney sweeps exposed to coal tar. On the bicentennial of occupational cancer, coke oven workers were (and still are) inhaling the same kind of substances - and dying of lung cancer at a rate of 11 times that of other steel workers.

These examples demonstrate both the long history of occupational disease and also its prevalence today. The rapid development of chemicals since the end of World War II makes the problem far worse. New chemicals are currently being introduced at a rate of 3 000 each year. While many will be harmless, inevitably some will be dangerous and have both harmful and fatal effects on those who work on them.

THE SIZE OF THE PROBLEM

The size of the problem that organized labour has to deal with can be demonstrated from the following statistics which are all taken from official figures and estimates in the US.

- 16 000 workers are killed each year in industrial accidents

- 2,2 million workers receive disabling injuries each year on the job
- official estimates state that 100 000 workers die each year from occupational disease.
- it is also estimated that 400 000 workers get sick from exposure to hazardous substances at work.
- of the one million current and former asbestos workers, almost a third will die as a result of exposure to this lethal substance.
- a study carried out by the NCI (National Cancer Institute) estimated that between 20 and 40 percent of the 900 000 annual cancer deaths were related to occupational exposure.

Whilst these figures all relate to the position in the US they must be cause for concern to trade unionists in any developed or developing country. Of particular concern is the question of occupational cancer, which arises from exposure to chemicals and substances in the workplace. Scientists have identified more than 1 500 common workplace substances as potential carcinogens (agents likely to cause cancer). The substitution or effective control of such chemicals is a vital concern for organized labour.

RESPONSE OF THE MULTINATIONALS

At this point it may be useful to pause and consider the way in which multinational corporations have responded to the problems of occupational health. It is clear from the outset that if an industry is producing or using a highly dangerous substance then knowledge of this can be a threat to its profit margins and in some cases its existence. Experience in the US and Britain would point to the following strategies that have been developed for dealing with the problem.

Management Ideology

Management has often adopted and promoted the idea that workers are to blame for most accidents. Management and consultants for large corporations have come up with bogus research findings which indicate that workers are to blame for 80 percent of all accidents. One such "expert" who visited Zimbabwe recently quoted this figure in The Herald. More scientific studies such as the study of 2 000 accidents in the engineering industry in the UK carried out by the NIIC indicated that the main determinant of accidents was the organization and pace of work. This research also shattered the myth of the accident-prone worker. The researchers found no links between the personality type and the likelihood of sustaining injury.

Concentration on the individual rather than the work process is more difficult in the case of chemical hazards. However, certain American chemical corporations have now developed genetic screening tests for recruiting workers into the industry. These tests work on the principle that individuals have different genetically determined susceptibilities or reactions to chemicals. The idea is to screen out those workers unfit for the industry. Such tests have proved highly controversial and are considered by many to be unethical.

Fighting the Evidence

Many companies have responded to mounting evidence of the dangers associated with their products by doing their own research which counters the evidence of independent scientists. Many controversies have resulted and perhaps the biggest of these has been the asbestos controversy. Many experts believe that with certain types of asbestos there is no safe level of asbestos dust. Others argue that the mining and manufacture of asbestos is safe if done in a controlled way. This controversy cannot be gone into in detail here; however, it is worth noting that the industry's first approach was to deny the evidence rather than come to terms with it.

Public Relations

The public relations approach can again best be illustrated by reference to the asbestos problem. In the 1970s the industry came under increasing attack as the breathing of asbestos dust was shown to cause both asbestosis (a crippling and fatal disease) and lung cancer. Organized workers such as dockers refused to handle asbestos and countries such as Sweden banned blue asbestos completely. The industry, which is dominated by two UK multinationals, developed a media campaign which included full-page advertisements in national newspapers. The main thrust was that asbestos was safe if handled correctly. One device which had considerable success in the UK was to persuade the public that whilst blue asbestos was highly dangerous another type of asbestos, commonly referred to as white asbestos, was safe. Whilst there is some medical evidence which would support the fact that blue asbestos is more highly toxic most medical opinion would confirm that all types of asbestos are highly dangerous. This view has been supported by the Director of NIOSH and leading experts in the industry itself.

Transfer of Production

Another strategy that has been developed is to transfer production. It is not surprising that in countries like the UK and US health and safety standards for products such as asbestos and Vinyl Chloride have tightened up considerably. The permissible exposure limit for both these carcinogens has been reduced dramatically. This has meant that these industries have been faced with costly improvements in plant design and production engineering to meet these new standards. In the case of Johns Manville, the major US manufacturer, the problem was solved by moving their plants from the US to Mexico where no standards exist. Thus a known hazard has been exported to a Third World country where labour and government lack the sophistication and ability to deal with the problem.

Control of Information

In many cases employers control the information that researchers need to examine problems of occupational health. It is significant that Dr Selikoff, who did most of the pioneering work in the US on asbestos, based his early research on records provided by the Boilermakers' Union. Boilermakers are exposed to asbestos dust when stripping down ships' boilers and pipes. Fortunately, the boilermakers kept their own medical records. Recent legislation in the US and Europe has attempted to deal with the disclosure of information on health and safety to deal with this problem.

Economic Costs

We have seen that a new and tighter standard may lead to substantially increased costs of production in a particular industry. Such a tighter standard was proposed in the US to deal with the hazards of benzene which medical research had identified as a carcinogen. The new proposed standard was passed through the long and complicated route that is necessary. The industry chose to dispute the standard right up to the Supreme Court. The industry chose not to challenge the medical evidence of the link between cancer and current levels of exposure. They chose instead to concentrate their defence solely on the cost of introducing the new standard. They were successful and the new standard was not introduced.

ACTION THAT ORGANISED LABOUR SHOULD TAKE

The issues that have been highlighted in this paper so far call for action by both Government and unions. This paper will deal with the action needed by unions. It is suggested that this can be examined under two main headings:

What Unions Need to Know

The issues involved in occupational health are complex. In order that unions can tackle them and fight to protect their members' health they need to know the following:

- The hazards of the industry: Many unionists are unaware of the hazards of their industries. This applies especially to chemical hazards. In Zimbabwe unionists will need assistance if they are going to be able to identify these hazards. Such assistance could come from the Government and research bodies.
- The measurement of hazards: The measurement of hazards takes many different forms. Often measurement must be done by experts. Unionists need to know how hazards are measured and the effectiveness of these measures.
- Exposure and standards: Unions need to know what levels their members are exposed to. They also need information on whether there are any generally accepted standards of exposure. They will then be able to contrast these standards with actual exposure levels.
- Control of hazards: There are both good and bad control methods. Unions need to know what are the different ways of controlling hazards. Very often they are presented with just one solution, where better remedies are available. It is in the area of the control of hazards where unions can often make their biggest contribution.

In Zimbabwe unions will not be able to appoint specialists. They will need assistance from Government departments, institutions and agencies. Where they are unable to obtain access to the information that is indicated they should call for changes in the law to give them access to the information they need to adequately protect their members' health.

THE NEED FOR EDUCATION

Unions together with their national centres need to develop an educational programme on health and safety. Experience in other countries has indicated that this education programme should be aimed at all levels, i.e. top officials, officers, local representatives and workers. Although all levels in the union need education in this field, special efforts need to be made to train workplace representatives, as it is at the point of production that most hazards need to be controlled.

Health and safety training is best carried out by active learning methods. There is the need to demystify the area which, although complex, has basic principles that unions need to know and understand. Training should therefore seek to give unionists the confidence to deal with health and safety issues on an equal footing with management.

The content of education will depend to a certain extent on the target group being trained. However, the following are the main areas that should be covered:

- The organization of work
- Attitudes to health and safety
- Identifying hazards
- Using resources
- Developing strategies to control hazards
- Democratic control of the workplace

CONCLUSION

Health and Safety is a subject that unions need to take seriously. Evidence would indicate that although private capital will take some positive steps this will be strictly limited by their need to protect profits. They can be dissuaded from this by Government action and by trade union pressure. In order for unions to exert this pressure they need access to information and education. Their task will also be made easier by the introduction of industrial democracy. In relation to this particular seminar on the research needs of unions there are several questions that arise for consideration:

- What information is available from the Government?
- What research can ZIDS undertake to assist in this area?
- What other institutions may be of assistance?
- Is there the need for a resource centre and how could this be funded?
- How far will unions be able to build their own resources?
- Can institutions develop joint research projects together with workers and their unions?

These questions are put forward as points of discussion both for the seminar and for a continued debate between the unions and institutions that wish to assist them.