Workers' struggle to win safe and healthy work places is a struggle as long as industrialisation itself. For example, underground miners earlier this century went through many strikes often in response to deaths on the job. Safety issues have tended to predominate in the pre-seventies period, mainly because of the immediate, and often horrific, effects of accidents. However, over the past decade, health issues have become of more concern for a number of reasons, not the least being the increased incidence of cancer in workers exposed to carcinogens such as asbestos in the boom years of the '50s and '60s.

In this article, Ben Bartlett looks at the development of the workers' health movement over the past decade, mainly focussing on the movement in Sydney.

Ben Bartlett

The development of the workers' health movement in the mid to late '70s occurred because of a variety of factors operating at the time.

Technological change. The rapid growth of new technology led to changes in the workplace which were often against the interests of workers. White collar workers were being displaced, and promotion opportunities were being reduced. The new technology brought with it new and poorly understood hazards. Manufacturing industry was also going through changes often involving new technology and, again, new and poorly understood hazards. New chemicals have been introduced into industry at a frightening rate with little knowledge about their hazards, particularly the long term effects of low level exposures over a period of time.

Economic Recession. Particularly since 1974, economic difficulties of capital, coupled with worker redundancy due to new technology, has produced increasingly high levels of unemployment. Poorly organised workers have responded to this with acceptance of speedups, increased work loads, poor equipment, etc. because of fear of losing their jobs. Productivity bargaining has resulted in increased work loads on fewer workers. This has resulted in an increased injury rate, particularly over-use syndrome, such as tenosynovitis.

More organised workers have responded with increased militancy and, as wage demands have become more elusive, some have directed this militancy towards demands for a healthier workplace.

Speedups and retrenchments have increased the accident and injury rate and have led many unions to become more active in health and safety problems.

Viet Nam and the Draft. The late '60s also saw increased militancy of students mobilised around the Viet Nam war and the draft. This inevitably resulted in the politicisation of many students who were ultimately to become scientists, doctors, teachers, etc. with an interest in politics and the working class.

Environmental Movement. Environmental concerns became mass issues particularly among students, but also among workers. The B.I.F Green Bans are a notable example of workers taking up environmental issues.

Immigration. Immigration was at a high level during the boom years, and was an asset to capital in times of fairly full employment and, in the late '60s, of rising worker militancy. It was convenient for many industries to employ recently arrived migrant labour, often at low rates of pay and in sweat-shop conditions. These workers mostly spoke very little English and did not understand their rights in this country. They were easily exploited and would accept highly dangerous conditions of work. In some workplaces, migrant labour would be sacked after 12 months and replaced with more recently arrived workers. This ensured a continual supply of poorly informed and docile workers until the immigration program began to decline.

This had the effect of creating an unorganised section of labour where poor and dangerous conditions
operated relative to the organised work force, thus increasing the injury rate emanating from these workplaces. Clearly, the immigration program provided Australian industry with a cheap and docile source of labour.

Medibank and Community Health. The advent of the Whitlam Labor government saw much reform in the area of health. A compulsory health insurance scheme, Medibank, was introduced. A community health program was also initiated. These measures involved much public debate, as well as debate among health workers. The community health movement challenged orthodox health delivery and the appropriateness of medical dominance and medical models.

The trade union movement became seriously involved in the defence of Medibank when the Fraser government began dismantling it, culminating in a one-day national strike in 1978.

Women’s Health. The women’s movement had identified health as a major issue for women and set up two women’s health centres (Leichhardt and Liverpool). At the Liverpool Women’s Health Centre, health workers there became concerned at the number of women factory workers, mainly migrant women, who suffered from overuse syndromes, such as tenosynovitis.

A campaign was organised to publicise this, and to bring it to the attention of the trade unions. This campaign took a number of years to develop into a major force.

Leaflets produced by the Workers Health Centre.

Occupational Health Establishment. While all this had been going on, little change had penetrated the established occupational health facilities. The private sector employed a few doctors in the larger enterprises such as CSR. They also employ occupational health nurses who are often the meat in the sandwich, caught between their own ideals and the concerns of the workers, and the priorities and dictates of management.

The state apparatus, the Department of Industrial Relations and the Division of Occupational Health, were clearly both inadequate and conservative and did not know how to relate to the changing circumstances. The DIR had a reputation as corrupt and worked through management almost exclusively. Workers had little faith in the DIR. The Division of Occupational Health was not much better. It was seen as inaccessible to workers, and as interpreting information about hazards conservatively. There was even the leaking of documents which showed that the division had knowingly suppressed information about radiation hazards at Hunters Hill.

The lack of research in universities and hospitals into the work relatedness of workers’ ill health, and the lack of information available to workers on work hazards, led a group of health workers and trade unionists to discuss the possibility of doing something about it. Some of these people had already assisted workers with information about job hazards in a casual fashion. Some had had experience in women’s health centres and community health. It was decided, in late 1975, to work to establish a workers’ health centre which would consist of a resource and information centre and a clinic. 1976 was spent soliciting support from trade unions, organised rank-and-file groups such as shop committees, and collecting information resources from overseas and locally. The centre opened in early 1977 with six staff members and part-time interpreters.

It was not long before the centre was flooded with requests for information about work hazards from all types of workers (artists, printers, railway workers, construction workers, clerks, metal workers, etc.) and from all parts of Australia. The centre has had difficulty in coping with the demand ever since. This was not helped by the suspicion and hostility of the occupational health establishment, and the far right of the trade union movement and the ALP.

The centre has been involved with a wide range of occupational health struggles on the job. Asbestos, fibre glass, mica, VDUs, tenosynovitis, air conditioning, shift work, lead, other heavy metals, many chemicals, etc. have all been issues taken up by the centre with affected workers. Leaflets
have been produced, in various languages, on many hazards and how to prevent them. They have been distributed widely through trade unions, shop committees, migrant organisations, women’s and community health centres, etc.

The centre has assisted some trade unions and the Trade Union Training Association (TUTA) in conducting health and safety schools for workers. It has encouraged the idea of workers forming health and safety committees on the job, and the election of a health and safety representative to co-ordinate efforts to improve things.

The clinic assisted workers with compensation claims and gave information to injured or sick workers about their health which is often denied them elsewhere. The two issues which have developed out of the clinic, as opposed to the resource centre, were the tenosynovitis campaign which affected a high proportion of migrant women workers who were not adequately represented by trade unions, and the Alpha Chemicals scandal. Here, non-unionised workers were being exposed to dangerous levels of mercury, arsenic, and other toxic chemicals, and a number of workers had clear evidence of chronic mercury poisoning which results in permanent brain damage. The centre encouraged these workers to join the Miscellaneous Workers Union, and assisted them in documenting the situation to expose it to a press conference. Part of this documentation included how the high levels of exposure to toxic substances had been measured by the state health authorities without any action being taken against the company.

In 1980, as a response to the chronic misery and despair caused by tenosynovitis and the protracted compensation hassles, the Tenosynovitis Association was formed to assist workers affected by over-use problems and to develop ongoing campaigns around over-use problems. This organisation has become stronger and stronger in its relatively short life.

In the late ‘70s, a number of workers’ struggles erupted in NSW involving many thousands of workers around health and safety demands. One of the largest and most disturbing struggles occurred in the Port Kembla steelworks around the issue of exposure to coke oven emissions and cancer. Studies from overseas have shown a strong link between coke oven emissions and lung, stomach, and a number of other types of cancer.

In 1977, reports of some of these studies almost accidentally came into the hands of the Port Kembla branch of the Ironworkers Union. What followed was a disgraceful saga of suppression of information by BHP.
The pressure on the Workers’ Health Centre was very great, and an attempt to set up a Workers’ Health Action Group was made by trade unionists in 1977. This group functioned for a fairly short period before folding. In May 1980, the first major TUTA health and safety school was held in Albury-Wodonga, and participants from Sydney decided to form the Occupational Safety and Health Action Group (OSHAG). This group consists of trade unionists, trade union officials, occupational health workers, lawyers, etc. and meets regularly. OSHAG played a major role in the Williams Inquiry in NSW, and in the campaign around the NSW legislation. It continues to provide an important forum for the discussion of worker health issues and the development of campaigns.

A number of basic issues are raised in this struggle and others like it. Coke oven workers were not informed of coke oven hazards in the early ’70s by government agencies, or BHP, despite this research being known to them. The only material (multilingual) explaining these hazards was produced by the local union with the assistance of the only independent worker-oriented health agency in existence at the time, the Workers’ Health Centre. Emission levels still tolerated in Australia are many times higher than those tolerated overseas. No legislation or regulation has been introduced to control a known cancer-causing workplace hazard.

Without the research and resources of the Workers’ Health Centre, the struggle around coke oven hazards would probably not have got to the stage it has. Today, emissions are still high, and Port Kembla unions are beginning to see cancers among coke oven workers who are often denied compensation.

A federal parliamentary committee report in 1983 strongly criticised BHP and state government agencies for their inactivity, and concluded that the consequences of this inactivity could well be a national disaster. The struggle continues.

Trade unions have a long history of involvement in workers’ health issues. However, they have frequently been denied accurate information and there have been numerous documentation of willful cover-ups of serious hazards by companies such as Goodrich, and the carciogen vinyl chloride monomer which causes liver cancers and, of course, asbestos cover-ups.

Unions have only recently had access to independent information sources which have been clearly on the side of workers. Many unions have responded to this positively. The AMFSU was the first union to appoint a full-time health and safety officer in mid-1979. Since then, three other unions have appointed health and safety officers. The financial situation of many unions prevents them making such appointments, and many have lost members, and thus finance, due to the recession and retrenchments.

The Australian Council of Trade Unions—Victorian Trades Hall Council (ACTU-VTHC) Occupational Health and Safety Unit was established in Melbourne in 1981. This unit circulates accurate and detailed information about various hazards to trade unions.

In 1982, the NSW Labor Council set up an Occupational Health and Welfare Unit. These initiatives have been in response to increasing rank-and-file concern and action around health and safety problems in the workplace.

**Women sacked over tenosynovitis meet at the Lidcombe Workers Health Centre in April 1982.**
In October 1979, the NSW government announced that an inquiry into occupational health and safety would be conducted, and the Williams Inquiry was set up. Initially, the inquiry was to be all over by February 1980. Only after fairly widespread protests from trade unions, ALP branches, OSHAG and the Workers' Health Centre was the time schedule changed to allow more adequate time for proper submissions and hearings.

Ultimately, hearings took place from April 1980 until June 1981. Legislation based on this inquiry came into effect in May 1983. This legislation is far from adequate and it is difficult not to see the whole exercise as a whitewash of the issue and an attempt to control worker unrest about work hazards.

The legislation does give workers the right to form health and safety committees in workplaces with more than 20 workers providing more than 50 percent want one. The recommended make-up of the committee is four appointed by management and four elected by the workers. Workers thus elected have a limited right to inspect the workplace and carry out functions of the committee without loss of pay. Workers have the right to be informed about what hazards they face, and any change in the workplace which may involve new hazards. However, there is no provision, as yet, for training.

Under the legislation, all government agencies, such as the Division of Occupational Health and the Mines Inspectors are brought under the umbrella of the Department of Industrial Relations. However, workers’ compensation remains with the Attorney-General.

It is also planned to establish an Occupational Health Unit at Sydney Hospital. This unit is virtually using the Workers' Health Centre as a model and will attempt to perform all the functions the centre has been carrying out, including production of multilingual leaflets, etc.

The Hawke Labor government has set up an Interim National Occupational Health and Safety Commission to take submissions and to formulate recommendations about federal government policy and legislation. It is unclear what these recommendations will be, and it should be recognised that the federal government has little control over what happens in the states.

However, the federal government could play a significant role in developing uniform national standards and regulations, and in assisting existing and proposed

Williamstown Dockyard mural painting, 1983.
workers' health centres and action groups.

In the Accord, the federal government has agreed, among other things, to give some priority to occupational health questions. In exchange for this, and other things like tax relief, workers are expected to show some restraint by keeping wage demands within the framework of arbitration and indexation. So far, workers' restraint has kept their wage increases down to 8.4 percent since the lifting of the wage freeze, while doctors have been granted 11.3 percent. So far, there is little that workers can see as tangible in the area of occupational health for their efforts. Hopefully, there will be increased pressure applied to the Hawke government to fulfil their part of the bargain.

This article has largely concentrated on what has happened in Sydney. However, it should be recognised that, simultaneously and independently, the workers' health movement has developed in Newcastle and Wollongong, as well as in every state in Australia.

From the beginning, this movement has maintained links with similar groups in the USA, Canada, the UK, Sweden, etc.

In February 1984, a meeting was held to form a national organisation which could discuss co-operation and policy questions. This meeting developed a policy submission to the federal government's interim commission, and agreed on the formation of an ongoing national organisation, and criteria for membership. Hopefully, this organisation will assist groups who are just starting, as well as maximising our limited resources by sharing information, etc.

The workers' health movement has demonstrated a number of important points in considering occupational health. The old view that it was the states' responsibility to ensure safe working conditions is untenable. The state cannot realistically inspect all workplaces regularly enough, even if all inspectors were hard-working and genuinely concerned about workers' health. Any number of professionals employed in this area will not necessarily change the situation. It is crucial that workers develop their own organisations around health and safety, and their own knowledge about hazards and how to prevent them. It is clear that experts who have little understanding of the realities of the workplace and the priority of profits that operate, cannot be relied upon.

In the end, workers' health is a question of power. If workers are organised industrially, and have their own health and safety committees as part of their industrial organisation, they will have the means to win a healthy, work environment.

The demands of the workers' health movement need to be around the right to form health and safety committees as part of trade union organisation on the job; the right to know what substances, etc. are involved in the work process, what the hazards are, and what preventive measures are available; the right to obtain and use independent scientific information about hazards; the right of those exposed to decide what risks are acceptable to them, particularly where there is incomplete or conflicting scientific evidence available; and, most importantly, the right to stop work when a hazard is suspected.

Ben Bartlett was involved in the setting up of the Workers Health Centre.

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Table: Historical overview of Workers' Health Movement and Trade Union initiatives and government responses.