
The relationship between health and work has only recently become a focus of concern and organisation for some sections of the labor movement. Over the past 10 years there have been numerous books written for public consideration on this relationship.

However, the vast majority have been written by investigative journalists who have focussed on one industrial hazard, and shown the industry cover ups and the state complacency.

Death on the Job is different. It is an historical analysis of workplace health and safety. It analyses past experiences in the labor movement and discusses possible strategies for the future.

Why Work Kills

Understanding the historical development of a ‘system’ of dealing with labor demands is essential in the process of forming worker strategies to change that ‘system’.

Monopoly capital in the US was instrumental in developing the present US Workers Compensation system, as well as the Industrial Medical apparatus, in response to labor demands earlier this century.

As such, the institutions set up continue to serve the interests of the industrialists. Death on the Job details this development and shows how the politico-economic conditions of the time determined this development.

Daniel Berman discusses the inadequacies of the US Compensation system, some of the key worker struggles of the day, the attitudes of unions and workers, and how all these influenced the development of the present system which continues to allow workers to be killed and incapacitated.

It wasn’t till 1969 that a new social movement focussing on occupational health and safety, developed. This political movement resulted in the Occupational Safety and Health Act being passed. Berman discusses the inadequacies, and the more general problem of workers relying on capitalist laws to protect their interests and produce social change.

The Official Body Count

Statistics offer some guide to the extent of a problem. Official casualty figures of industry cannot be trusted to be accurate, any more than US Viet Nam War casualty figures could be.

Death on the Job details the inadequacies of the present mechanism for counting work-related deaths and injuries. The collection of such statistics rests with management and a reporting system which is not enforced. Statistics of occupational disease are even more inadequate, and to a great extent, not even collected. The passage of the Occupational Safety and Health Act in the early 1970s has improved the situation, but rates are still grossly understated.

How Cheap is Life?

Daniel Berman looks at the public and private input into worker health and safety, both from the viewpoint of compensation payments and of preventive programs. It is no surprise that industry has put more time and money into opposing government regulations for a safe workplace (not to mention countering unionisation of workers), than they have put into attempts to reduce the toll, by cleaning up the workplace.

The real burden of work-related injury and disease is borne by the injured workers and their families, and the community; not by the unsafe industry. Their profits are protected. More than this, injured workers are harassed by insurance company agents until the stress of making a claim becomes intolerable. The resultant ‘compensation neurosis’ is then used by the insurance companies to argue that the worker is ‘imagining’ the incapacity or, worse, malingering.

Occupational disease, as opposed to injury, is, at times, impossible to get any compensation for. It is largely unrecognised, if not medically, then certainly by the existing compo apparatus.

The reality, of course, is that compensation premiums do very little in preventing disease and injury by providing an incentive to improve working conditions. The historical reality is that this has just not happened, even after more than 70 years.

The Compensation-Safety Apparatus

The role of industry-funded safety organisations is, of course, one of protecting industry, whilst appearing to be a neutral party. Organisations like the National Safety Council have a long history of opposing any compulsion in legislative controls. They have argued that this area is one of apolitical humanitarianism, and problems should be solved by mutual co-operation between workers and management.

The resources of these industry-backed organisations are extensive. They are powerful lobbyists for industry. Recently some of these bodies have sought to have representatives of labor on committees, etc. It has been admitted that
this is to increase the legitimacy of the organisation as a neutral body.

Health and safety standards, until the Occupational Safety and Health Act, were set by the American Conference of Governmental Industrial Hygienists (ACGIH). These standards had consistently been set at a level which will continue to harm exposed workers. Standards, before the Occupational Safety and Health Act, were only voluntary and very few factories actually complied. This situation still persists in Australia.

Industry has had an influence on these standards, arguing that they could not afford to implement more stringent standards. They have also influenced them through industry-sponsored research. Some of this research has had blatant flaws in methodology, and their conclusions have frequently denied a major problem.

The Occupational Safety and Health Act has proved ineffective in setting safer standards — particularly in regard to carcinogens (cancer-causing substances), teratogens (foetus-damaging substances) and mutagens (mutation-causing substances). This is partly due to the Occupational Health and Safety Act's reluctance to take on industry, and partly due to industry opposition. Legal battles have ensued over many standards that the Occupational Safety and Health Act has set. Organised labor is now pushing the Occupational Safety and Health Act and mounting their own legal challenges.

Daniel Berman uses the asbestos industry as an example of how industry can hide information, through poor research, documenting false information, and continuing to expose workers to great risks.

He illustrates how the asbestos industry is not an isolated example by looking at Beryllium, Diatomaceous Earth, PCBs, and Cotton Dust, where similar cover ups have occurred.

The role of the professionals has been one of conservatism and often siding directly with industry. Work as a factor in causing ill-health is not discussed in medical school, and occupational physicians are almost exclusively employed by industry and government agencies. They have done little in pushing for preventive practices, and have shown little understanding of working conditions when confronted with injured or ill workers.

Industrial hygienists work predominantly for government agencies. They are subjected to politico-economic pressures when making judgements about unsafe workplaces. They have little independence when carrying out their functions.

Similarly, other professional groupings have served the interests of industry, if not actively, then through inaction and conservatism.

Unions and workers have few rights in regard to work-related ill-health. Industry keeps medical records secret, even from the worker, whose record it is. Until the Occupational Safety and Health Act, workers had no right to accompany inspectors around the workplace, or to receive factory inspectors' reports.

Workers still do not have the right to know exactly what they work with, and what hazards there may be.

Since 1969 campaigns have been developed by a coalition of workers and technically trained activists around legislation issues, the right to know, and worker education and organisation.

The Workers and the Unions

Berman discusses the development of worker action, and union involvement in health and safety questions.

Some unions, such as the Oil, Chemical and Atomic Workers (OCAW), have developed strong and active health and safety departments. The best of these work very closely with rank and file committees and technical activists in different regions.

Others have done surprisingly little in developing any rank and file organisation or in attacking the health and safety problems of their members.

A number of unions, such as OCAW, have attacked the problem on a number of different levels — from shopfloor organisation to lobbying and challenging the Occupational Safety and Health Act.

The Building and Construction Trades, on the other hand, have discouraged workers from using the Occupational Safety and Health Act regulations or inspectors, except as a last resort. Union officials encourage workers to tolerate unsafe conditions whilst sometimes lengthy negotiations take place.

Unfortunately, only a relatively small percentage of US workers are unionised at all.

The Future Politics of Working Conditions

Berman points out the increasing independence of monopoly capital from government intervention or worker pressure, by their ability to transfer the production process to countries with lower standards and poor organisation of workers.
IF IT WASN'T FOR YOUR HEALTH AND WELFARE
I COULD MAKE A MUCH BIGGER PROFIT

maybe there IS a health hazard in this plant.
This international organisation of monopoly capital can only be effectively countered by international co-operation and co-ordination of workers' organisation and action.

New technologies have brought new hazards, and particularly heightened the hazards of alienation.

Health and safety questions are often attacked by focussing on specific hazards like noise or asbestos. This can tend to imply that if all machines were guarded and muffled, and all poisons eliminated, then workers would be healthy. This, of course, is quite untrue. The mere stress of working in a workplace designed to maximise profit, where decisions are made by the few beneficiaries of this profit, produces ill-health. Insecurity about employment with the introduction of new labor-saving technologies; speed-ups to increase productivity; and harassment by an unfriendly boss, all add up to ill-health through stress, and produce tension in relationships outside the workplace.

The roots of stress are embedded in the capitalist mode of production, and the elimination of the more obvious hazards will not solve the problem.

Tasks of the Future

Berman discusses the need for a constructive health and safety movement to work with unions and rank and file workers. He suggests a number of strategies requiring action in the short term:

1. Workers on the shopfloor need their own health and safety committees, elected from and responsible to the shopfloor.
2. The development of regional occupational safety and health committees.
3. Developing the campaign around the workers' 'right to know' chemical names and hazards of the substances they work with.
4. Fight to end the 'ghettoization' of occupational medicine. Health facilities need to be controlled by workers and the community in co-operation with health workers.
5. Call for international standards in health and safety to head off monopoly capital's attempts to move to less regulated areas.
6. Demand for more funds for direct training of workers.
7. Workers need to be involved with the planning of new industry so that health and safety is considered at an early stage.

Clearly, workers' health will only be given its deserved priority when workers have won control of the workplace. Many of the above strategies are steps towards this.

The Australian Situation

In Australia we suffer under a system very similar to the pre-Occupational Safety and Health Act situation in the US.

There are very few regulations protecting workers, and those there are are not enforced.

The occupational medicine area is a backwater of conservatism.

Injured workers are torn between insurance companies, doctors and lawyers in their attempt to gain inadequate compensation payments.

However, it would be useful to look at the situation in Australia, with some historical perspective, in a similar way that Berman has done for the US.

I believe that much of what Berman describes is quite applicable to the Australian situation, if not to specifics, then in principle.

In Australia, the Occupational Health and Safety Movement is very embryonic and small. We have not yet appreciated all the details of how the system works. Until we have more experience of this, we need to be very cautious in accepting any of the 'conventional wisdom' regarding workers' health.

— Ben Bartlett