

## ASSAULT AT THE WORKPLACE

Most kinds of work can produce stress and prove to be hazardous. In their efforts to survive and thrive, early humans had to struggle with the vagaries of nature, which, on many occasions, must have proved fatally hazardous to some of them. These hazards, however, would probably not have been perceived as 'work hazards' but as a part of living. Obviously at this stage, there was a difference between 'work' and 'life'. With technological progress, however, survival gradually became less of a constant risk, and human beings settled down to the business of production, the basic means by which they existed and propagated themselves. But the technological progress associated with production had its own built-in problems, which became more apparent after the Industrial Revolution began.

Sickness and absenteeism are two words which highlight the bourgeois perceptions of health. A worker is considered to be 'healthy' when he is 'fit enough to work' and 'sick' when he is unable to 'work'. Under capitalism, therefore, health becomes equated to the ability to produce goods, a concept which dehumanises the worker and reduces him to being just a form of energy for the production process. Contrast this perception of health to that of the World Health Organisation which defines health as a state of complete physical, mental and social well-being and not merely an absence of disease and infirmity.

Wherever a new technology has been introduced the effects of the impact of this technology on ecology and human health have been recognised only many years later. The interval between introduction of this technology and recognition of its effects has, in many cases been highly detrimental to both man and his environment. This situation is likely to continue as long as vested interests exist to promote dangerous technologies in place where general awareness about the dangers of these technologies is limited.

With the increasing complexity of industrial processes, more and more hazards have begun to be recognised. The brunt of these hazards fall primarily on the working-class, the actual producers of goods. When this class is looked upon merely as

a tool in the production process, it is easy to understand why neglect of safety precautions occurs, particularly in countries where surplus work-force exists. It is revealing to examine in this context, two examples of safety standards set by different countries. In the industrially advanced capitalist countries, safety standards are higher and better implemented than in the less advanced capitalist countries. However it is in the socialist countries, whether industrially advanced or otherwise, that safety standards are highest. This is presumably due to the latter's commitment to preventive health care. It must be noted that a physically safe working environment is one of several factors which contribute to achieving work-satisfaction. Other factors include a harmonious 'organisation of work', control over the production process and channels of communication for workers to express their feelings about various aspects of their lives.

Let us take a look at the economics of workplace neglect. For the industrialist, ignoring the provision of a safe working environment means less economic inputs into his industry for the same production output. This saving therefore becomes, another addition to the net profit. A similar situation holds true for environmental neglect. Good housekeeping and a clean environment means more investments something which an industrialist would rather avoid if he can get away with it.

An important issue currently being debated is the question of why two different safety standards should exist for worker and public exposure to hazardous materials. Proponents of the double standards (which exists today) have used four types of arguments as justification for the status quo. These arguments have been questioned by a group from the Center for Technology, Environment and Development at Clark University, U.S.A. (*Science Today*, April 1982). I am briefly presenting the debate as it examines a number of relevant topics in work and health.

1. Proponents of the double standard argue that workers must be involved in production even if it is hazardous because it is for the larger benefit of society. Any attempt to reduce the workers' risk will

result in higher costs for the product, reduced employment opportunities, etc. This is an argument which tries to balance the workers' interest against larger social interests. Opponents of this social utility theory contend that there is no social justice in this view and that the hazardous exposure is being accepted with only very limited knowledge of the short-term effect of these hazards. What will the long term effects be? And are we justified in exposing future communities to these hazards?

2. The next argument uses the premise that certain groups of workers are better able or more specialised to face risks that others like children, pregnant women or the elderly cannot. Though on the face of it this argument looks plausible, the face is that distinctions in workforce are not always clear cut, particularly in developing countries which have child-labour etc.

3. Compensation has been given by employers and even eagerly demanded and accepted by workers exposed to hazardous operations. This has been in the form of higher wages for riskier jobs as well as compensation for damage to health. Very often workers do not know and are not informed that a particular job is risky. This is particularly true of the chemical and dust industries. Even if we accept the principle of compensation, the fact is that the system of compensation is highly inadequate. How many asbestos workers know that they (and their families) stand a chance of contracting cancer as a result of exposure to asbestos fibres? The majority of accidents at work and occupational illness go unreported, so in these cases the question of compensation does not arise.

More importantly one must look at the question of compensation from the viewpoint of social justice. Can a noise-induced hearing loss really be compensated? How does one quantify the compensation for a chemically induced cancer. The problem with this kind of compensation is that it may legitimise the risks imposed on workers. A similar type of legitimisation of protection of workers is used by employers who give the milk-and-vitamin tablets formula as a sop to workers who are exposed to toxic substances.

4. Lastly, consent by workers to accept risks at their jobs is used as a justification for the double standards of exposure for workers and public. As a corollary to this argument, it is also argued that the public is unable to give consent, therefore their exposure must be lower than that of the workers. A closer examination of this argument shows that

truly informed consent cannot really be given by workers. No job-aspirant is ever given a neutral assessment of the hazards of his job by his employer. More significantly for a worker, the decision to take up a particular job is based largely on economic necessity, job security and upward mobility, etc.

The feminist movement has given us new insights into women's work both in and out of the home. For long it had not been realised that family and household work done by the women could be viewed as an essential prop for the man working outside and could therefore be quantified in economic terms. Studies are now underway in India to formulate methods of establishing money values for women's work.

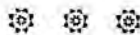
Mental stress from work can be brought on by disruptive work patterns which alienate the worker from his work. Productivity deals, work automations physical discomforts and fragmentation of work, contribute to the workers lack of control over the pace of production and conditions of work and can lead to severe psycho-social problems. These problems are faced even by the socialist societies of today and must therefore be closely examined and tackled.

It is heartening to note that a number of independent left groups are actively taking up issues of health and safety at work and related problems. One must note that work of this nature cannot be done in isolation only by trade unions or scientists but must be done on an integrated basis with the working class, environmentalists, members of the lay public, occupation health experts, etc. to be really effective. At first glance, there may appear to be a contradiction between controlling environmental pollution and the interests of the workers (who stand the risk of losing their jobs if polluting industries are shut down). However, it is imperative to note that here is a common interest between environmentalists and workers who must exert a concerted effort to force industries to clean up their environments both within and without the factory. Even though India is the eighth largest industrialised nation in the world, it is regrettable that hardly any work has been done in our country on work-related problems. Studies done in the US have estimated that 5 per cent of all illnesses are related to occupation. The figure for India cannot be much less and in all probability is greater considering the co-existing problems of poverty and undernutrition, a surplus work-force and almost no provision of safety measures particularly for workers in the unorganised sector.

The world economic order has had much to do with the causation of occupational ill-health. Multinationals have relocated dangerous technologies, e.g. asbestos from their own countries to other poorer nations, particularly, where there is ignorance about these technologies and there is no significant labour movement. There is a pressing need for a global information system which informs trade unions about new data on health risks, and about various news being debated on work-related problems. Neither in the curriculum of medical colleges nor in actual medical practice is there an emphasis on the detection of occupationally caused illness. Even the ESI medical scheme which deals only with workers has not instituted any major effort in occupational health.

The author wishes to thank members of the editorial collective for their comments and suggestions in preparing the editorial perspective.

### Ramana Dhara



The lack of concern among workers and their unions, until recently, regarding health and safety at the work-place, the apathy and corruption of the State apparatus. The insupportable and manipulative attitude of the capitalist and managerial class and the acquiescence of the scientific and medical intelligentsia with the ruling class forms the major focus of discussion in the present issue.

Working classes, for an intolerably long period, have now been at the receiving end of the harmful effects of industrial production, that has not only alienated them from the product of their labour but also has abused and assaulted their faculties of body and mind reducing them to objects in the process of production. Health issues related to the workplace environment do not find a priority in the agenda of workers' struggles for their humane rights as participants in the productive workforce, especially in underdeveloped capitalist countries, because their day-to-day survival is still at stake.

Ajgurag Mehra and Sandeep Agarwal in the *Politics of Health and Safety* discuss this unequal contract between labour and capital and show how the capitalist class has successfully established an ideological framework that individualises the problem of health and safety at the workplace, therefore preventing its graduation into a social issue that could frustrate the profit-maximisation efforts of the capitalist by the issue becoming a central focus of the workers' movement.

The reporting system for occupational diseases and accidents and relevant legislation in India has

been reviewed in the article, *Illness and Accident Reporting* by Jean D'cunha, Loy Rego, Mihir Desai and Vijay Kanhere of the Health and Safety Unit "Bombay". It is pointed out that, in spite of the gross inadequacies in the reporting system, the accidents reported in India are still considerably higher than most highly industrialised countries. As for occupational diseases the reporting is so small that it is negligible, even when studies by various public institutions like ICMR and CLI clearly indicate a high prevalence of diseases like silicosis, byssinosis, pneumoconiosis and asbestosis among others. The various legislations pertaining to work and health have been examined and it is shown how these supposedly pro-worker legislations are openly flouted by the factory owners in collusion with the corrupt protectors and implementors of the law.

It is not only in traditional and modern industry that workers are exposed to health hazards. Agricultural workers too, encounter illness-causing health situations which are peculiar to their work. The People's Health Group, Patiala describe in this article, the various hazards of agricultural work. They point out that these hazards are not so much a consequence of the introduction of new technology, as they are of the prevalent exploitative relations of production.

A. D' Mello reviews the book which has been much quoted by many of our authors in this issue—*Death on the Job* by Daniel Bergman. Although it was published six years ago, the narrative, documentation and analyses of occupational health and safety struggles in the US about work-related health issues of relevance to the growing awareness among activists and health workers.

We introduce a new 'column' *The Printed Word* which with your help can be a regular feature. On these pages, we aim to give readers a glimpse of the health scene as reported in the press. Please help us to keep track of what the dailies (especially the regional dailies) view as news, in the world of health and medicine.

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