

Working for Health

Melody Kemp Speaks to
Luz Maria Martinez

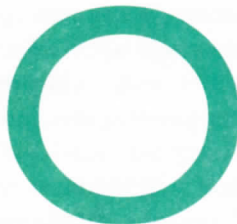


Luz Maria Martinez

Melody Kemp is a most engaging woman. An Australian, she has spent a lot of time of the seven years she lived in Asia in working to make life for women workers in particular better and fairer.

A year ago, Melody retreated to Bali to write a book. Despite splitting her time between writing and working part time in public health, her allegiance is to occupational health, and she continues to battle anybody who gives women and workers a raw deal.

*Melody has written training programs for women industrial workers, and her latest offering is *Working For Life*, a book that contains the knowledge, both technical and strategic, that she gained from many years of practicing occupational health. Here, listen as she speaks.*



Occupational health is the art of prevention. It is the art of preventing illness and injury arising from the process of work and the materials used.

The emphasis is on health and not on illness. We cannot underestimate the seriousness of work as a cause of death and ill health in any community. I recently read that the number of workers who died in Australia due to occupational factors was much greater than the number of those killed on the road in any one year—think of

all those lives lost!—and in this country which has excellent legislation, work practices and trade union involvement. I hate to think how many workers are killed or injured in this part of the world—there they are, supporting economic growth. How many die for progress?

As women's roles have changed in response to economic change, development assistance has not kept up. Women's health is still largely defined by the development agencies in light of their reproductive role—a sort of uterus on legs approach—rather than by their needs changing through their economic life cycle. Increasingly, women's health and lives in general are being influenced by occupational factors. In fact, a lot of reproductive outcomes are also influenced by occupational factors, but the emphasis is still on public health and not on what the hippies would call a holistic model.

This "monster" called development calls on governments in the majority world to focus on industrialization and participate in the globalization of trade. This is the way out of poverty we are told, though the data shows this is patently false and only results in the polarisation of society. Everyone talks about the importance of structural adjustment but no one talks about the implication of all these changes. Capitalism, as you know, has no ethics.

Suddenly, we are moving people from an agrarian economy into an industrialized economy without any of the controls that Europe took over 300 years to develop. Countries of Asia are making the mas-

sive industrial leap without any of the history, models of class warfare or any of the learning about industrial culture that Europe, the Americas and Australia have had to deal with. In addition, the labor movement in many of these Newly Industrialising Countries is repressed and fragmented. There are few checks and balances.

At the beginning of the Industrial Revolution, health hazards were pretty simple. But now the hazards are very complex. The difference between the chemicals used by 17th century workers and the chemicals used by workers today is hair raising! The same is true with modern industrial technology. In the early days of the Industrial Revolution, they were dealing with things they pretty much knew, and they had time to discover things like cancer of the scrotum in chimney-sweeps, time to discover radium and the cancer hazard to the women watchmakers who painted it on watch dials. But today, estimates say that 2,000 new chemicals come into the market everyday. What I'm saying is industrialization is not a theme park out of Disneyland. It hurts and injures people. It's time we started paying attention to it.

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It is telling that I, as an occupational health expert, cannot find work in one of the most rapidly industrialising regions in the world. Some of that is due to the lingering gender divide and the fact that donor nations do not want to involve themselves in anything that is political, though development itself is political. Development is about change, power and the creation of a stratified society of haves and have-nots. But the major development agencies don't give this issue any attention. It's so sad they don't have the courage of the women workers.

When women workers ask me why Australia does not support their struggle, what can I say? The World Bank gives millions of dollars for roads while Yasanti, an Indonesian NGO, received Australian \$700 only for the first ever educational program for Indonesian women factory workers. Sure, they gave an additional million or so later for a collaborative scheme with the International Labor Organization (ILO) but those sort rarely benefit women. ILO projects, as I learned from my own experience, separate you effectively from meaning. You spend all the time trying to please the host government and the ILO. Those needs are unusually at odds with what the workers need. It's all sleight of hand. But you get a hefty salary and a good pension if you stick at it long enough to lose your soul. So they don't want you to rock the boat.



International Labour Office

Women are now employed in heavy industries. This is a scene in a shipbuilding yard in Yugoslavia.

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The body is fundamentally a strong organism, but a lot of occupational diseases and injuries can be quite debilitating. They can keep people out of work for many months and, of course, can kill. People fall from construction sites or are buried in mines, or lose bits of their bodies in machines. A lot of women work on construction sites in Bali where I now live and in places like India where women are doing what had once been regarded as men's work. These women are vulnerable to the severe injuries that are characteristic of the construction industry.

Women's work is mistakenly thought of as "safe." But women suffer a wide range of low level chronic occupational illnesses: muscle strain injuries, birth defects in their offspring, infertility, cancer you name it. Then there are the psychological stresses. Sexual harassment for instance is a major source of despair and humiliation for women workers. It is another part of the commodification of women as industrial components—so many women I have spoken to are ashamed.

But it's not all gloom. I heard about a group of Javanese women that are fighting back, ridiculing

men who sexually harass and taking deliberate go-slows. They are protecting their dignity and respect. That is the bottom line.

Our health and dignity should not be compromised just because the person we work for wants to purchase a new Mercedes Benz. Occupational health is about human rights, meaning we all have the right to health and we all have the right to leave the work place in the same condition we entered it.

Occupational health is about social justice. It is how I can most clearly express my own interest and belief in social justice. Beyond saying "Oh, isn't this terrible," I am actually able to do something to redress some of the imbalance."

BLURRED LINES

Women will work inside a factory and may get a very concentrated dose of a particular nasty sol-

vent. At the end of the working day, they will go home to a community that is quite often next to the same or another factory. Usually, if a factory per-

forms badly in occupational health terms, invariably, they are also poor in environmental protection. Women are therefore susceptible to the fallout from that factory and the pollution which enters the community's water supply. In this case, disease factors are very blurred and the environmental factors overlay those from the work place.

As far as I am concerned, there is no separation between

a worker's physical health and their occupational health. If you are ill, if you have parasites, if you are pregnant, if you have chest disease, you are going to be more susceptible to things at work. If you have asthma, you are going to be more susceptible to cotton dust or wood dust disease. If you have anaemia, you are going to be more suscepti-

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Unemployment: An Occupational Health Problem

Women's participation in seasonal agriculture is wide spread. Their patience, dexterity and speed make them particularly competent for harvesting and packing export crops. In Latin America, employment in seasonal agriculture is one of the most common ways of making a wage.

But unemployment, referred to as "months of silence" in Central America and "blue months" in Chile, form the other side of the coin in seasonal farm work, especially in areas where few other job options exist. But joblessness is not seen as a factor affecting women's health.

Studies of unemployment demonstrate how being without work can damage health. Not only

does unemployment bring economic consequences. It generates mental health problems as well. One reason for this is that the unemployed person loses her role in society. The jobless person is denied participation in public life.

Yet, unemployment and its consequences are considered a male problem, despite the fact that it also affects women. Studies on this topic focus on men who are still seen as principal providers for the family.

At the same time, although unemployment affects both men and women, it differs in significance. The roles assigned by society to each sex give different values to the unemployment of each sex. For men, employment or unemployment are viewed as the only possible alternatives.

Women, in contrast, are given a third option—to stay at home as full-time "housewives," an occupation that draws a curtain over their need to be employed. Domestic work, which is largely invisible and socially undervalued, isolates women.

"When I am working, I feel relief, economically and in all other ways," says Patricia, a Chilean worker interviewed by Chile's Centro de Estudio de la Muher (CEM) researchers. "At home, I'm alone or with the children. With my husband, I talk about the children, money, problems. At work, it's different. You get the problems off your back."

CEM's investigation into the situation of seasonal workers on Chile's vineyards showed the extent of unemployment. Women

ble to benzene. If you are a construction worker riding on a scaffold high up on a construction site, and you are weakened by severe diarrhea, your chances of falling off that scaffold are very high. I think the divisions that the technocrats make in the developed world are very false.

Occupational health has a long tradition, some of it honourable, some of it not. The *founder* of occupational health is a 15th century Italian physician called Ramazini who first described illnesses related to occupations. Paracelsus in the 16th century then put together the first detailed notes on the nature of poisons. He was in fact the world's first toxicologist. Since then, occupational health has always been dominated by men, mainly male doctors and engineers. It is only in the past 10 years that women have started to make their mark.

Because of male domination, occupational health information base has been biased towards

Occupational health is about social justice.

the male experience. Exposure standards were established based on the experience of healthy white males.

But as a woman, I am much more interested in what happens to women. Only recently has research begun to look into the different experiences that women have of occupational injury and diseases. I couldn't believe my eyes when I was in Perth researching the technical literature for a book. When I looked up breast cancer on the CD ROM system, I found that 85 percent of the 20 or so recent references were about breast cancer in males!

A WOMAN'S CONCERN

When I first came into occupational health, I was usually the only woman in any technical consultative meeting.

But my father taught and gave me the technical confidence in a masculine world. My father was



Peyton Johnson World Food Programme

To be a mother and unemployed is to be anguished.

workers were employed for an average of six to seven months a year doing various tasks. Half of the women interviewed were unemployed for the rest of the year although they had sought work. Only 14 percent of the women interviewed combined agricultural and other jobs to be employed all year round.

The perceptions of these women concerning their health varied significantly between the

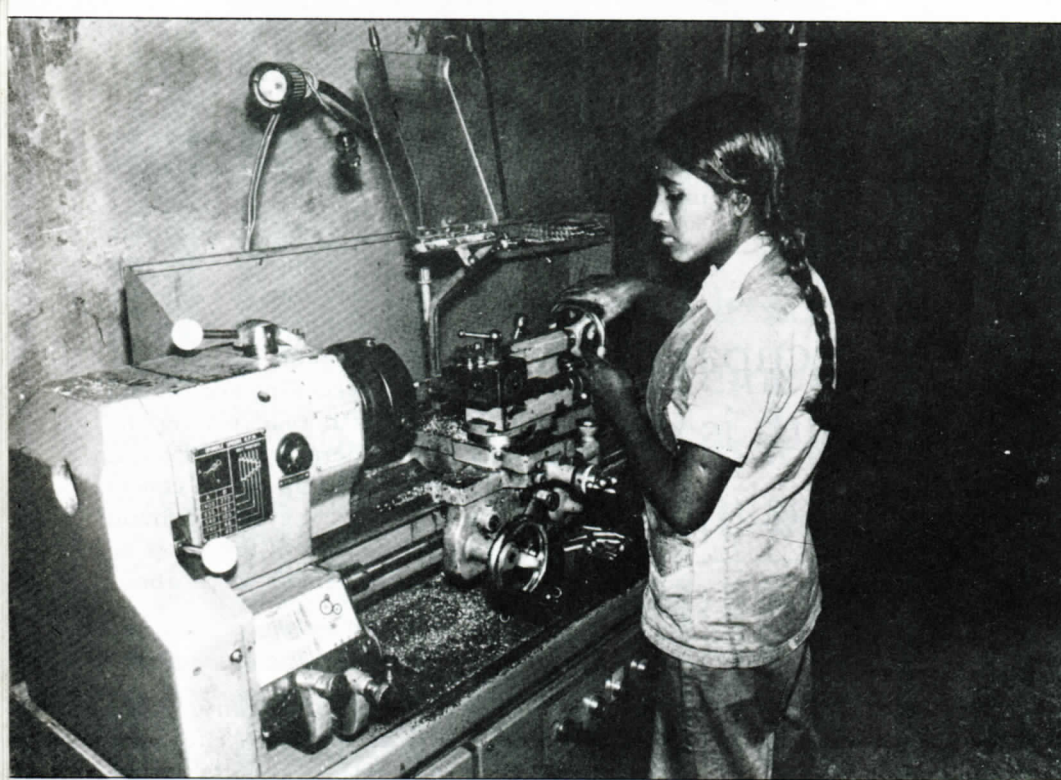
work season and the unemployed period. When working, the women feel exhausted, experience aches, pains and other work-related illnesses. They complain of bad relations with their bosses, long shifts and the additional burdens of domestic chores. They fear exposure to toxins and dismissal. Fifty-two percent of those interviewed said they felt poorly or bad while working.

However, the number of

women who judged their health to be poor rose to 65 percent during periods of unemployment. While complaints related to work conditions decreased, the women reported a drop in their moods. Bad humor, listlessness and feelings of depression increased with unemployment. Without jobs, the women complained of reduced income, isolation and loneliness.

Thus, despite the poor conditions that wage work brings, women laborers value the social space and friendship that work offers. Having health has health benefits. It lessens stress and increasing feelings of self-sufficiency and self-esteem.

Source: Women's Health Journal 1-95, Latin American & Caribbean Women's Health Network



Enrique Berrios/Christian Aid

Women workers tend to have more chronic, long term, disabling diseases.

the first feminist in my life. He was really a wonderful man who taught me how to weld and to lay bricks, not because he wanted a boy but because he really felt a woman could do anything. He would say there is no limit to what a woman can do. Just because you have a vagina and not a penis does not suddenly mean that you can not use a hammer and chisel. He gave me the technical confidence to work in a masculine world.

On the broader industrial front, I believe that women are much braver than men. I look around and see what female workers have done in comparison to male workers and see that the women are miles ahead. In Indonesia, it is the women who take the risks, who go out on the streets and wave banners and go out on strikes. They are so courageous. Women care about health, it is part of their spirit to be interested in health. Women are the healers, the curers, the hope.

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The medical profession, at one time, was saying that RSI (Repetitive Strain Injury) was a hysterical illness that had no basis on fact—this and the asbestos cover-up were some of the more dishonourable points of occupational health history. This was the time of massive technological change, when computers were beginning to come en masse. One of the major selling points for computers was that these machines can go so fast. But no one had bothered pointing out that humans can't.

The human body has a certain finite capacity and is an object of beauty that is designed to do smooth rhythmic work, not static repetitive movements. But with the advent of computers and process line technologies, the human body was being pushed to work faster than it ever had, and this brought on stress and strain. When workers are stressed, both physically and psychologically, they become tired. Their muscles are not able to refresh and gain

nutrients and oxygen. The waste products build up and pain happens.

In those days, before we knew better, women with RSI were given plastic splints to wear to immobilise the joints. We said to them: "Wear your splints. Wave them like artificial arms. Hit people with them (just joking). Be obvious. Show people how many of you there are. Show people you are all injured workers. We need to confront the community with this."

Women demonstrated in the streets in hundreds. Women in this enormous street demonstration, waving their splints—it was amazing—and bit by bit they were successful in gaining recognition that the complaint was legitimate and in getting workers compensation. Later, they formed independent groups to fight for their rights.

But that was just the beginning. Later it was hell! Insurance companies behaved scandalously. They actually had investigators sticking video cameras over back fences to photograph women hanging up their washing. There was even evidence of tapes being spliced together to show that women were doing things smoothly rather than taking a quarter of an hour to hang a pair of knickers on the line!

At this stage, blue-collar male workers in particular also started coming out of the closet to say: "We have it too." RSI had previously been dismissed as a female disease but once the boys got it, occupational health bureaucrats took it seriously.

But what made RSI a legitimate occupational health issue was the courage of the women who, in the face of cynicism and attacks on their integrity and dignity, just hung in there.

In Asia today, women more increasingly than men are being employed in the export industries. If you look at economic data, more and more women are economic heads of households. This is why women have to hold on to their health—for the sake of their own health and the viability of the family. If they are injured or disabled by work, it can throw a family that is just surviving into the hole called poverty.

Women's experience of work and the occupational risks they confront, on the whole, are different to men's—not because they are women but because of the gender segregation of labor. Women are more at risk of soft tissue injuries because they do a lot of the repetitive assembly line work. They get a lot of cancer because the industries they work in, such as the dry cleaning and electronics industry, routinely use carcinogens. In the majority world, the regulation of workplace cancer causing agents is much more lax.

At the risk of making broad generalisations, men tend to have a lot more lacerations, amputations and transportation injuries. Women tend to have more chronic, long term, disabling illnesses.

MAKING IT SIMPLE

One of the important things for those who teach occupational health to women workers is to make it easy. Not that women can't deal with complexity, but because they have so many other things to do and their available hours are limited.

One of the beauties of what happened in the province of Leyte in the Philippines was that it was so easy. Imelda Marcos had a new copper smelter built as her gift to the people of the province. Copper smelting draws a lot of power and this one was linked to a local geothermal plant. When the power supply could not keep up with the smelter's demands, it shut down. When it did, for some strange reason, the pollution control mechanics, would open and heaps of sulphuric acid would pour into the bay—so much that the pH (a measure of acidity) of the seawater was 2.3—that's as acidic as vinegar.

The sulphuric dioxide emissions caused a lot of chest disease in the nearby community and amongst the workers. The smelter had passed the environmental impact assessment and the community felt that they could not do anything without complex

Working for Life

Melody Kemp's *Working for Life* is a basic text for women workers, labor activists and trade union workers. It is meant to serve as a source book for women workers, just like occupational health workers have their 10-centimeter textbook of chemicals as a back-up.

The book originally started as a handbook for labor inspectors, a simple handbook that could be stuck into back pockets. Melody was chief advisor on a project that was to improve the conditions of working women in Indonesia. After visiting about 125 factories, it became very clear to her that the labor inspectors had no idea of the way in which women were differently affected by occupational hazards.

Melody was staring out the window one night when she realized that the people who really needed these information were the women themselves. Most of them are not members of unions and there is hardly any workers' education programs for shop floor workers.

Materials coming from the trade unions in the industrialized world assume that readers are technically educated and understand the language of legislation. But women in the developing world do not have formal education. Where would women get information?

Wanting to use her experience as a woman in occupational health, and being a former trade union member, Melody wanted to speak with women workers to encourage them to know and become familiar with the language and "alchemy" of occupational health. She firmly believes that information is power and that with information, women workers can feel the courage of the informed.

Working for Life is simple without oversimplifying things and without being patronizing. It actually speaks with women because they are the ones who get totally left out.

"*Working for Life* is not the only book in the world on occupational health but it maybe is the only one that is for women directly. It is a practical handbook, a how-to-do guide, a bit like *Where There is no Doctor* for workers," declares Melody. "I hope women will be able to pick it up and use it."

scientific equipment.

But my own understanding is that people and workers experts in their own environment, including the place they work in. They are an enormous well of unused expertise. They intuitively note changes in their living environment.

So, what we did was we got a simple map of the area and drew circles around the plant at one kilometer intervals. Doctors in Leyte were each given a copy of this map. They then asked every patient that came in where they lived in relation to the smelter and marked it on the map.

Then the patients were asked how long had they been sick. The smelter was built around the time Cory Aquino came into power so that was used as a time indicator. Coloured pins marked various types of illnesses. At the end of each month, doctors would take a polaroid photograph of the map and send it to the Environmental Management Bureau in Manila.

This was done over a period of six months. Then the winds changed, so did the distribution of illnesses as indicated by the distribution of the pins.

We showed there was a positive relationship between what was coming out of the factory and the illnesses being experienced by the community.

It doesn't have to be complicated. The doctors did not have to get involved in any heavy data collecting. All they had to use were maps and the maps were very graphic. The whole thing involved the entire community and it energized them.

After I moved to Indonesia and had been there for nine months, I got a letter saying that the copper smelter's environmental impact assessment had been overturned by community action. Wowee!

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To some degree you have to be an "occupational detective." You have to find clues, build up the case. You have to relate one thing with the other, put all those clues together and then prosecute management ultimately.

One of the things I tell people is to organize their information, to start doing things like work place surveys. These can be very simple exercises that establish the relationship between what's going on in the work place and workers' injuries and illnesses. Workers become ill if they are exposed to a dangerous thing—whether a process, a chemical, radiation, noise, vibration or excessive heat—and the degree to which they have been exposed affects the body. This classical principle is called "dose response."

The way in which the relationship is established is for workers to investigate illness in their own

workgroups. They need to notice things that might have changed. For instance, a shoe factory may have changed from a water-based to a solvent-based glue. Around that time, women noticed that they felt dizzy and nauseous. You might suspect that the glue is the culprit.

To make sure that this the case, you would need to look at two groups of workers: those that use the new glue and those that don't. Check for instance on women doing the packing and then look if the dizziness started happening at the same time that the glue arrived.

If the two groups do not have the same illnesses, then you have to start looking at what else is going on. It could be the chemicals being fed through the ventilation system. That's why I say it's like detective work. It's not for everybody. It's not an interest that I would expect all women to suddenly say "yes!" to. You have to be prepared for the complexity.

And you have to remember that there are always people around to give help. There is the department of labor and the ministry of health. There is the International Federation of Trade Unions. There are International Labor Organization (ILO) offices distributed throughout most of Asia. Help is available through the international trade unions system and the regional labour groups. And we should also work towards creating and strengthening the solidarity among women here in Asia and overseas.

In Indonesia, it is so repressive that workers can not take a lot of action and there is no real trade union movement. So workers there use theater to explore the issues and develop solidarity. There are skits where workers behave like machines. They stagger around coughing and gasping and falling about doing high drama stuff but it works in terms of getting their story across and is very cathartic for workers and the audience.

I use songs to help women remember the names of chemicals. Chemicals or toxicology is a very difficult subject to teach because of the hideous words. So I often ask women to make up songs about these chemicals and this takes the pressure off them to have to remember ghastly chemical names. And it's exciting because it sticks. They would say "Ah, karbon disulfida (carbon disulphide). We know that one.")