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What you can do Get informed It's in the technique

Surveying the damage: Unions are the experts at spotting workplace ill health **[Hazards 71, 1 August 2000]**

Each year 25,000 people are forced out of their jobs by work-related ill-health, says the UK government. It wouldn't have ended this way if they left it to the expert - you. Union research is the best way to track down workplace ill-health and find the solutions to Britain's sick workplaces.



Whatever the condition, you can bet workers spotted the work-related ill-health before anyone else cottoned on (*Hazards* 60).

Sometimes problems stem from poor research, sometime from the absence of research. More often than not it is because no-one either cares or values the opinion of the workers doing the risky jobs.

Good stuff can happen. A study in New York State found there were tens of thousands of preventable cases of occupational disease and thousands of deaths each year, and allocated US\$1 million to kick off a now greatly expanded system of occupational health clinics, with a consortium of unions fully involved in their operation. **(1)**

But this positive response is not the norm. This year David Egilman, a professor at Brown University Medical School, noted that researchers studying the health of workers employed by disgraced chemical and asbestos giant WR Grace - it is the company featured in the 1999 environmental disaster movie "A Civil Action" - based their findings on fiddled results and company lies.

Egilman concluded: "Researchers conducting occupational health studies should be aware of the possibility of conflicts such as these... They should meet with workers and their representatives to obtain a more complete, accurate, and balanced assessment of past occupational exposures." **(2)**

Others have noted that workers are the first to notice the effects of work hazards on their health. **(3)**

HSE is now encouraging employers "to involve employees and their representatives in identifying problems and seeking solutions" **(page 8)**.

What you can do

Do-It-Yourself research can vary from a quick show of hands in the canteen - if this tells you what you need to know, why waste your time doing more? - to a full worker-controlled scientific study.

Studies with full worker participation, sometimes with the assistance of "experts", sometimes without, have two major advantages: they work better; and they are more likely to lead to efforts to address the cause of any problems. **(4,5,6)**

Many researchers have found that "Participatory Action Research" (PAR) or "workers' epidemiology" - number crunching to link ill-health to its causes - is highly effective.

- Occupational stress groups led by shop stewards "showed significant improvements on virtually all measures of psychological well-being in comparison to controls," a review reported. "Behavioural changes and initiatives taken to improve the workplace were also reported in group interviews." **(7)**

- A US government report on worker involvement in strains prevention concluded: "Employee involvement in decisions affecting their work situations can capitalise on their unique and relevant experience. Indeed, the person doing the job often has the best knowledge of the problem elements and insights into ways to improve the work." **(8)**

Other reports acknowledge that "when it comes to their health, workers always know best." **(9)**

Participatory research should obey simple rules: **(10,11)**

Workers should have input into the research questions to be asked;

- The results and their implications should be made accessible to groups affected by exposures;
- There should be increased worker participation in the research process; and
- There should be greater accuracy of data, taking account of workers' experiences and subjective symptoms.

Get informed

There are two main types of research, "active" and "passive". Active research involves going out and looking for a problem, through studies, surveys and other investigations.

Passive research involves reviewing existing information

sources, like compensation records, accident reports or sick leave patterns. Some UK unions have evaluated problems like occupational cancer using union death benefit payout records, for example.

Follow your instincts, but follow up with some detective work. If you have a suspicion there is a problem, ask your union safety department - there's a good chance it will have heard similar concerns raised before.

You can also get support from a network of sympathetic **occupational health projects and Hazards Centres** around the country (see listing in *Hazards* 66 or on the *Hazards* website). Trade union education centres can also offer support. And check out the standard sources, Hazards factsheets or TUC's *Hazards at work* file. **(12)**

If you are online, you can access information including *Hazards at work* on the TUC safety website at **www.tuc.org.uk** The Hazards website at **www.hazards.org** includes a listing of Hazards factsheets.

It's in the technique

Look and listen: Has there been a lot of stress claims or strain claims? What's bothering the workforce? Aches and pains? Everyone got headaches? Problems from migraine to serious diseases can be caused by the job. Use and review the accident book.

Do comparisons: If workers in one job or one part of the workplace have a greater problem with some hazards or greater frequency of a symptom, the workplace could be to blame. **Body mapping:** When one person has an ache, it's an ache. When everyone has it is almost certain it is an occupational health problem.

Body mapping: When one person has an ache, it's an ache. When everyone has it is almost certain it is an occupational health problem. **Body mapping** (*Hazards* 61) allows you the chance to see if "your problem" is really a work problem.

Risk mapping: Hazard mapping (*Hazards* 60) should involve all workers from the part of the workplace under investigation. It lets workers pool their knowledge on problem areas at work and work together to propose solutions.

Surveys: Workplace questionnaires can be a great way to identify problems and to draw attention to a problem. There are lots of off-the-shelf questionnaires and most unions, **occupational health projects and Hazards Centres** have a great deal of experience of workplace

health assessments, including surveys. Avoid making your survey too complex - the fewer questions you ask, the easier the survey is to analyse.

Records: Don't leave it to chance. Unions including GMB and CWU have asbestos registers, so if workers are exposed to asbestos at work there is a permanent record. The international farmworkers' union federation IUF proposed "pesticides passports" for all agricultural workers listing the date, amount and exposure of each worker to pesticides, an idea now gaining credence with scientists.**(11)** Unions at VSEL Shipyards negotiated "roving medical reports" to aid easy recognition of occupational health problems by medics (*Hazards* 63).

Stress: Union stress surveys and participatory research are far more effective at identifying the organisational problems leading to stress symptoms and the changes needed to remedy the problem.**(7)**

Strains: The Trade Union Technical Bureau (TUTB) Europe under strain report lists questionnaires, symptoms surveys, lifting equations and other assessment tools for recognising and remedying workplace strain problems.**(13)**

Cancer: Union backed studies have been crucial in identifying workplace cancer clusters (*Hazards'* 54, 64, 67). Union guides show how to do workplace cancer studies and how to interpret the results of other research.**(14)**

GIS: Geographic information systems (GIS) use software to map out disease or hazard patterns across a geographical area. Women's Environmental Network worked with local groups to produce a map of breast cancer clusters nationwide.**(15)** Silicon Valley Toxics Coalition mapped environmental air and water pollution caused by the microelectronics industry.**(16)**

Research software: Free "Epi info" and "epi map" software can help analyse cancer and other studies.**(17)**

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www.cdc.gov/epiinfo/

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