 Sexual Harassment: A Question for Occupational Health

A common hazard that many women workers face during the course of their working hours is that of sexual harassment. We all know that this exists, but we never talk of it as an occupational hazard, for fear do we even think of it as an occupational health hazard. And yet, the trauma and tension that women undergo if they are being sexually harassed at the workplace affect both their work and their health. But no efforts are made to address this question at all.

In both the organised and unorganised sectors, examples abound of women being sexually harassed by their male colleagues, either overtly or covertly, in action or in words, or both. Classic examples are those of the boss and secretary, or the contractor and the woman labourer, etc. The nature of the harassment can take different forms but the traumatic effects it has on women are tremendous. The tension and the stress that they undergo has a direct effect on their health and their work, but it is never acknowledged either by their colleagues, or by activists and others who work in the field of Occupational Health and Safety.

The time has come for this apparently invisible hazard to become visible and be acknowledged as an occupational hazard in its own right. If stress and strain due to other factors at work, such as noise, work station stress, etc is acknowledged as an occupational health hazard, then stress and strain due to sexual harassment must also be acknowledged as such, and steps should be taken to ensure that conditions at the workplace are such that this type of hazards are minimised.

The main problem with sexual harassment at work is that women cannot talk about it for fear of losing their jobs, or for fear of being talked about. Part of the tension and stress that they undergo is due to the fact that they have to bear the double burden of being humiliated on one hand, and feeling helpless to do anything about it on the other hand. The choice is between the devil and the deep blue sea. The other part of the tension is due to the fact that since this question has not been considered to be relevant to occupational health issues, there is no forum for women to bring up such experiences openly so that they can be addressed. And unless this problem is brought out in the open and discussed it will never become an issue to fight for at the workplace.

In today's context, when there is a lot of focus on occupational health and safety issues related to women, such a basic issue can no longer be hidden or ignored. The issue must be taken up by activists as well as union workers, and some legitimate forum must be made available for women to address their grievances in this regard, both in the organised as well as unorganised sector. This is an actual and real hazard which exists and continues to affect the health of women workers. If the strain and tension which they live with affects their concentration, and can lead to accidents, as has been seen with women brick kiln workers and machine operators. It also affects their performance, it affects their work, it affects their health and it affects their human dignity which is a basic right of all individuals. Sexual harassment at the workplace is a question that needs to be accepted as an occupational health hazard, and it is imperative that we make efforts to generate awareness regarding this hazard, as well as take steps to ensure that some action is taken to address this issue.
Hazards of Office Work

Nine a.m. on any working day:

— Ms. A sits at her desk to operate the telephone PBX. After a whole day's work, she is exhausted, complains of a headache and a throat ache. The cause: shouting on the telephone throughout the day, and the constant ringing of the telephone.

— In a room which is 10 feet by 12 feet, four typists start working on their machines. At 5 p.m., the typists go home with aching arms and backs, and headaches.

— In the Documentation Department, the photocopier is uncovered, and the operator starts making copies of various documents. At 5 p.m., the person complains of feeling nauseous.

These are people who work in offices which look nice and comfortable. You could also be one of them.

A large number of workers are employed as office staff or clerical workers. These workers are generally not unionized (except in banks and insurance companies), are paid low wages, and often have tiring jobs that are stress filled. Although the jobs of office workers are not usually considered hazardous, there are some potentially serious health hazards which can be found in the office environment.

Some Potential Sources of Hazards:

Noise

Noise is a very common problem in rooms like typing pools, where several office machines or typewriters are located. Particularly when coupled with rush assignments and repetitive work, noise can increase the stress among office workers.

Various types of noise control measures to cut down noise levels in offices, such as carpets, plants, mats under typewriters, not allowing too many machines in one small room have been tried and proved to be fairly adequate. The noise level in offices should be kept low bearing in mind the degree of mental concentration required in office work.

Repetitive Task

Many people involved in repetitive work have developed repetitive strain injuries, which is an extremely painful and disabling injury of the muscles of the hands, wrists, arms, shoulders, neck, back and legs. Repetitive strain injuries can also occur when people have to work in the same position all day long, for example, typists, key punch operators. Work of this nature puts an abnormal strain on the neck, shoulders, arms, legs, and the back. Several categories of office employees including telephone operators, typists, stenographers and others using ball-point pens, complaints of chronic pain of the shoulders, neck and back. Studies of key punch

Ergonomics

Ergonomics is concerned with making purposeful human activities more effective.

The focus of ergonomics is the person interacting with the engineered environment. This person has some limitations which the designer should take account of. Complexity arises from the nature of man and variety of the designed situations to be considered. Situations can vary from relatively simple ones such as chairs, the handles of tools and lighting of desks to highly elaborate ones. The people studied can vary from young fit persons to old people.

The ergonomist is concerned with facilitating whatever a person wishes (or is asked) to do and to ensure that he/she does it efficiently. Efficiency is interpreted widely to mean not that whatever is done should be effective in the short term but also that in the long term there shall be no detrimental effects on health and that the risk of accidents is minimal. (ILO Encyclopedia)
operators and typists in Japan have found local fatigue due to workers being forced to “keep the same posture using the same movement all day long”.

Constant repetition of stereotyped movements has also led to painful wrist problems among some typists. The injury is called ‘Tenosynovitis’.

**Stress**

Stress can be caused by many factors, such as noise, repetitive work, bad lighting, work load pressures, bad air, and crowding. The repetitiveness of some jobs, e.g. filing, typing cards etc. can also increase stress. Stress reactions can arise at work due to a series of factors. A misfit between worker and work place causes stress. It is like a badly fitting shoe: environmental demands are not matched by individual ability or the work place expectations do not take care of individual needs and expectations.

**Ventilation**

Airconditioned offices are increasing in large number, mainly due to the introduction of new technology such as computers, etc., which need to be maintained at a certain temperature. A uniform constant light, accompanied by air-conditioning through out the year is monotonous. Perpetual artificial conditions give rise to frustration and claustrophobia. A constant supply of fresh air at the right temperature is important to health and comfort. Lack of fresh air in offices can cause nausea, irritability, tiredness and loss of concentration.

Adequate ventilation is particularly needed in rooms where duplicating machines are used, especially ones using ammonia or methanol. Chronic exposure to methanol can lead to eye irritation, headaches, giddiness, insomnia and problems with vision. Similarly, photocopiers and other machines may also present hazards. Especially in rooms where there is inadequate ventilation. Ozone is produced as a by-product from many copying machines. Ozone can produce throat irritation, cough, headache, pressure and/or pain in the chest and breathing difficulties. It is irritating to the eyes as well as to the tissues lining the throat, air passages and lungs.

Video Display Terminals (VDTs) Recommendations are:

1. No one should be required to spend more than half of their ordinary hours working on the screen on any one day.

2. Anyone using VDT should receive basic training before new equipment or different procedures are introduced, on paid time.

3. Ten minute breaks should be taken during each hour of close work on VDT to allow the eyeball muscles and arm muscles to relax. These breaks are over and above the regular tea and meal breaks and should be taken whenever the worker decides that he/she needs it.

4. The worker should never be monitored or paced by electronic VDT, and bonus systems should be rejected when they are based on speed of work and number of errors.

5. VDT should always be ergonomically assessed before being introduced.

**Chemicals for Office Machines**

Office workers are exposed to many chemicals such as stencil fluid, copy machine toner, inks and correction fluids. Many of these substances contain solvents but most are not labelled, so there is no easy way for an office worker to determine the hazards of the contents. Some of these are carbon paper, duplication and cleaning fluids, ink removers, detergents and typewriter ribbons.

**Lighting**

Poor lighting can cause stress, tension, headaches and eye strain. Although human beings have an extraordinary ability to adapt to their environment, their well-being morale and moods are affected by light and colour. The amount of light is not the only factor responsible for this - badly designed lighting systems also give rise to glare which can cause stress and headaches, as well as create accident risk in some situations.

When planning an office lighting installation, an attempt should always be made to light desks and tables from the side rather than from directly in front, so that unwanted reflections are directed away the worker’s eyes rather than into them.

**Video Display Terminals**

Work on Video Display Terminals (VDTs) for any extended period of time can seriously damage the eyes. Eye problems result from having to focus the eyes time and time again on small, moving objects or text. A flickering screen adds to the strain. Headaches are a common result. Workers also face difficulties result-
ing from poor equipment design. Several VDT operators today complain of eye strain, headaches, shoulder pains, arm and wrist problems and backaches after a day's work.

VDTs emit low levels of radiation which causes many serious health problems for women who work for 6-7 hours a day on them, including genetic damage. Women working at VDTs report abnormally high levels of miscarriages, world-wide. Despite the denials of corporate and government health officials, health professionals have proved that there is a causal link between radiation emissions and miscarriages and other health problems women have experienced. (Source: Women on the Global Assembly Line, PRG, Canada).

Speed of Work

When the pace of work is too much to cope with, the pressures of completing the task faster leads to stress. In many Western countries, office workers are monitored with several types of computerized methods to check their pace. In a typical set up, every worker is linked to an electronic system which tracks the pace of work, amount of rest time and number of mistakes made. Workers constantly face a threat to their job if they do not perform quickly or accurately. These monitoring systems are gradually being used in India also, specially in offices which use high technology. Criteria like punching a certain number of words in one shift are being established. In a number of Western countries, now unions resist any incentive pay schemes or productivity rewards to increase work quotas or speed up because they find this practice unfair.

Sexual Harassment

"Sexual harassment is made easy through appraisal system. It is when salary increases, demotions, transfers or firing are carried out".

- A worker

For women, the experience of sexual harassment and exploitation is common not only in Indian offices but world-wide. It is not unusual for women workers to be sexually harassed by supervisors, managers or at times by co-workers.

This harassment leads to constantly living under fear and stress. Women are made to undergo a lot of trauma.

The Work Station

"Executives get the best chairs and secretaries get the worst, which is too bad because secretaries spend more time in them", said a Professor who recently designed a chair for office workers.

By sitting all day in the same position, workers are apt to develop varicose veins. A feeling of heaviness or tension, cramps during the night and itching which are generally worse in hot weather, are some of the reported symptoms of varicose veins. Poorly designed chairs and tables contribute a great deal in developing lower back pain.

There is a growing trend to design executive chairs ergonomically, keeping in mind that many of them complain of back pain and pains in the neck. But so far not much importance is given to designing chairs for typists and other staff who also suffer from similar problems.
Employee insured by Employees State Insurance Corporation (ESIS) are mostly workers. At present workers earning salary upto Rs.1500 are covered by ESI scheme. Now ESIS is trying to increase the limit on salary to Rs.2500. Such an increase will cover many more workers than workers covered today. This makes it necessary to emphasise that ESIS should become more relevant to present day realities.

ESIS is concerned with general health problems as well as injuries due to accidents. There are many companies about lack of proper drugs supply, about malpractices concerning drugs and medical certificates. The major complaint is workers are not taken seriously by ESIS. Many workers in case of major complaints of health go to private practitioners.

All the above problems are important Here we want to point out at the area of occupationally related health problems. This area is being totally neglected by the ESIS. Lack of occupational health is a major problem. One example will make it clear. Now it is recognised widely that cancer is also caused by chemicals. Chemicals substances causing cancer are called carcinogenic. Two third of such carcinogen were first noticed in the occupational setting. There are many cases well known to be related with work.

Experience with ESIS is not very good about asbestosis and silicosis. Asbestosis may lead to lung cancer. Patient affected by silicosis may get affected by T.B. because of as lungs. Workers in Atomic Glass factory at Baroda are affected by silicosis. They had struggle to get the court to prove that they are affected by silicosis. ESIS gave them certificates but reduced the percentage of damage caused. In Bombay the workers affected by asbestosis first got diagnosed at such from an outside agency and then by the ESIC.

Such things happen because ESIS is not aware of its duties. There are almost no doctors trained in Occupational Health. Occupational histories of workers are not noted down. Skin diseases may be caused due to many substances used in factories but all skin diseases are treated. One the same level.

Many workers in textiles, queries are affected by bobbyosis. How many ESIS doctors note occupational history and send workers for further diagnosis. How many ESIS hospitals do lung function tests on their own? Lung function tests are very necessary in case of bobbyosis. Many workers are affected by bobbyosis but as far as we know only one worker in Ahmedabad got diagnosed as being affected by bobbyosis and also got compensation.

Due to lack of attention by ESIS the workers are doubly affected. Firstly proper diagnosis does not take place in case of occupational diseases and proper treatment does not follow. Second disadvantage is lack of compensation. Many occupational diseases such as silicosis, asbestosis, bobbyosis, asthma, infectious diseases, diseases caused by lead, benzene, alcohols etc. are compensable. Workers can claim compensation if affected by diseases given in Schedule III of the ESIS Act. But if diagnosis is not done properly one does not get any compensation. The most important thing is diagnosis and pressure to change the working situation which causes diseases. At the same time affected workers must be compensated.

For this ESIC needs to do the following things:
1) Doctors should be trained in Occupational Health
2) Hospitals should have special sections dealing with Occupational Health
3) Occupational History of patients must be noted down and attempt to see if there is the health problem related to work should be made.
4) Workers need to be informed about their rights to get proper treatment and compensations.

All the workers under ESIS and the concerned unions need to stress the above points. There are many union representatives on the advisory body of the ESIC. Such representatives need to take up the issue of Occupational Health within the ESIC and outside ESIC.

It is not that ESIC does not have funds. In 1983, ESIC had 107 crore rupees surplus. In 1984 ESIC's income was 230 crore rupees more than its expenditure. This surplus income should be used for improving Occupational Health and compensation to the damage to the health of workers due to their work.
On 14th August, 1989, an owner of Dyes and Chemicals factory has been arrested by the police following the leakage of gas from his factory causing serious burn injuries to one of the workers.

The Senior Superintendent of police said that the incident occurred due to the blasting of a reactor of the chemical plant. (Source: Indian Express, Chandigarh, August 14, 1989.)

An explosion in Pooja Steel Mills at Okhla Industrial Area on 27th August, 1989 resulted in the death of three workers and injuries to several others, two of whom are still in a critical condition. Following the explosion, a People's Union for Democratic Rights fact-finding team visited the site of the incident to have a look at the working conditions there.

According to the report of the team, the explosion has further exposed the unsafe, inhuman and hazardous working conditions a large number of workers migrating to urban industrial areas in search of work are subjected to. (Source: Indian Express, New Delhi, August 27, 1989.)

Reports of massive lead pollution in Thailand’s Kwae River basin and elsewhere have reinforced fears that millions of residents of this rapidly-developing Southeast Asian country are being unknowingly poisoned by the heavy metal.

Ponds and streams near lead factories in Western Thailand contain up to 10,000 times the World Health Organisation's maximum limit for lead, according to a recent restricted-circulation study by the official National Environment Board (NEB). More than four times the limit was found in the Kwae Yai river upstream of Kanchanaburi, a city of 35,000.

Rattan, a 23-year-old labourer from Azamgarh, fell to his death from the roof of an under-construction building where he was working and died on the spot. A case of death caused by negligent act was registered by the Janakpuri police.

A labourer, Devender, 18, was electrocuted on Friday night while working in a welding workshop in Khichchhipur. A case of causing death due to negligence has been registered against the shop owner by the Kalayanpuri police.
A Wood Dust Standard - At Last: Wood dust exposures will finally be regulated by OSHA as a result of the massive rule issued in January 1989, but is it too little, too late? 180,000 workers in N.C. will be impacted by the new standard of 5 milligrams per cubic meter of air (5mg/m3).

Health and safety advocates and NIOSH had urged OSHA to lower the standard to 1 mg/m³, pointing to studies that demonstrated wood dust exposure below 5mg/m³ can impair worker health.

A specialised public course on "Organising and Motivating for Safety" will be organised by National Safety Council from 20th to 22nd September, 1989.

The course will deal with important principles, techniques and methods to be adopted in management of safety at the enterprise. It will also discuss practical aspects of the implementation of the amendments to the Factories Act. Opportunity will also be provided for participants to discuss their problems and exchange ideas and experiences. Participants will be able to make comparative assessment of the safety performance of their respective plants with a view to making improvements.

The following Public Training Courses will be organised by National Safety Council:


For further details contact: National Safety Council, 710, Bombay - 400022.

Letter to the Editor:

Dear Editor,

Benzene is used in our factory. Please tell us what are the procedures to be taken and what is the possible risk for us.

A worker in a refinery.

Answer:

First find out if there are meters installed at your work place. Many times these meters are installed but the meters are rarely used. If you feel that measurement is necessary you must inform the safety department to bring the meters and record. You yourself should keep records of levels of benzene in air. Actually you should ask for continuous monitoring.

Now the Factories Act (1940) has prescribed Threshold Limit Values for various chemicals including benzene. (Section 41F Schedule II). For 8 hours benzene should be on an average 10ppm or 20 mg per cubic meter. It should not exceed 25ppm if exposure is 15 minutes.

You can write to the Factory Inspector about non monitoring of benzene in air. The Inspector has to keep your name confidential.

There should be tests of phenol in urine done at regular intervals. You should go for a record of these tests. It is your right to get your own medical record. (Factories Act 1940 section 41C). You can also test for benzene in urine. If phenol in urine is above 50 milligram per litre it shows unhealthy exposure to benzene.

Monitoring of phenol in urine should be done at the end of the shift. Tests done before the work begins or on a rest day are useless. Encyclopaedia of Occupational Health by ILO (1983) clearly shows on page 260 that the phenol test of urine is to be done at the end of the shift.

In the state of Maharashtra the Govt. Rules Schedule XX say that medical tests should be done after every six months.

Effects of benzene are as follows: Exposure to high concentration may result in unconsciousness. Exposure to benzene for long periods may affect the blood forming tissues. Initial complaints are fatigue, loss of appetite, headache, dizziness, pale appearance. Later on bone marrow may be affected. The serious consequence is Leucemia (cancer of blood). This may develop sometimes after 12 years. Keeping medical records and records of levels of benzene in workplace is very important. The other effect is anaemia. If exposure continues it may lead to destruction of bone marrow and sometimes may prove fatal.

It should be kept in mind that any symptoms of benzene exposure and rise in phenol levels in urine should be reported to the Factory Inspector by the doctor concerned.

Secondly, if you are affected by diseases caused by benzene you can claim compensation under ESIC and under Workers' Compensation Act.
Sometimes the mouse of that computer reminds me of...TMORROWS TECHNOLOGY TODAY’S HEADACHE

OUR COMPUTER INDICATES...

...YOU SHOULD BE WORKING FASTER!

OUR HANDS INDICATE THE COMPUTER NEEDS...

IT’S PLUG PULLED!!
ACTU Occupational Health and Safety Standard

The purpose of this ACTU Occupational Health and Safety Standard is to provide affiliated unions with advice and guidance on the prevention of occupational skin cancer and other hazards of ultraviolet radiation for outdoor workers.

For details contact: ACTU-VTHC Occupational Health and Safety Unit, Trades Hall, Box 93, Carlton South, 3053, Vic. Australia.

Repetitive Strain Injury at Work

Repetitive Strain Injuries are disorders which produce discomfort or persistent, sometimes excruciating pain in muscles, tendons and other soft tissue. It is often caused by work activities which are frequent and repetitive. It now rates as one of the most common of the prescribed industrial diseases and accounts for a third of all claims for industrial disablement benefit. This booklet explains what RSI is, what effect it has on sufferers and how it can be avoided.

For further details contact: The Secretary, Labour Research Department, 78 Blackfriars Road, London SE1 8JF.

Asbestos Killer Dust

Asbestos Killer Dust examines the record of our 'protectors': government, industry, unions, scientists and doctors.

Based on the experience of members of the British Society for Social Responsibility in Science (BSSRS) in handling hundreds of queries in disputes over asbestos, it also examines, What are the substitutes? How can asbestos be removed safely? How can those who remove it be protected? It's not just a book about how dangerous asbestos is, but is a living record of how trade unionists, community groups and individuals have fought this hazard and how we can all learn from their struggles.

For further details contact: The British Society for Social Responsibility in Science, 9 Poland Street, London W1V 3DG.

VDUs Health and Jobs

This booklet contains the results of an IUD survey on the impact of VDUs within the workplace. The booklet highlights the concern of workers faced with their introduction and suggests ways of negotiating for a safer work environment and for job protection.

For more details contact: Labour Research Department, 78 Blackfriars Road, London SE1 8JF.

(Contd. from page 7)

No more bhopals--the survivors speak out. To draw world attention to this injustice, the Bhopal trade union workers' and gas victims' committee sent a delegation to the USA, Europe and the UK in June 1989. In Britain they have made links with workers and residents fighting similar hazards, including the Campaign Against Toxic Waste organized by residents of Walton, West Midlands. They want to prevent similar disasters and offer solidarity with people like the Walton residents who are facing 'Silent Bhopals' caused by environment pollution.

Society for Participatory Research In Asia
45 Sunil Farm, Khanpur
New Delhi - 110 042.

VDU Hazards Handbook

This handbook is a comprehensive guide to how VDU work affects your health and what to do about it.

From radiation hazards to repetition strain injuries, from headaches to heart attacks, from miscarriages to migraines, the VDU Hazards Handbook brings together research from all over the world to give you the facts in simple, non-technical language.

It also gives clear, down-to-earth advice about how these hazards can be prevented - getting organized for change, designing safer jobs and a safer working environment, choosing the best equipment and software, and VDU workers' rights.

For details contact: London Hazards Centre, 3rd Floor, Headland House, 308 Gray's Inn Road, London WC1X 8DS.

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WAS IT A DISASTER?

Newspapers in Baroda ran headlines on 25th June: Mercury bazar at Nandesari: A big boom — etc. No, Nandesari is not a business place nor is it a mining area from where mercury is found.

Where did the mercury come from? Who were the suppliers? Who were the buyers?

Those who were selling the mercury were hundreds of poor, residing nearby and the buyers were the affluent, who would wait on their parked scooters on the roadside with cash in their pockets.

But the question is — from where did it come? It was Gujarat Alkali & Chemicals Ltd. which manufactured Sodium Hydroxide and Chlorine by Mercury cell technology. Gujarat Pollution Control Board had permitted them to dump their solid waste at this site. The site is owned by Gujarat Industrial Development Corporation. Last year company decided to discard mercury cell technology and go for membrane cell technology.

The plant was shut down in June 1993 for technology transfer. In the process huge quantity of solid waste was dumped at Nandesari, 3 kms from the factory. Some plastic pickers-boys noticed something glittering in the mud. Curiously took them there to find mercury. It was easy for them to separate mercury from other materials. Only water and a small lens was required. Then they would collect the mercury in a bottle. Slowly others came to know and within a day or two there were hundreds of people searching for mercury in the mud amidst unbearably foul smell. Most of them were staying in surrounding villages and working in one industry or the other some at Nandesari. The company spokesman told the reporter that "not more than 4 kg. would have gone in the waste". But the reporter notes that while he went to get reports at the site, during only one hour he saw at least 12 kg. of mercury being sold. One man, alone, bought more than 200 kg. of mercury in a few days at Rs. 26,000.

The company spokesman said, waste does not contain more than 15 PPM of mercury but the pollution advisory committee of Nandesari Industries Association (Employees Association) said, it contained 7% mercury. After the uproar in newspapers the company declared that not more than 10 kg. of mercury had gone into waste. Managing Director, Mr. P.K. Das informed reporters that "We had 80 tonnes of mercury which was sold out to Wimco & Maharashtra Steel. We have checked our stocks and it is found OK." People kept themselves very busy looking for more and more mercury. All the family members along with the kids used to work here for long hours. Many did not go to their jobs. Some were found taking their lunch hush-hush even without washing their hands at the site itself and nobody was there to tell them the hazards posed by mercury.

There was no fencing nor any caution board. The show went on for at least one week. Then came the police, vacated the area and GAIC arranged its security guards to see that no one collected mercury! Nobody knows how much mercury was dumped there, how much was collected and how much is still left behind.

It is alleged that a contractor working for GAIC was supplying cash to buy away the mercury. If true, what were his intentions, whether he was alone or had he any partners? Was this a scandal or a genuine accident?

Mercury affects the body in many ways. Main targets are brain, kidney and liver. Signs and symptoms of mercury poisoning include: cough, chest-pain, dyspnoea, bronchitis, tremors, psychic disorders such as insomnia, irritability, indecision, headache, fatigue, muscle pain, stomatitis, digestive disorders, anorexia, weightloss etc. Minamata methyl mercury poisoning case is well known and need not be described at length.

We are worried about the far reaching consequences. In days to come mercury left behind will spread to reach water sources in the soil, contaminate land and through crops and cattle will reach human bodies. We appeal to the environmentalists to pressurise the Government to enquire into the matter.

Vyavasayik Swasthya Suraksha Mandal
"Baroda"