

# Special Issue

Q14  
540  
F3  
Sp Coll.



## OCCUPATIONAL HEALTH AND SAFETY

### A LEGAL PERSPECTIVE: THE RIGHTS THAT NOVA SCOTIANS DON'T HAVE

By Diane Pothier

The most effective way to guarantee worker rights in the realm of occupational health is by legislation. In the last decade, all across North America, legislators have recognized that such rights of workers are indeed legitimate. In most jurisdictions the current debate centers on questions of whether the particular provisions of various statutes are strong enough or comprehensive enough. But unfortunately, there are a few pockets of resistance where the debate has not yet reached that stage - where the first step, that of recognizing the legitimacy of worker input,

### JUSUN AND THE THIRD WAVE!

This issue marks the beginnings of a new format for Jusun. Now a single topic, special issue publication, Jusun will examine subjects of current interest in some depth and from a variety of perspectives.

What subsequent issues need most, is input from you. Articles, letters, notices, art work, even fiction or poetry may be appropriate. The important thing is your participation, and of course, your critical feedback. It is you, Jusun readers, who must direct our efforts, and help us select topics and content according to your interest and expectations.

We look forward to hearing from you.

- Cathy Frazee -

has yet to be taken. As is evident from the title of this article, Nova Scotia is one of the holdouts.

Broadly speaking, worker input can be encouraged on two levels. Firstly, workers can be given a meaningful right to refuse unsafe work, buttressed by protections against reprisals. Secondly, workers can be given a vehicle which enables them to participate in the monitoring and improvement of con-

### RECLAIMING THE WORK ETHIC

*It's a workin' man I am  
And I've been down underground  
And I swear to God,  
If I ever see the sun,  
Or for any length of time  
I can hold it in my mind  
I never again will go down underground.*

from "Workin' Man", a song by Rita McNeil.

The lyrics are deeply stirring when Rita sings them. Stripped of all medical, legal and political commentary, there lies the essential plea.

It is likewise with the words spoken by Steve Dubi, steelworker, quoted in "Working", by Studs Terkel:

"You eat the dust and dirt and take all the different things that go with it. How you gonna grind a defect out of a bar without creating dust? How can you scarf the billet without makin' smoke? When a man takes off sick, he's got a chest cold, how do you know what he's got? A lot of people died,

continued on page 3

ditions in the workplace. Both of the above assume, of course, that workers have access to the necessary information.

The federal government and eight of the provinces (the other exception being Prince Edward Island) have recently enacted comprehensive occupational health and safety provisions which include some of the self help rights noted above. However, in Nova Scotia it is government and industry that have sole rights and responsibilities for occupational health and safety provisions. Moreover, there is no single piece of comprehensive legislation at present in Nova Scotia. The occupational health and safety provisions are scattered among the Construction Safety Act, the Industrial Safety Act, and the Occupational Health Regulations.

### The Right to Refuse Unsafe Work

At common law there is a right to refuse unsafe work; the difficulty is with the remedy. If an employee is dismissed as a result of having refused unsafe work, he can go to court and sue for wrongful dismissal, assuming he has the resources to do so. But even if he wins, the most he will get is damages; he will not get his job back. Unless there is legislation or a collective agreement to change the rules, a worker who refuses unsafe work is putting his job on the line. Present Nova Scotia law does not change these rules.

The jurisdictions that give statutory recognition to a right to refuse unsafe work also prohibit any disciplinary action by employers against workers exercising this right. Indeed, some jurisdictions strengthen such provisions by stipulating that where disciplinary action follows a refusal, the onus

continued on page 2

continued from page 1

falls upon the employer to show that the disciplinary action was a consequence of something other than the refusal.

Even once it is accepted that there should be a right to refuse unsafe work without fear of reprisals, there still remains the question of under what circumstances such a right can be legitimately exercised. Legislation across Canada which does recognize the right to refuse has thus far imposed an objective standard; a typical formulation is that there is a right to refuse unsafe work when there is "reasonable cause to believe . . ." However, no jurisdiction has been willing to go so far as to say that an "honest belief" by the worker is sufficient to justify him in refusing unsafe work.

There appears to be a fear that an "honest belief" standard would be open to abuse by employees who simply want an excuse to get out of work. Yet, the legal system distinguishes honest belief from flimsy excuse in other areas, (e.g. the criminal law). Thus there seems to be no good reason why a **subjective** standard could not be applied to the right to refuse. Workers must have the security to exercise their rights in good faith, without being apprehensive about subtle matters of legal definition.

There are significant differences across Canada with respect to the question of what types of danger give rise to a right to refuse. In terms of danger to whom, there is general agreement that the danger is not restricted to the particular employee. However, there are differences between provisions which speak of danger to other workers and those which encompass danger to other persons. The latter formulation is to be preferred since it recognizes that workplaces have effects upon and responsibilities to society as a whole.

The more significant differences among the various legislative provisions are in respect of the nature of the danger itself. Some jurisdictions impose severe restrictions. For example, under the Canada Labour Code, a worker has the right to refuse unsafe work only where there is "imminent danger". Such a provision is usually appropriate when the potential hazard is an accident, but it is woefully inadequate when the risks consist of occupationally related diseases which develop over time. For diseases, there is no single point in time when the danger can be labelled as "imminent".

To avoid unduly restricting the right to refuse, more general language is required, such as that used by Quebec which gives a right to refuse when there is "danger to health, safety or physical well-being". This language is amenable to situations of both accidents and disease.

The above discussion is limited to the consideration of the **individual's** right to refuse. There is, in fact, no current Canadian legislation which recognizes a **collective** right to refuse. In order for a collective work stoppage or strike about safety issues to be legal, each participant would have to show that he, as an individual has grounds to exercise a right to refuse. Sympathy strikes in support

of other workers who are subject to unsafe working conditions are still illegal. Again, this seems to stack the deck against the workers. If only a handful of workers are in a position to legally exercise a right to refuse, the impact on the employer may be quite slight. Only the recognition of a collective right to refuse will give workers the ability to force employers to grapple seriously with health and safety issues in the workplace.

To summarize, a good occupational health and safety law should recognize an individual and collective right to refuse work, without fear of reprisal when there is an honest belief that the task to be done or the conditions of the workplace poses a danger to the health and safety of the other workers or any other person.

### Health and Safety Committees

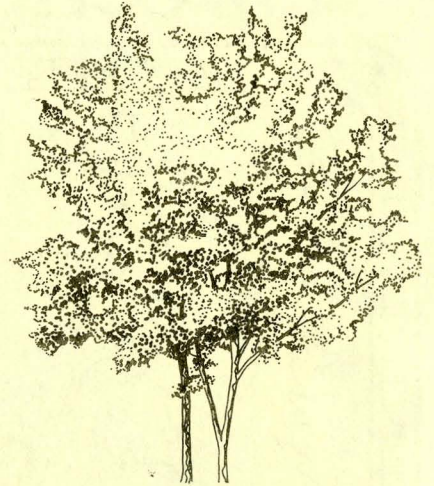
Joint worker-management health and safety committees are comprised of representatives from both labour and management and they deal with health and safety issues in the workplace. In Nova Scotia there are many such committees established under collective agreements, but there are no legislative provisions governing them. All the other provinces except Prince Edward Island, as well as the federal government, do have a legislative framework regulating such committees.

The most basic issue in relation to committees is whether it is permissive or prescriptive. In most of the provinces, joint committees are mandatory for a broad range of industries with a designated minimum number of employees. Only in this way will the legislative pronouncements which call for such committees be seen as more than a punitive measure.

Numerous procedural requirements in respect of the committees are set out in the various pieces of legislation or in the regulations. They include provisions such as: requirements that at least fifty percent of the members be workers, or prohibitions against disciplinary measures in relation to committee work for example. The most important questions, however, concern the powers that committees can exercise.

It is fairly standard for committees to be given powers to monitor conditions, to monitor compliance with government regulations, to make investigations in relation to a refusal to perform work, to establish and implement educational programs, and to make recommendations about improvements in working conditions. But many of the provinces do not give committees the power to take specific action beyond the power to recommend.

Even if health and safety committees have broad powers on paper, it must be remembered that they are joint labour-management committees. Management representatives can, by stonewalling, or even more effectively by co-option, render the committees quite meaningless. Joint committees can be mere window dressing which obscure the fact that nothing is really being done to improve workplace health and safety. An effective health



and safety committee would give workers independent power to take specific action, including the ordering of work stoppages.

In summary, a good occupational health and safety law should give workers a right to participate in decisions affecting workplace health and safety by giving them the right to be represented on mandatory health and safety committees that have real and significant powers.

### The Right to Know

A worker cannot make an intelligent decision about whether his work is unsafe, nor can he meaningfully participate in health and safety committees unless he has access to information concerning the specific hazards of his workplace. In Nova Scotia, these rights are not recognized. Some provisions related to this right have been incorporated into legislation elsewhere.

In general, health and safety committees can provide a useful vehicle to give workers access to information. While specific legislative provisions are important, it must be acknowledged that they are of limited utility in guaranteeing a right to know, because of enforcement difficulties due to inadequate labelling of materials and insufficient information about the real health hazards of many chemicals in use today, among other reasons.

### Conclusion

The foregoing discussion has outlined fundamental rights which Nova Scotians working in occupations under provincial jurisdiction do not currently have. Nova Scotia's late start puts us in the position of being able to profit from the advances made by others and to learn from their mistakes. The time has come to change Nova Scotia's reputation of having among the worst occupational health and safety laws in the country.

*(Diane Pothier is a third-year student at Dalhousie University, School of Law.)*

By Ginny Point

Occupational health issues are intimately interrelated with questions of environmental health. That was the underlying assumption in my introductory remarks for Ecology Action Centre's seventh lecture in this year's series on environmental issues. The event was held on May 19, and featured two guest speakers: Mary Morrison and Bob Young.

To demonstrate the connection between the two issues, I cited the example of DBCP, an agricultural fumigant which was first recognized as a sterility causing agent amongst workers in the Occidental Chemical Corporation in California in 1977. The product was subsequently taken off the market. By that time however, the area surrounding the plant had been contaminated with the material, to the extent that the water in nearby schools was discovered to have twenty times the allowable limit, as set by the Environmental Protection Agency (EPA) in the United States. Thus, it was the occupational hazard which first alerted people to the wider environmental problem. More bluntly, it was the workers who served as society's guinea pigs in terms of detecting toxic substances.

Since environmental and occupational health are so closely interrelated, both issues raise many similar questions of public policy: the right to know, the right to choose, and the right to have an equitable distribution of the costs and benefits associated with hazardous materials. Presenting an in-depth analysis of these issues was Mary Morrison, Canadian correspondent for the Women's Occupational Health Resource Centre Newsletter, and columnist for the "Nova Scotia Worker"

publication of the Nova Scotia Federation of Labour.

Focussing her remarks on occupationally induced cancers, she stated that experts in the growing field of epidemiology generally agree that about 20% - 40% of all cancers are occupationally related. This is of particular concern since cancer is the number two killer in today's society, and is expected to be the eventual cause of death for twenty percent of Canadians living today.

Mary Morrison showed an excellent slide tape presentation which gave unsettling statistics on occupationally caused cancers. For example, a recent study of men who worked in a poly vinyl chloride plant in the United States in 1938 showed that one of every eight workers had eventually contracted a rare liver cancer (angiosarcoma) whereas only one in 50,000 of the general public would have been expected to get the disease.

It was clear from the slide tape show, that workers are largely suffering the cost of industrial development, whereas a disproportionate share of the benefits accrue to company stockholders and consumers in general.

Turning to the notion of "a right to know" Mary Morrison listed several serious obstacles which prevent workers from knowing the real hazards of their work places.

Firstly, the vast majority of chemicals in use have not been satisfactorily tested. This situation is not improving, given that there are approximately 2000 new chemicals brought into the workplace each year.

Secondly, it is not known how most chemicals interact with one another. For example, there are 2000 assorted chemicals added to rubber at the final stage of making a rubber tire; yet, no studies have been done on

the toxicity of the various combinations.

Thirdly, most doctors don't make the connection between any given disease and its possible occupational origin. This is somewhat because diseases can be caused by other factors, and because no one doctor is likely to see enough workers from any given plant to recognize trends pointing to a connection between occupation and disease. It is also explained by the fact that most medical schools offer little in the way of occupational health training.

Finally, and most disturbing, is the matter of suppression of information. Mary Morrison noted that in the case involving DBCP, Dow Chemical Company had actually conducted tests which suggested that DBCP caused testicular atrophy in mice. Those tests were shelved by Dow, which continued to contract out large orders for DBCP to Occidental Chemical Corporation. Only when workers had identified their problem with sterility, and had brought it to the public eye did that study come to the surface.

Notwithstanding all of these obstacles, in her parting comments Mary Morrison urged people not to be overwhelmed by the

continued on page 4

continued from page 1

they just had a heart attack. Who knows what they die of?"

Ironically, this is called working "for a living."

If by medical research, political action and legislative protection, some of this human tragedy can be alleviated, then let us hasten to the task.

At Ecology Action Centre, we are naturally committed to the careful monitoring and responsible management of radiation, toxic chemicals and physical contaminants in the work environment. This edition of Jusun reflects our concern with respect to a few of the most overtly dangerous occupations. But the issue, we realize, does not end there, with clear lines defined by a list of specific high-risk occupational groups.

What about the waitress in a smokey tavern, or the office worker whose migraine condition is aggravated by fluorescent light? And what about you, in your chosen occupation? What about stress, absenteeism, alcoholism and other symptoms of a larger social malaise?

While the relationships are subtle, still it seems irrefutable that the work that we do,

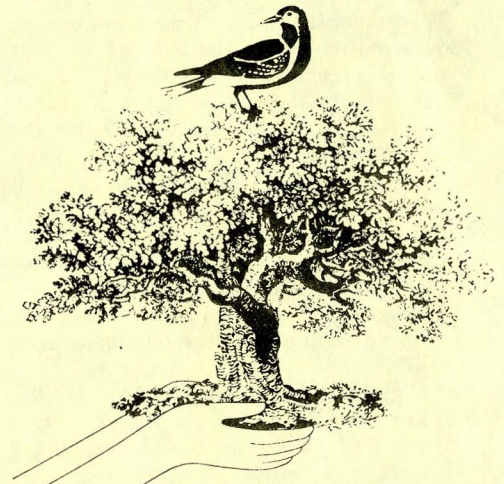
the environment in which we do it, and the attitude with which we regard it, all affect directly our physical and mental health and vigor. The readers' survey included in this issue of Jusun aims to cut through the rhetoric, to explore the reality of men and women in the daily circumstance of work.

Perhaps, Terkel suggests in his introduction to "Working", it is time for each of us actively to redefine our "work ethic". In the context of cybernetics and bureaucracy, he writes:

... things are increasingly making things. It is for our species, it would seem, to go on to other matters. Human matters . . . Learning is work. Caring for children is work. Community action is work. Once we accept the concept of work as something meaningful—not just as the source of a buck—you don't have to worry about finding enough jobs.

We hope that Jusun will be a forum for your ideas and opinions on this fundamental question, common to us all.

C.F.



It is only  
a little planet  
But how beautiful it is.

Robinson Jeffers

© 1978 Ecology Action Centre

**WANTED:  
A HEALTHY GREEN PLANET**

We still have a quantity of these beautiful multi-colour, 17" x 32" posters. Do you belong to a group that could buy or sell some in support of the Ecology Action Centre? Advance Christmas shopping? Prizes?

They sell for \$3.00 each plus 25c mailing charges. Or you can pick up a bunch, plus mailing tubes, at the Centre.

## WOMEN AND OCCUPATIONAL HEALTH

By Eleanor MacLean

Operating room nurses have three times the rate of miscarriage than women in the general population do.

Women lead workers at a General Motors plant in Oshawa were told they had to be sterilized if they wanted to work there.

There are 133,000 working women in Nova Scotia.

These were the kinds of facts emerging from a recent conference in Halifax on Occupational Health and Safety and Women. It was the first of its kind in the province, but organizers said they hoped it was just the beginning of much more action and study by women on this issue.

Women fish plant workers, teachers, clerks, librarians and others discussed health

issues relating to their work. Over 130 women registered at the conference.

### A neglected field of medicine

The keynote speaker was Dr. Jeanne Stellman of Columbia University. Occupational health is one of the most neglected fields of medicine, she said. And while it is generally dealt with inadequately by the medical and scientific communities, the problem is still further complicated for women. Almost no scientific research has been done on the hazards of many women's jobs. "The problem is that women just don't do the same kind of work that men do. Women are still very much occupationally segregated from men."

### WE NEED MORE SUSTAINING MEMBERS

Can you be a sustaining member of EAC for a year by pledging \$10 a month?

continued from page 3

seriousness of the issue. We should start where we can, and work for legislation which will grant workers the basic rights they deserve.

The next speaker, Bob Young, is Business Representative for the United Steel Workers Union, and representative on the Nova Scotia Federation of Labour's Occupational Health and Safety Committee. He drove home the need for better legislation here in Nova Scotia, by comparing legislation now in existence across Canada.

1. **Right to Information.** Workers in Nova Scotia, PEI, New Brunswick are under federal jurisdiction and are the only workers in Canada who lack the right to information about materials used on a job.
2. **Right to Refuse Work.** Nova Scotia, PEI and New Brunswick are the only provinces in Canada which do not grant workers this right.
3. **Right to Health and Safety Representatives.** Only Newfoundland, Quebec, Ontario and Manitoba offer this right.
4. **The Right to Joint Management/Labour Safety and Health Committee.** Nova Scotia and PEI are the only two jurisdictions which do not legislate this right.

In comparing the legislation, Bob Young was highly critical of the various Nova Scotia governments which have been totally unresponsive to the continual representations of the Nova Scotia Federation of Labour.

Bob Young also stated that Nova Scotia is weak in terms of prosecuting employers which offend the laws that do exist. Furthermore, he felt that the penalties for offenders are generally inadequate, and that the Workman's Compensation system needed substantial overhaul.

After recounting an alarming case history which clearly illustrated the gross injustices to which workers in Nova Scotia may be subjected, he concluded with a list of recom-

mendations:

1. The government should establish a task force to look into Occupational Health and Safety.
2. There should be a new provincial department set up, which should have lead authority over all legislation which pertains to occupational health and safety.
3. There should be more inspectors and they should have more authority.
4. Workers should have the right to refuse unsafe work.
5. Independent worker committees should be allowed to monitor company equipment.
6. Medical records should be kept for each employee.
7. There should be proper labelling of all substances in the workplace.

The Occupational Health and Safety Committee of the N.S. Federation of Labour is now preparing a brief to the government, which includes these recommendations. Until they are legally accepted, however, the Federation is urging all collective bargaining units to make occupational health and safety a high priority in collective bargaining.

After the two presentations, there was considerable discussion from the floor, much of which focused on the question of economics. Can industry afford to clean up the workplace? Both Mary Morrison and Bob Young were adamant in saying 'Yes.' They cited examples of safe, economical steel plants in Japan, and of clean, well ventilated, financially viable underground mines in Sweden.

In the final analysis, both speakers stressed that we must not simply ask whether industry can afford to clean up the workplace. We must also ask whether workers can afford for industry not to act. At least when industry pays, the cost can be passed on to the individual consumer. If industry doesn't shoulder these costs, the burden falls on the workers, their families, and members of the community. Ultimately they pay with their health.

Traditional women's work—in homes, factories, offices, department stores, hospitals—has not been considered important, and therefore any hazards or dangers relating to it have been considered equally unworthy of study. Only the obvious dangers to women's reproductive capacities (deformed births, sterility, etc) have been examined to any extent. This "fetus fetish" has obscured the real dangers facing all working people, and simply resulted in males carrying out unsafe work rather than the unsafe working conditions being eliminated.

### Undervalued jobs

There is not one single study. Dr. Stellman noted, on the long-term effects of working in laundries in North America, yet there are at least a half million laundry workers in the industry—most of them women. "There's a study in England which shows that laundry workers who launder pottery workers' clothes develop silicosis . . . Asbestos workers' clothing goes out to laundries now, but nobody has looked at the laundries and what happens there—and that's women's work." Women will have to organize and begin taking charge of their own health care, she said, because it is clear that historically no one else has shown interest in it, nor is likely to do so in the future.

### The law

Pat Clahane, of the Law Union of Nova Scotia, commented on the absence of serious health protection for all workers, both female and male, in Nova Scotia. She listed the various legal remedies—among them the Canada Labour Standards Code; the provincial Department of Labour, which administers the Construction Safety Act and the Industrial Safety Act; the Workman's Compensation Board and the Department of Health, Occupational Health Division. However, Clahane then showed how little effect any of them had in ensuring safe and healthy working conditions. "To all of you who are really concerned about the lack of protection we have in Nova Scotia," she said, "I suggest that you don't quietly forget about it—that you become really upset and that you attempt to communicate this to your union. . . Also, I suggest that you communicate this to elected members of government, to the press, to your next door neighbour, to anybody that's willing to listen."

### The role of organised labour

The conference also heard from those who have been working in their unions to obtain Health and Safety clauses in their collective agreements. In the workshops, participants shared information on how unions can deal with the range of problems facing women at work . . . from stress and the "Double Day" of a job at home and a job at work, to physical hazards such as handling unknown chemicals in fish plants; standing, lifting and bending all day in retail outlets; focusing for hours on video display terminals, etc.

continued on page 7

# A Jusun Survey

---

1. Do you consider your work to be beneficial \_\_\_\_ or detrimental \_\_\_\_ to your health?

Why? \_\_\_\_\_  
\_\_\_\_\_

2. What do you like most about your work?

\_\_\_\_\_  
\_\_\_\_\_

3. What do you like least about your work?

\_\_\_\_\_  
\_\_\_\_\_

4. How long have you been working? \_\_\_\_

5. How long do you expect to continue with your present work? \_\_\_\_\_

6. Would you rather be doing something else? \_\_\_\_\_

If so, what? \_\_\_\_\_  
\_\_\_\_\_

7. If you could re-live your life, would you choose the same occupation? \_\_\_\_\_

8. Would you be happy if a son or a daughter of yours chose the same occupation? \_\_\_\_\_

9. Why do you work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you work hard? \_\_\_\_ Too hard? \_\_\_\_

11. Do you take pride in your work? \_\_\_\_\_

12. Does your work reflect your talents? \_\_\_\_  
Your philosophy? \_\_\_\_\_

13. Rate the following factors in the order in which they are important to you:

1 = most important

10 = least important

\_\_\_\_ job security

\_\_\_\_ advancement prospects

\_\_\_\_ salary & other benefits

\_\_\_\_ challenge & personal satisfaction

\_\_\_\_ physical work environment

\_\_\_\_ social work environment

\_\_\_\_ status

\_\_\_\_ working hours

\_\_\_\_ other \_\_\_\_\_

\_\_\_\_ other \_\_\_\_\_

14. Is work for you more a matter of survival or self expression? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Does your work enrich your life? \_\_\_\_\_

General comments concerning your work, your views on occupational health and safety, and/or your thoughts, suggestions for Jusun:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Ecology Action Centre**  
**Forrest Building**

**Dalhousie University**  
**Halifax, Nova Scotia**  
**B3H 3J5**

By Paul Cappon

Those who take an interest in current social issues, especially those affecting the environment and the workplace, will probably have been hearing with increasing frequency the terms "Occupational Health" or "Occupational Medicine". The reasons for this are demands which people are now making to control both their immediate environments—including their workplace—and the general living environment of all society. This in turn has obliged social and economic institutions to react. They have done so in a variety of ways. We are certainly all familiar with the rather traditional response of large and powerful corporations: to retain firm control over the workplace and the workforce, while making some apparent concessions in the form of various committees; and, on the other hand, to hire expensive professionals from several fields in an attempt to shift the burden of responsibility for environmental tragedies—if not altogether to hide their realities from public scrutiny.

The field of Medicine has also been required to react to these new trends. In part, it has been "dragged kicking and screaming" to do so by the tangled mess of legal implications of the work of private practitioners, who are regularly required to deal with the effects of poor occupational safety and health. In addition, renewed interest in "preventive medicine" has of course called for serious consideration of the importance of the workplace as determinant of the health of both society and individuals. In general, it has become obvious to many doctors that increasing social complexity and interconnectedness will not allow Medicine to continue as only a private affair between physicians and individual patients.

The creation of Occupational Health and Occupational Medicine as a subspecialty has been part of Medicine's institutional response to these changes. "Occupational Medicine" is often defined as: the study and treatment of occupationally-related disease. "Occupational diseases" are those caused by a pathological reaction or adaptation of an individual to his working environment. The etiological factor (cause) may be physical, chemical or psychosocial; and the follow-up involved in alleviating the causative factors and preventing recurrences is part of the discipline. "Occupational Health" may be defined as the effects of work-related factors on individual workers' health, and ultimately, on community health and the programmes involved in maintaining and

promoting health. The essential difference, therefore, between these two definitions is that Occupational Medicine refers mainly to illness, whereas Occ. Health refers to more general issues surrounding worker health.

There are two major problems with these definitions. One problem is that not all physicians (or others) interested in occupational health agree with them. The other is the fact that "Occupational Health Practitioners", using this definition (but more often a narrower one still), now constitute themselves as a distinct and separate branch of Medicine. While this has the advantage of procuring them prestige and advancement within a field of very restricted numbers of doctors, it has the disadvantage consequent on increased specialization: use of jargon and mystification of concepts and data, making them difficult to use by non-specialists; failure to take the wide view of the social side of occupational medical problems; and the extreme separation of the various aspects of community medicine. In attempting to set up their interests as a separate discipline with its own rules and basic literature, occupational health specialists are fostering a narrow specialization demanding for example a specialized residency training programme in Occupational Medicine, separate from others such as Preventative Medicine and Public Health.

It can easily be seen that, when these disciplines are thus separately defined and their boundaries jealously guarded, the social ramifications of some of their work may be overlooked by the practitioners. Thus you will notice that the definition given of Occupational Medicine and Health deals only with individuals: most Occupational Health specialists will not allow questions of the health of groups to be part of the issue. This means that the health of large groups such as clerical workers may be entirely ignored by the discipline, since it is more difficult to establish clear and separate causes for the illness of these workers, than for the individual plant worker who is singly exposed to certain toxic chemicals in his daily work.

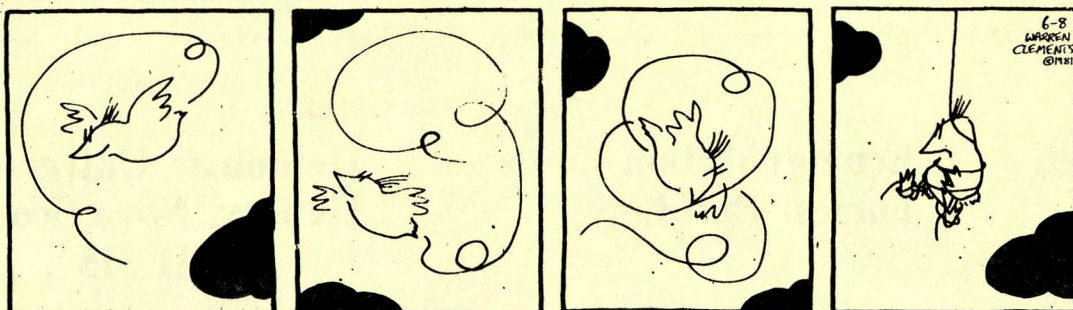
To this point in time, many of those physicians who call themselves occupational physicians are or have in the past been company doctors. (This will change as the Residency Training Programmes which I mentioned produce graduates). Nova Scotia has really only one bona fide occupational physician and he is director of the Occupational Health Division of the Nova Scotia Department of Health. Another physician,

recently appointed director of the Maritime Centre for Occupational Health in Sydney, has become an occupational physician by accumulation of experience in the Cape Breton Development Corporation. There are also a number of Occupational Health nurses and two Occupational Hygienists, as well as an engineer, all in the employ of the Occupational Health Division of the Department of Health. The work of Occupational Hygienists is essentially the measurement of levels of toxicity—chemical, noise, particulate, etc. in the workplace. The role of the engineer, at least in Nova Scotia, is the investigation of complaints about the environment of the workplace. None of these persons are connected to labour unions or consider themselves to have a specific responsibility towards keeping workers as a group primarily and independently informed. They work through other institutions, providing their information, for example, to government agencies, or to joint employer-worker committees, or to the employer alone. Many "ethical" or, more accurately, political questions are involved in all their actions and activities. This these professionals would like to deny.

Probably the best source of information and researched data available to those in Canada who are interested in workplace and environmental issues either concerning the individual or groups, is the Canadian Centre for Occupational Health and Safety in Hamilton, Ontario. This centre, government-funded but (so far) autonomous, is politically committed to providing information to non-medical, non-professional groups, including environmental groups and labour unions. The Maritime Centre for Occupational Health is now linked by computer to the CCOHS in Hamilton. Inquiries should be directed to the Centre, located in the Department of Health for the Province of Nova Scotia, in Halifax.

The initiative of the CCOHS is representative of the thinking of a number of physicians in Canada, members of the Medical Reform Group, the Physicians for Social Responsibility, as well as individual, conscientious doctors and medical students who want to help citizens' groups appropriate as much public information as possible—concerning both their workplaces and their general environment.

*(Paul Cappon is a Physician and Sociologist currently teaching the "Sociology of Health and Medicine" at Dalhousie University.)*



continued from page 4

### The community

Pat Downey, from the "Women Behind the Miners Committee" of Baie Verte, Nfld, described how an entire community was mobilised by its women, in support of health and safety clauses which miners wanted in their contract. She told how a group of women in the asbestos-mining town organised and helped force the company, Advocate Mines, to agree to the miners' proposed minimum safety standards. The company had been stalling on health and safety clauses for well over ten months, she said. Organising bake sales, rummage sales, and later a demonstration of 1,000 men, women and children, the Women Behind the Miners Committee supported the miners even to the point of getting on the picket lines so that the men could attend bargaining sessions with the company. After this the company settled the contract quickly. "They must have got the idea," she said.

### A successful conference?

One of the participants summed up several people's comments when she said that the success of the conference would not be measured only by the unanimous vote to send a telegram to the Minister of Health on the situation at St. Rita's Hospital (where nurses and other hospital workers were suffering from serious illness from unknown sources). Rather, success would be measured by what each participant brought back to her own workplace, both in terms of information and a determination to organize together for safe and healthy working conditions.

### Working Women's Education Committee

The Women and Occupational Health Conference was the second conference organized by a group of women interested in learning about, and organizing around, women's issues in the workplace. The first conference, on Women and Unions, was held at the YWCA, and had been organized by the Nova Scotia Women's Action Committee. After the Women and Unions Conference, interested women joined to form an Ad Hoc organizing committee for future conferences. The Ad Hoc Group now has a name—the Working Women's Education Committee. On March 7, 1981, it organized a similar conference on Women and Sexual Harassment in the Workplace, at the Nova Scotia College of Art and Design.

The aim in planning these sessions is to provide an occasion where women can meet, and learn more from each other about how to deal with the problems all of us find in our workplaces.

*(Eleanor MacLean is a resident of Halifax, and member of the Working Women's Education Committee.)*

### JUSUN STAFF

Editor . . . . . Cathy Frazee  
Assistant Editor . . . . . Ginny Point  
John Mason

## THE LABOUR PERSPECTIVE: OCCUPATIONAL HEALTH AND SAFETY LAWS

The laws controlling occupational health and safety in Canada are generally provincial, although federal laws exist for specific industries (such as grain-handling, railroad transport, or federal government employees). The division of laws among so many areas of responsibility creates particular problems for Canadian workers, with unequal and inconsistent standards applying across the country.

Health and safety laws in Canada have been particularly weak, but some improvements have been made in recent years. The most important new law was adopted in Saskatchewan in 1972. The governments in other provinces, notably Alberta, Manitoba, Ontario, Newfoundland, B.C., Quebec, have copied the Saskatchewan laws to some extent; so has the federal government. However many more legal improvements are needed to guarantee basic worker rights for health protection, access to information, and power to force improvements in working conditions.

Laws are intended to create universal, minimum standards controlling all working conditions which affect our health and safety. One key point to note is that such laws must apply "across-the-board" throughout an entire economic sector or throughout the entire province. No one company and no one industry should be excluded from the terms of the law.

A second key point to note is that govern-

ment laws only establish minimum conditions for protection. It is possible to go beyond these conditions through voluntary collective agreements at the workplace level. In other words, health and safety laws are similar to minimum wage laws. Better working conditions should always be pursued beyond the legal minimum.

Canadian unions have expressed a full range of reasonable demands for legal protection in every province and at the federal level. Some of the new occupational health laws recently adopted in Canada partly meet these demands, but labour's full legal program is not yet achieved. Here is a list of some of the rights and principles which the laws in Canada should reflect:

- The establishment by law of joint worker-employer health and safety committees in all workplaces over a

continued on page 8

### ARTISTS

Looking for a way to contribute to our newsletter? How about a sketch or cartoon with an environmental slant? We could also use graphic designs to set off our news items. Doodle with a purpose: send us your patterns and drawings to liven up JUSUN.

### Bibliography

While work has always been dangerous, it is only in the last 15 years that the link between industrial chemicals, the workplace, the environment and human health has been made by trade unions and progressive scientists.

Reflecting this recent awareness is a small but growing library of books, pamphlets and newsletters. The following is an excerpt from a longer list, available at EAC, on Occupational Health and Safety literature.

Daum, S.M. and Stellman, J.M. **Work is Dangerous to Your Health**, Vintage Books, New York, 1973.

Epstein, Samuel S. **The Politics of Cancer**, Sierra Club Books, San Francisco, 1978.

Kinnersley, Patrick. **The Hazards of Work**, Pluto Press, London, 1973.

Leyton, Elliot. **Dying Hard: The Ravages of Industrial Carnage**, McClelland and Stewart Ltd., Toronto, 1975.

**N I O S H Occupational Diseases: A Guide to Their Recognition**, United States Department of Health, Education, and Welfare, June 1977.

Stellman, Jeanne. **Women's Work, Women's Health**, Pantheon Books, New York, 1977.

Tataryn, Lloyd. **Dying for a Living**, Deneau and Greenberg, Toronto, 1979.

#### Hazard Inventories

**A C T W U Textile and Garment Workers: A Hazard Inventory**

Address enquiries to:

Gary Cwitco  
Centre for Labour Studies  
Humber College  
Rexdale, Ontario

**C U P E The Health and Safety Hazards Facing Canadian Public Employees**

Address enquiries to:  
Research Department  
Canadian Union of Public Employees  
21 Florence Street  
Ottawa, Ontario K2P 0W6

#### Newsletters

##### At the Source

Ontario Federation of Labour,  
Health and Safety Training Centre  
703-15 Gervais Drive  
Don Mills, Ontario M3C 1Y8

No charge, bi-monthly

##### At the Centre

Canadian Centre for Occupational  
Health and Safety  
McMaster University Medical Centre  
Hamilton, Ontario  
No charge

##### Health and Safety

C.U.P.E.  
21 Florence Street  
Ottawa, Ontario K2P 0W6  
No charge

## WHAT WE CAN DO

In the face of manifold administrative obstacles and lack of information, the onus is on each of us to pay careful attention to our work environments. We cannot take the safety of our workplaces for granted. The following simple strategy outline, contact list and bibliography are offered in support of individual research and investigative action:

### To Identify Occupational Health Hazards

1. Identify the substances and materials used in the workplace by:
  - asking the employer directly
  - writing to the manufacturer
  - library research
2. Consider how these materials are han-

dled, i.e.,

- mixing or chemical combination
- heating or cooling
- cutting, polishing or grinding, etc.

3. Identify health hazards inherent in the handling of these substances.
  - Common sense is often your best guide. For example, given what degreasers, solvents, etc. do in the workplace, can we not well imagine their effect upon delicate human tissue?
  - When in doubt, consult the experts. Try any of the following:
    - Nova Scotia Federation of Labour

- particular unions, either local or international, often have health and safety research resources
- Provincial Departments of Health, or Labour
  - Dalhousie University—(eg. Chemistry Department)
  - National Institute for Occupational Health and Safety (USA)

4. In all cases, demonstrate and register concern. We must not be overwhelmed by the magnitude of the problem. We must aim for small inroads, minor victories, and single but significant improvements to our workplaces.

### continued from page 7

- minimum size (between 10 and 20 employees);
- Genuine legal powers for joint worker-employer health and safety committees to receive complaints, investigate situations, and arrive at binding decisions;
- Legal obligations on employers to deal in good faith with joint health and safety committees;
- The unrestricted right of workers' representatives to conduct environmental tests and take samples of materials which may be hazardous to health;
- The full disclosure by law of all available information to workers concerning possible hazards which may be encountered in the course of work;
- The full disclosure by law of the results of medical tests, environmental tests and inspection reports;
- The clear labelling of all materials

used in a workplace, with full disclosure of contents and possible health effects, and with a continuous testing program of all materials so used;

- The unambiguous right of a worker to refuse to work in any situation he or she believes to be dangerous or unhealthy;
- The unrestricted right of designated union representatives to accompany any government inspector on a tour of inspection;
- The unambiguous protection of workers against "discrimination" or "recrimination" for participation in health and safety actions;
- Full payment of wages to workers who are carrying out responsibilities in the health and safety area;
- Selection of medical personnel for a workplace by representatives of a local union, not by the employer.

—An extract from a Canadian Labour Congress position paper.

### Contacts

Nova Scotia Federation of Labour—Mike Bellevue, 454-6735  
Marine Workers Federation—Rick Clarke, 455-7279  
Nova Scotia Department of Labour  
Chief Inspector, Industrial Safety, 424-5660  
Chief Inspector, Construction Safety, 424-3966  
Nova Scotia Department of Health  
Director Occupational Health, 424-4428  
Inspector, Ted Mesner  
Worker's Compensation Board—Inspectors, 424-3987  
Labour Canada—Occupational Safety, 426-3833

**JUSUN is the MicMac word for "wind". It also contains our English word "sun". As wind is the active agent of solar energy it is hoped that the JUSUN will serve as a medium for voicing environmental concerns throughout the Maritimes.**



### Membership Form

I wish to join Ecology Action Centre and receive free copies of JUSUN and BETWEEN THE ISSUES, EAC publications.

- \$10 individual membership**
- \$25 contributing membership**
- \$75 professional membership**
- \$100 corporate membership**
- \$10 a month for one year sustaining membership**

All payments are tax-deductible. Mail your payment to Ecology Action Centre, Forrest Building, Dalhousie University, Halifax, N.S. B3H 3J5 422-4311

