

THE DAILY HAZARD

The issue of race

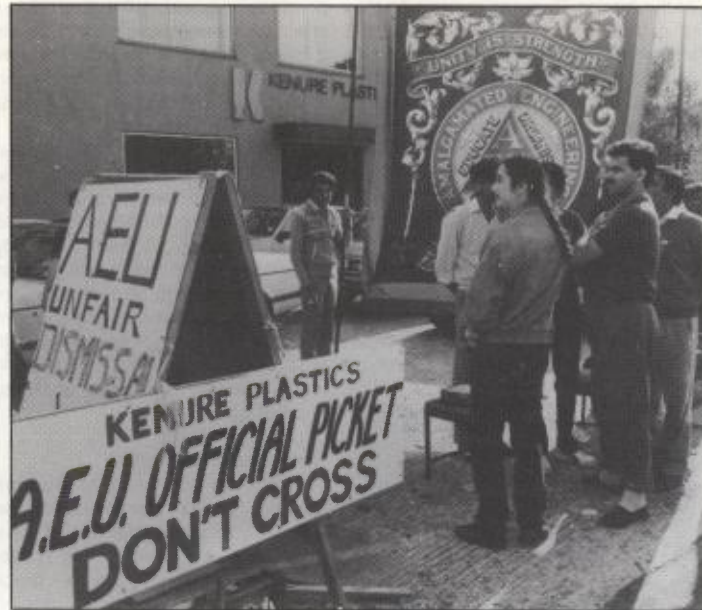
This edition of the *Daily Hazard* concentrates on the single issue of race and hazards.

Some dangers faced by Black people – such as the racist firebombing of Asian homes in East London – are obvious. But most of the links between race and hazards at work and in the community are less visible.

As with the broader effects of social class on the health of working people, even the victims themselves are often unaware of the forces which ensure that certain groups in society carry an unfair burden of health hazards at work and in the places where they live.

To understand and confront the ways in which a racist society damages the health of its racial minorities and migrant workers is one of the most important tasks facing the Hazards Centre and everyone in the trade union and tenants' movements who is engaged in the fight against hazards.

This edition of the newsletter is not exclusively 'for' or 'about' Black people in London. The hazards described in these articles, whether they come from plastic injection moulding, cleaning chemicals, coronary heart disease or ineffective environmental health officers, are common to workers of all races. The fact that such hazards bear more heavily on the health of Black people is a symptom of the underlying sickness of a society in which inequalities and divisions are necessary for the concentration of wealth in the hands of a privileged minority. It is a sickness which threatens us all.



CHRIS UDENZU

Sacked plastics workers protest

In August, Peter Davies, managing director of Kenure Plastics, summed up his business philosophy: "The name of the game is continuous production as cheaply as possible".

To workers, this means that pay is docked when they have to go home or to hospital after an industrial accident, and waiting for up to an hour to be "excused" to go to the loo. Kenure workers are paid only £2.35 an hour.

In May, the moulding section workers asked for a modest £3 an

hour. Management rejected the demand and ordered them to sign contracts for a compulsory 60-hour week. The 43 workers refused to sign, and were all sacked on May 14. Management blocked all further attempts at negotiation, and the workers on the picket line have been told the factory is to close.

A Kenure management spokesperson confirmed to the *Daily Hazard* that the factory would be closing at the end of the year. When we expressed surprise in the light of the profits to be made from precision injection moulding, the spokesperson said: "Well, it is a very profitable industry. We've got full order books and are doing very well, but our financial backers (the four Davies brothers) . . . aren't satisfied".

This Kenure factory (there are three others in the London area) is in Feltham, and produces plastic components for BMX bikes, TVs, computers and

household electrical goods. The last published accounts for 1984 showed a profit of nearly £250,000 for the Davies brothers, but didn't show the cramped conditions, intolerable heat and constantly increasing productivity targets endured by Asian workers in the moulding section.

Workers on the picket line outside the factory spoke of the neglect of health and safety at Kenure Plastics. Many workers cut their hands when sharp moulding knives slip as they trim excess plastic off the products. They complain of the 'flu-like symptoms of polymer-fume fever, which is caused by hot polyethylene and PVC giving off toxic fumes – anti-oxidants, stabilisers, plasticisers and hydrochloric acid. Eventually, exposure can lead to bronchitis and asthma. Vinyl chloride monomer (VCM) and certain plastics dyes can cause cancer.

Previous attempts at organising a union have been met with instant dismissal, but the sacked workers are now members of the Amalgamated Engineering Union, which has made the dispute official. Meanwhile, the company is using an agency to supply scab labour on a daily or weekly basis to complete unfinished contracts whilst making the rest of the workforce – both Black and white – redundant, some after 25 years of service.

To find out how you can support the sacked workers, contact **Kenure Plastics Workers Support Committee, c/o 1st Floor, 50 King St, Southall, Middx. Tel: 01-843 2333.**

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We are funded by all the London boroughs

Work and home hazards hit Black people hardest

Why health is unequal

Hazards at work and in the community are not a matter of chance. While luck may play a part in deciding whether you catch 'flu or not, it is not luck which dictates that working-class people are twice as likely to die from an infectious disease as professional people.

Your position in society does more than anything else to decide how long you will live and how healthy you will be.

Cradle to grave

The child of the office cleaning worker is twice as likely to die at birth or in the first few months of life as the child of the managing director. If both children survive, the one born into the working class can expect to die seven years earlier.

And for every cause of death, from accidents to ulcers, with few exceptions, the risk increases from class to class, down the social scale.

It is almost impossible to separate out the damage to health caused by work, housing, pollution, stress or other factors. For example a chest disease such as chronic bronchitis can be caused by pollution at work or by growing up in a cold, damp flat where the air is full of mould spores and the fumes of paraffin stoves.

The 'Black Report'

In August 1980 a government-commissioned report was published, reluctantly, by the DHSS. Only 263 copies of the 'Black Report' (properly titled *Inequalities in Health*) were made available. As far as the

government was concerned the conclusions of Professor Black and his team of experts were unhelpful and far too expensive. They were to be buried.

But the Black Report did not stay buried. The TUC published an excellent summary in *The Unequal Health of the Nation*. Penguin made a book of it. And six years later the shrill voice of junior health minister Edwina Currie blaming working people for killing themselves with fags, beer and potato crisps shows that the Black Report's call for collective action still offends the Tory mind.

Race cuts deeper than class

In South Africa – a society which is officially racist – the effects of racism are obvious, at work and in the community. In the recent fire at Kinross gold mine all but five of the 177 miners who died in the fumes of burning



Laundry worker loading a machine with bleach – see p4 for hazards

polyurethane foam were Black.

A Black child has a one-in-four chance of dying in the first year of life. For white infants the risk is 1 in every 70 – nearly 18 times lower. The average white lives well past 70; the average Black never reaches 60.

In Britain where all races are supposed to be equal, numerous researchers have now shown that racism is a major hazard to health. The evidence was summed up in the report 'Coronary Heart Disease and Asians in Britain' (see below):

"Piecing together the various pieces of research and data on poverty, income and wealth and occupational status, it seems that Asian and Afro-Caribbean ethnic minority groups are more likely to be living in or on the margins of poverty, more likely to have poor housing, more likely to be unemployed and, if in work, more likely to have poor working conditions and be in unskilled manual jobs."

Non-accidental myths

Just as it is necessary to confront Edwina Currie's stereotype of the self-destructive Northerner so it is necessary to banish the racist stereotypes which blame Black workers for the accidents and ill health produced by discrimination.

Take for example the myth of the accident-prone immigrant worker which has existed since long before the Irish took the heaviest toll of injuries in the building of Britain's railways and tunnels. Researchers at Aston University in Birmingham found that Black workers do indeed have more accidents than white workers but this is only because they have the most dangerous jobs. The same story appears in Black and migrant communities in France,



Luxembourg, Australia – anywhere the research has been done.

For instance, American research has confirmed the common observation that Black workers get more of the jobs where there is heavy exposure to dust and pollution. They found that more non-whites (22.6

Employment and unemployment

Among many other causes of occupational diseases, stress is often involved. Black workers do more than their share of the routine assembly-type jobs which have been shown to increase the risk of stress-related diseases such as ulcers and coronary heart disease. And the proportion of Black workers exposed to the stressful and socially destructive effects of shiftwork is at least double the rate among white workers.

If employment is bad for your health, it seems that unemployment may be even worse. Using figures from various research studies and from official statistics the Shadow Health Minister, Michael Meacher, has calculated that unemployment claims 3,000 lives a year. Suicide, cancer, circulatory and respiratory disease take the highest toll.

Black workers suffer at least double the rate of unemployment of white workers. Inevitably the unemployed spend a large part of their time at home. Below we show that Black people are particularly at risk from bad housing. And Housing and Environmental Health Departments still fail to meet the needs of Black people in London.

Racism and bad housing

A Department of the Environment census in 1981 showed that 70 per cent of "ethnic minorities" lived in the worst districts – districts with three times the level of overcrowding and where twice as many households lacked basic amenities. Where research has been done, this con-

centration of Black people in the poorest housing stock has often been shown to be due to racist housing allocation policies.

Environmental Health Departments, whose duties include ensuring that housing is not prejudicial to health, commonly say that have "no problem" with race issues, that they are objective and enforce the law with impartiality. In 1984 a joint report from the Institution of Environmental Health Officers (IEHO) and the Commission for Racial Equality (CRE) found: "Very few environmental health departments have considered the matter in any detail." Unfortunately, this lack of consideration is frequently reflected in the attitude of EHOs to Black people.

Blaming the individual

Blaming the lifestyle of tenants is a typical way EHOs allow prejudice and ignorance to shift the blame from defective housing. Asian tenants are told that cooking rice causes condensation and the development of mould on walls and ceilings, but white tenants boiling potatoes and spaghetti escape blame. Black tenants are also told that their "bad food hygiene" encourages pest infestations, even if kitchens are scrupulously clean. The EHO studiously ignores the common heating and plumbing ducts which brought the infestation in the first place. Both instances are illustrated in the story of tenants on the Larkhill Estate (see below).

Laying the blame on the individual is not always based on blind prejudice. Sometimes it is the product of informed "scientific" prejudice. For example, a paper presented at the IEHO Congress in September considered "Lifestyle – the

New Public Health Issue." Dressed in scientific language, the paper looked at the incidence of coronary heart disease (CHD), concluded that risk increased with smoking, unhealthy diet and lack of exercise, and declared that these undesirable habits should be discouraged by environmental health practitioners. Other contributory factors went unmentioned, including research showing that the hazards of racism, unemployment, defective housing and stressful work may outweigh lifestyle as cause of CHD.

Getting better?

The picture is not all gloomy. Some boroughs are, through training, consultation and good employment practices, taking the first steps towards providing an anti-racist service. When advertising for EHOs, several Labour-controlled boroughs have encouraged applications from Black people although, as yet, numbers are far from representative. Hackney's efforts are particularly notable, but still only four of more than 50 EHOs in the borough are Black. Present Council estimates are that it will be 1990 before the figure reaches 43 per cent, so broadly reflecting the proportion of "Black people and ethnic minorities" in the community served by the Council. One way Hackney tried to involve the Black community was through a conference on race and environmental health, held last year.

It is two years since the IEHO/CRE report identified the lack of Black EHOs and the absence of any training on race issues in the profession. Until this is effectively remedied, Black people will not be served either within or by the profession.

Black workers and hazards meeting

At a lively meeting in September, organised by the London Hazards Centre and Camden Black Workers' Social Services Committee, Black workers from across London examined the hazards they face in the workplace and set organising priorities for the future.

The meeting heard Pravin Patel from Camden Black Workers Group, Midge Purcell from Hackney Trade Union Support Unit and Marc Wadsworth of the Labour Party Black Sections Campaign talk about the connection between racism and hazards at work.

People at the meeting talked about their experiences of the effects of racism on the health and safety of Black workers, and

discussed steps that could be taken towards positive change through self-organisation. Some main points and recommendations for action were:

- Gathering together relevant information and looking at the ways it could be adapted for the needs of Black workers
- Supporting the sacked Black workers at Kenure Plastics
- Organising a conference in 1987 to pinpoint the changes needed to improve the health and safety of Black workers
- Organising a pilot health and safety course for Black workers and safety reps.

If you would like a full report of the meeting, or are interested in joining the London Hazards Centre's Black Workers' Group, contact Nilou Hawthorne or Chris Udenze at the London Hazards Centre. Tel: 01-837 5605.

The heart of racism

A report prepared by the Coronary Prevention Group has disclosed a disturbing level of Coronary Heart Disease (CHD) amongst Asians in Britain. The high incidence of CHD, which can lead to heart attacks and debilitating diseases including angina, cannot be explained by the usual "lifestyle" factors – smoking, diet and high blood pressure. Racism is clearly implicated: racism in the Health Service's attitude to Asian people

and racism throughout society.

Asian people are more likely to suffer poverty, poor housing, unemployment or be in unskilled manual jobs with poor conditions. All these factors were related to ill-health and premature death by the Black Report six years ago.

Coronary Heart Disease and Asians in Britain was prepared for the Confederation of Indian Organisations, 5 Westminster Bridge Road, SE1, £1.50.



Camden Black Workers Group support the Kenure Plastics picket line

Dampness is blamed on lifestyle

Tenants living in unhealthy housing often find that environmental health officers (EHOs) are inspecting their lifestyle rather than the condition of the building they live in. An example of prejudiced use of the law occurred in 1984 on the Larkhill Estate in Lambeth.

Mould growth and dampness had plagued five flats on the estate for many years, and a report prepared by Lambeth EHD provoked an angry response from the tenants' association because it treated the flats of four Black families differently to that of a white family.

With the help of an independent EHO, who visited all five flats with a colleague (who now works for the London Hazards Centre) and a Justice of the Peace, the tenants produced their own findings. All the flats were found to have the same basic structural problems of condensation, leaking roofs, poor windows and poor insulation of external walls. All flats were considered to be a statutory nuisance under Section 92 of the Public Health Act 1936.

A local authority EHO, however, rated the flats of the four Black families as being only in "disrepair", a finding which implied a lesser need for action than for the white family, whose flat he did find to be a statutory nuisance. In the reports, the white tenants' dwelling was described in full, with reference made to lack of ventilation, jam-

Racism, Housing & Health

The London Hazards Centre is planning an open meeting to talk about how Black people's health is affected by the bad housing in which they are often forced to live.

We hope this will be a chance for Black and white people involved in tackling racism in housing to share experiences on how to organise to fight health hazards.

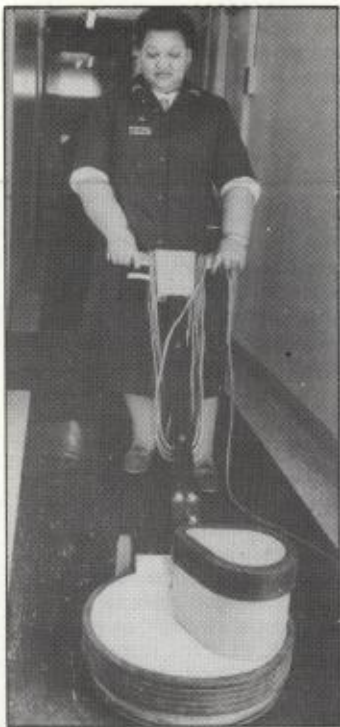
If you want to be involved, contact the London Hazards Centre on 01-837 5605.

ming windows and missing doors. The Black tenants' flats, despite having exactly the same problems, were not described so fully and the report made comments such as: "conditions appear worse than they are by the poor state of decoration throughout." The Black tenants are accused of aggravating the situation because of a "lack of heating . . . with the use of paraffin heaters and insufficient ventilation." Conversely, the white family is quoted as being

"fed up" with clearing off mould. The tenants' association's reaction to these reports was swift. They wrote an angry letter to Lambeth dismissing the EHO's findings. In the wake of the tenants' protests – including those of the white family involved – all the Black families eventually got transfers.

Environmental Health Department reports containing such material should be taken up with Race Relations Officers or Race Advisers.

Cleaning hazards: the dirt



JOANNE O'BRIEN/FORMAT

improvements in both conditions and pay.

In 1982, the 160 cleaners at Selfridges – mostly Latin American migrants on cleaning contract from Exclusive Cleaners – pressed the TGWU to allow them to join and then won recognition from their employer. In their newspaper, *El Mopo* (the Mop), the workers described the improvements gained through union action, action that included four strikes. Pay increased and full-timers won paid holidays. A staff room was provided, together with generally improved conditions of service. Workers ran advice sessions. For the first time they felt they had some job security.

Then, in January 1986, job security gave way to unemployment. Exclusive lost the Selfridges' contract to Pritchards. Pritchards have made no bones of the fact that they are anti-union; at Selfridges they refused to talk to TGWU representatives and stated repeatedly they would not re-employ the existing unionised cleaners.

Unorganised African migrant labour was employed instead – in lower numbers and at lower wages. Everything dropped except the amount of work to be done. Some workers were sacked after taking a single day off sick. Without union organisation, conditions became unbearable and several workers were driven to leave.

The Selfridges example is not an isolated case. One estimate puts the proportion of migrant labour employed by private cleaning contractors at over 90 per cent.

In the best organised workplaces cleaning can be hazardous. Cleaners work anti-social hours in isolation. They use toxic chemicals and are generally untrained. They are at risk from fires – firms don't hold fire drills at six in the morning or ten at

night (see box below).

● A new report, "Beyond the Pail", examines the exploitation of migrant labour, as cleaners, in Britain and four other European countries. Gives examples of

migrant workers successfully organising and joining unions against stiff employer resistance. Available from Transnationals Information Centre London, 9 Poland Street, W1, £1.00.

From dust to dermatitis, cleaners face many hazards

Chemicals: The National Union of Public Employees (NUPE) has identified over 200 potentially harmful cleaning agents. Cleaners risk:

Dermatitis – from handling detergents, bleaches and other cleaning fluids or from chrome and nickel dissolving into wash water from stainless steel buckets/sinks etc. A widespread problem eg ten per cent of hospital cleaners suffer dermatitis (rashes, itchy red skin). NUPE members at the University of London Students' Union contacted the Hazards Centre when they developed the disease after using Johnson's Emerald liquid cleaner. Use was suspended until a replacement was found. Dermatitis is a prescribed industrial disease (this means you can claim DHSS benefits if you develop it as a result of your work).

Solvent effects – from floor strippers, window cleaning fluids, waxes, graffiti removers etc. Can cause drowsiness, unconsciousness, vomiting, eye and skin irritation. Some solvents are linked with cancer. In one case, all the patients in a hospital ward which had just had a floor waxed passed bright green urine after inhaling solvent.

Toxic gases – bleaches and disinfectants can react together to produce clouds of chlorine and other gases. Highly irritant to skin, eyes and respiratory tract. Could cause permanent lung damage or death.

Postural problems and strain injuries: the incidence of back injuries is high in cleaners, as a result of strenuous work and lifting heavy equipment. "Beat knee", caused by prolonged kneeling, is also a common complaint, and is a prescribed industrial disease.

Infection hazards: hospital cleaners particularly vulnerable. Also at risk, lavatory cleaners or cleaners handling "sharps" (sharp objects such as hypodermic needles). One lavatory attendant contacted the Hazards Centre about the dangers of cleaning a public loo frequented by drug users. The walls were smeared with blood and the floor littered with used hypodermics. She had received no training and had no protective clothing. Blood and breaks in the skin are easy ways of contracting diseases such as hepatitis B, tetanus etc.

Dust: Traditional cleaning methods such as sweeping can drastically increase the level of airborne dust. Any dust can cause eye, nose and throat problems. Dust in the lungs can cause respiratory diseases. Ordinary vacuum cleaners suck up bacteria and fine dusts (such as asbestos), but release them through the "blow end" so they are distributed around the room, increasing the risk of disease.

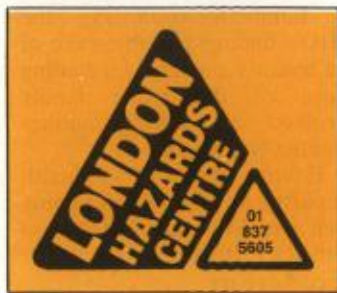
Vermin and infestations: Cleaners often have to clear waste fouled with the excrement of insects and vermin. General risk of disease, including Weil's disease, a serious complaint caused by bacteria in rat urine. Also risk from contact with highly toxic pesticides used to treat pest infestations. Fluffers – the cleaners who clean inside the tube tunnels through the night – face hazards from excessive levels of dust and from contact with vermin and their droppings. They are given minimal training and protective clothing.

Other hazards: Trips over cables, falls on wet floors, electrocution from polishers/scrubbers, allergy to rubber gloves (wear vinyl where suitable) or rubber boots etc.

In Victorian London, Irish women were denied work except as casual labour, cleaning the filth from the polluted, fouled streets, docks and canal sides. Advertisements for the better jobs often carried the condition, "No Irish need apply." Although the discrimination is rarely so blatant today, a large proportion of London's 125,000 low paid, part-time cleaners are Asian, Hispanic and Afro-Caribbean women, denied employment and trade union rights.

The recent flurry of privatisation, wholeheartedly encouraged by the Tories, has worsened the plight of many. Migrant workers, most without residency or work permits and with no entitlement to state benefits, find contract cleaning one of the few employment opportunities open to them. They suffer poor work conditions and low pay, knowing that any complaint may be met with dismissal. Yet some, against all odds, have organised and won

Centre news



The London Hazards Centre provides advice and information to tenants' associations, trade unions and community groups organising against hazards. We have information on a huge range of topics, and believe that one of the most important parts of our work is to help people organise and use the information to bring about change.

We are particularly concerned that Black people should use the

Centre's resources. If you want any information about our work, or other resources on health and hazards, please contact us.

If you want more copies of this newsletter or would like to receive further issues, we'd be pleased to hear from you.

London Hazards Centre
3rd Floor, Headland House
308 Gray's Inn Road
London WC1X 8DS
Tel: 01-837 5605

New worker

From mid-November, we will have a second Black worker at the London Hazards Centre. Nilou Hawthorne will become the eighth member of the Centre's collective, job sharing with Chris Udenze as advice worker with special responsibility for overseeing the Centre's anti-racist work.