Our health is not (supposed to be) for sale:

What's the cost and for whom?

Presented at

Challenges of workplace injury prevention through financial Incentives

November 29-30, 2012
Toronto, Canada

Dorothy Wigmore, MS

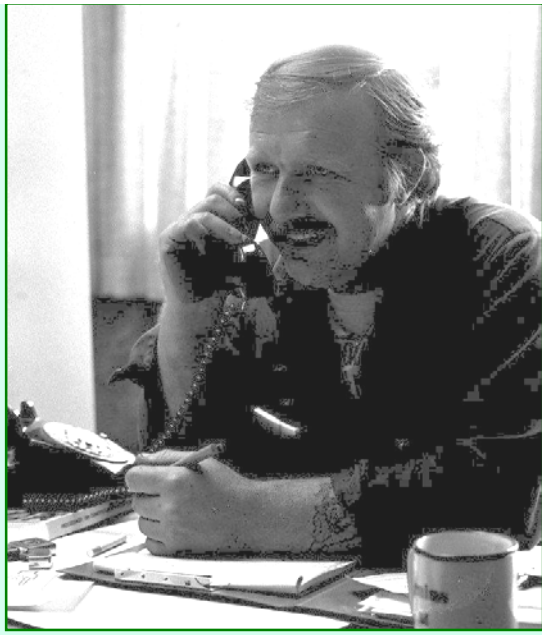
This presentation is dedicated to the many people who've inspired me to "keep on keepin' on" for healthy, safe and fair workplaces for all, including ...

Colin Lambert: former miner and health and safety activist, who got me into health and safety when I was a lowly reporter in Sudbury, and gave me the idea of getting an occupational hygiene degree.

Karen Messing, whose work about women's occupational health issues and ergonomics have had a lasting effect on me and many others. We see work differently because of her.

.. And to two friends who died because of their work, far too young. Their senseless and preventable deaths make me sad and angry, and push me to do more.

Dick Kerr was a health and safety activist in Local 6500 of the USWA, one of the people who got me interested in OHS. He died on the job in 1986, the result of a financial incentive system that does not work -- the bonus -- and a company that sent him to work in an area known for its rockburst dangers.



Simon Pickvance died last Friday from mesothelioma, the result of working construction as a student. A member of the UK Hazards Group, he set up the Sheffield Occupational Health Advisory Service more than 30 years ago. He wrote and published extensively about occupational cancers, was an Honorary Research Fellow at the University of Sheffield and so much more.

"Our health is not for sale"

- slogan motivating health and safety activists and students in the 1970s, from the Italian Workers Movement of the 1960s
- in Canada, it was the title of the 1978 NFB film about health and safety struggles and workers' goals (in male, industrial workplaces)
- an honourable goal, it is a dream for most workers, especially in an economy increasingly based on contingent/precarious/temporary jobs and de-regulation

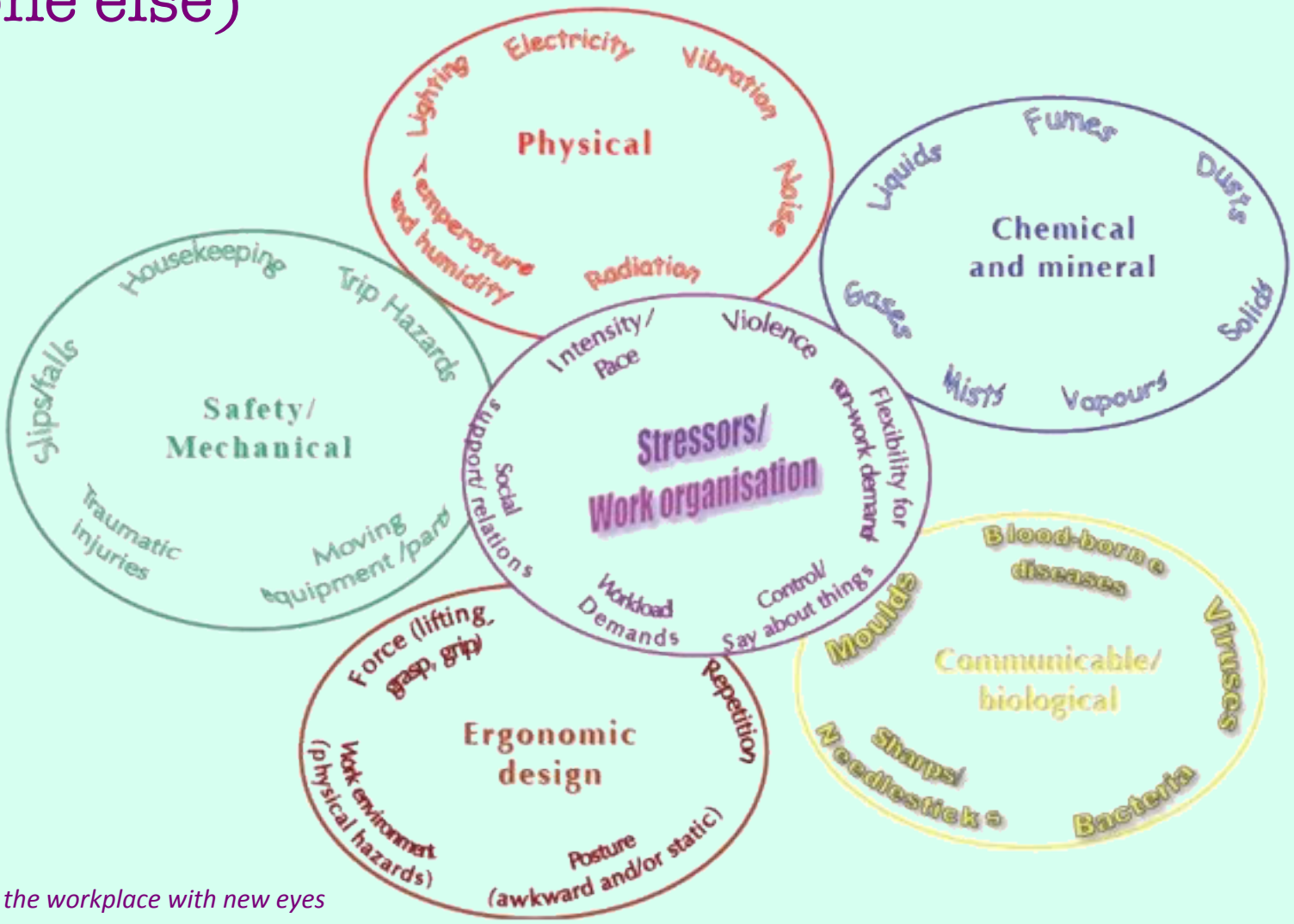
The men learned that their health belonged to them -- they were leasing their labour but not their health.

Emilien Clouthier, CSN strike leader, 1974

What's the problem?

It's the hazards, stupid! (to quote someone else)

We know they exist, in too many jobs

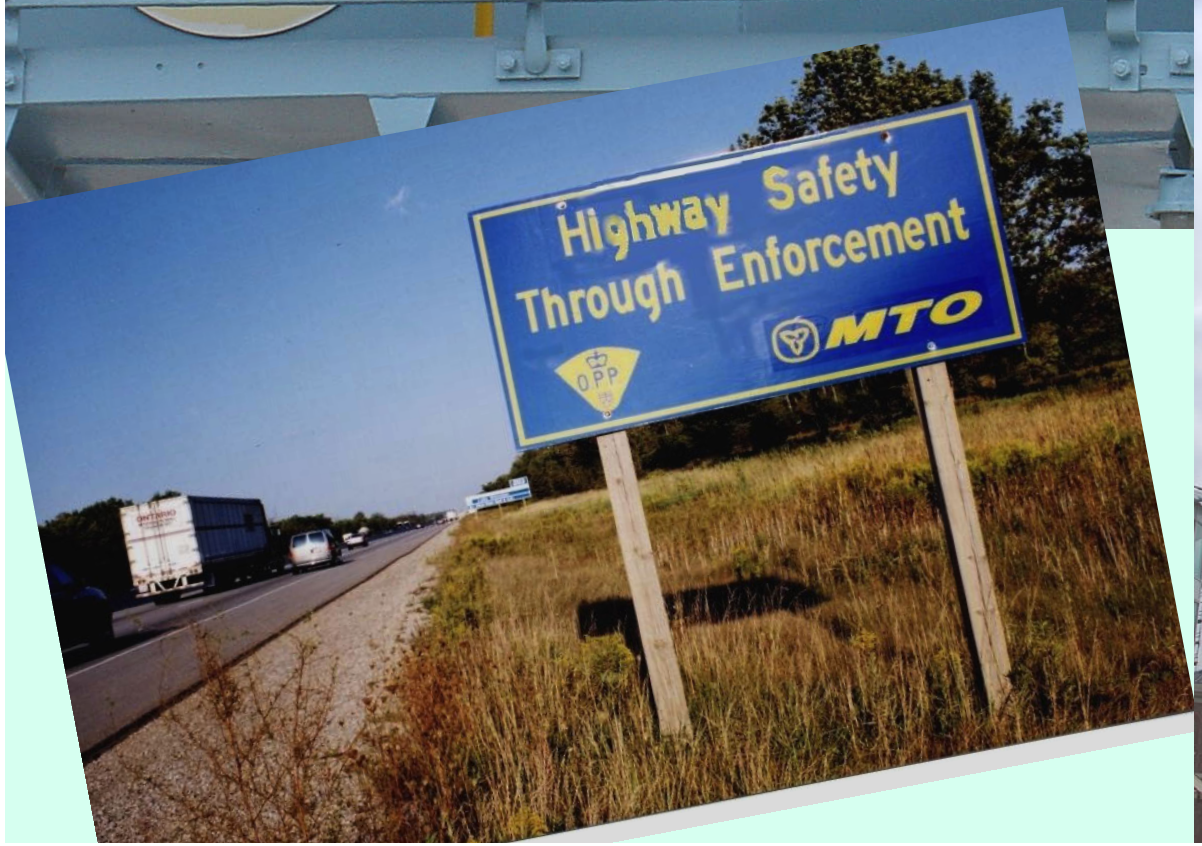


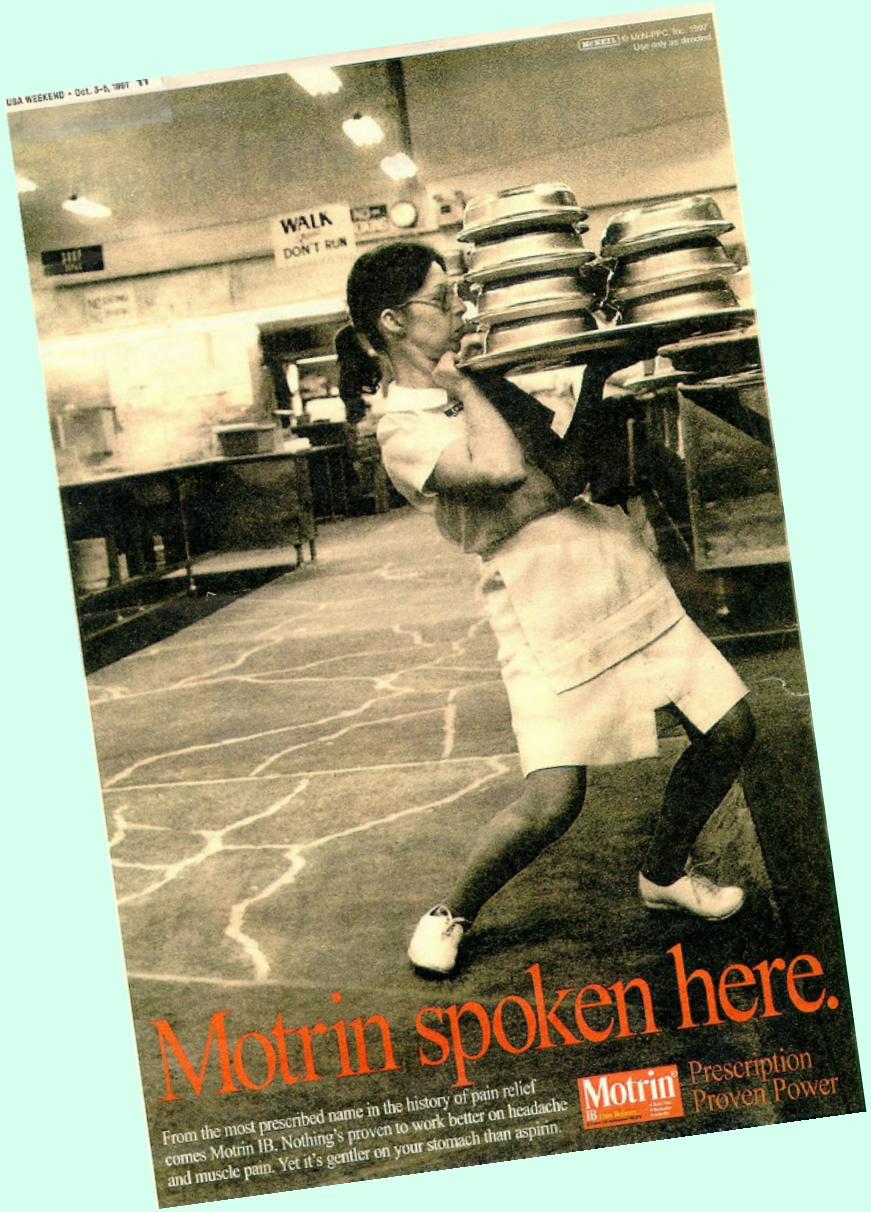
Wigmore, 2008. *Seeing the workplace with new eyes*


ASBESTOS
PROD
& EXP
THANKS TO THE EFFORTS OF THE FEDERAL GOVERNMENT...
TRICHLORO-ETHYLENE
BISPHEN
LEAD
LEAD IS FOREVER
FRACKING CHEM
COCKTAIL
HALOGENATED
FLAME
RETARDANTS
ENE
ALDEHYDE


SAFE WORKING LOAD
MAIN HOIST 20 TONS AT 30 FT (9·1M) RAD
MAIN HOIST 16 TONS AT 40 FT (12·2M) RAD
MAIN HOIST 10 TONS AT 50 FT (15·2M) RAD
MAIN HOIST 6 TONS AT 70 FT (21·3M) RAD

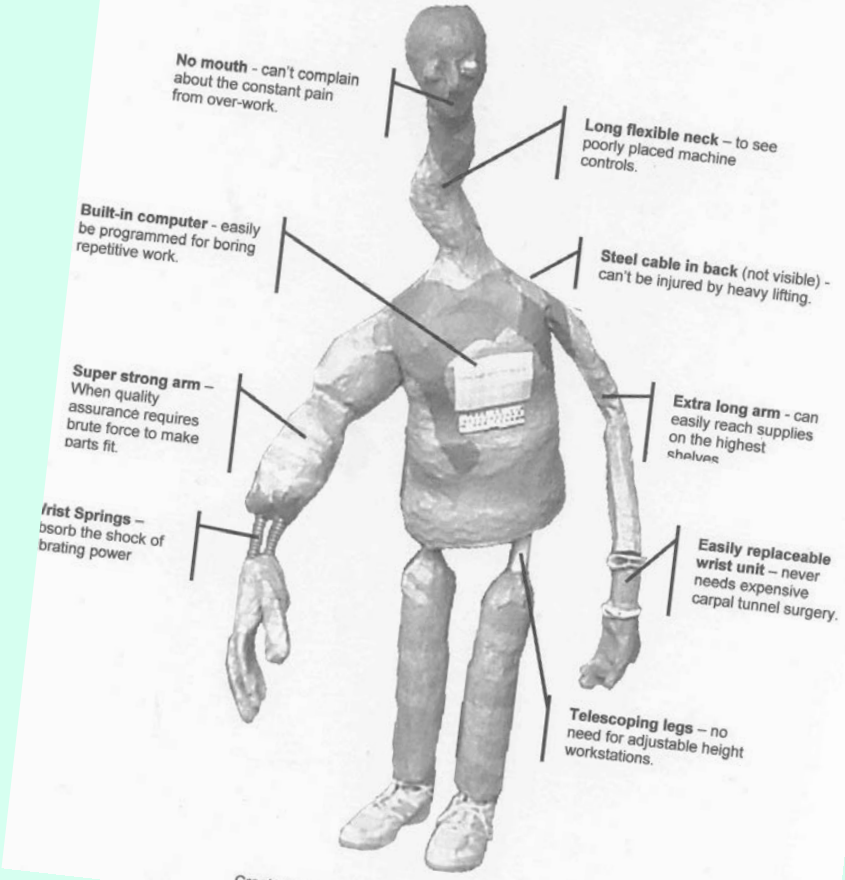

INJURE /
KILL A
WORKER
$ 7500 +
15 YEARS


Highway Safety
Through Enforcement
MTO
OPP



Ergoman

The Perfect Employee



Created by Jay Herzmark, AFSCME local 1488

Labor Donatee

We know many of the effects

Aches and pains

Where “stress” shows up

Other symptoms

And not a single worker’s comp claim in the picture

A woman cries as she claims the body of her relative in Ashulia, outside Dhaka, Bangladesh on Sunday, November 25, **2012**. (AP) More than 110 workers died in the fire; some jumped, others were burned to death.

"When will they ever learn? When will they ever learn?"

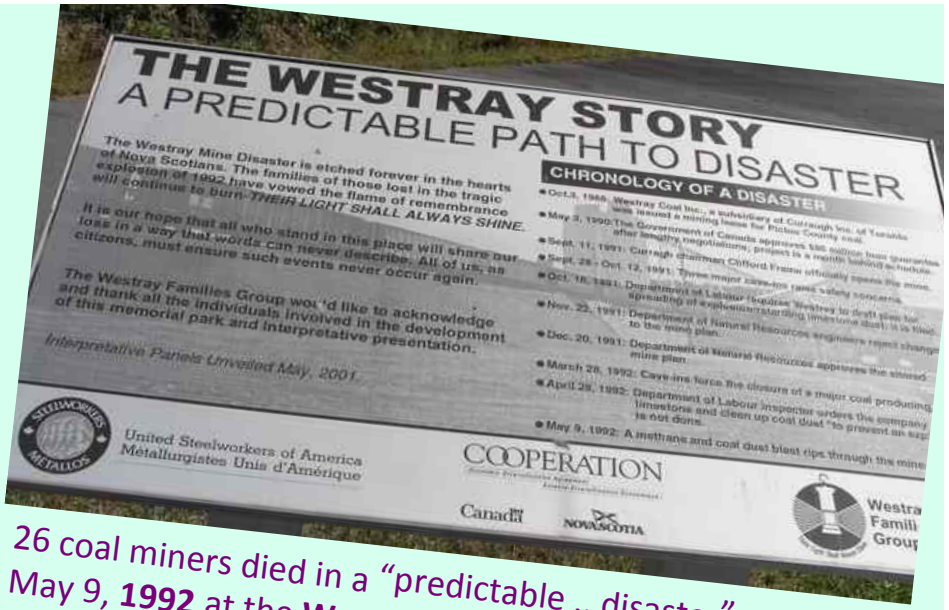

York Times.

141 MEN AND GIRLS DIE IN WAIST FACTORY FIRE;
TRAPPED HIGH UP IN WASHINGTON PLACE BUILDING;
STREET STREWN WITH BODIES; PILES OF DEAD INSID

The Burning Building at 23 Washington Place.

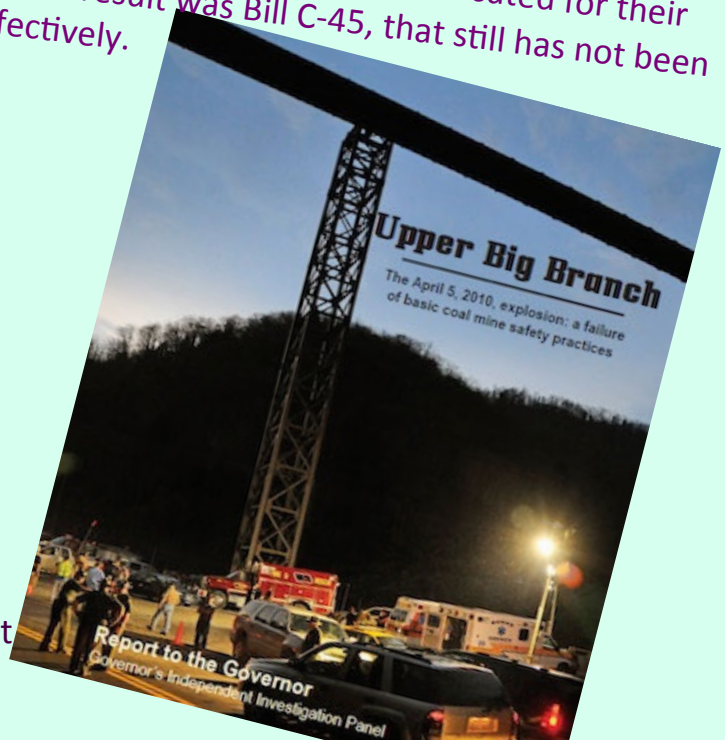
The Triangle Shirtwaist Fire took the lives of more than 140 workers, mostly women, in March, **1911**. They died jumping from the building windows or burned to death.

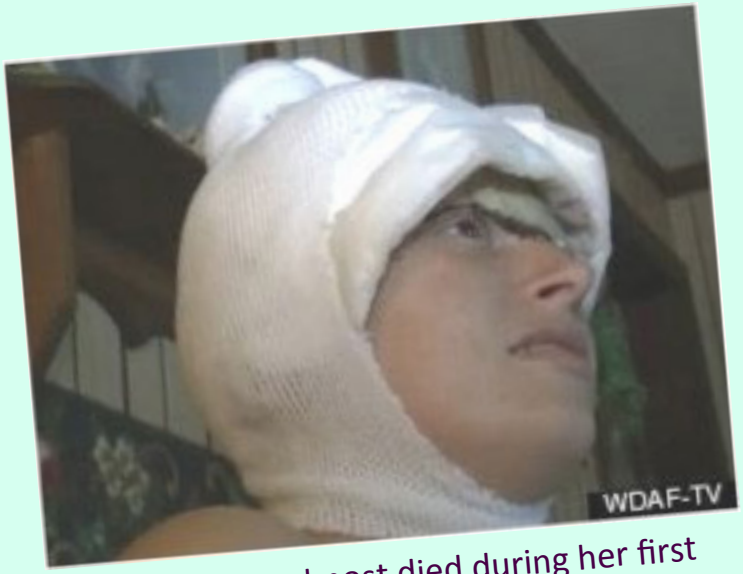
The **Hillcrest mine** disaster was the worst coal mining disaster in Canadian history, and the world's third worst mine disaster at the time. It occurred in the Crowsnest Pass region of Alberta, on Friday June 19, **1914**. 189 workers (about half of the mine's total workforce died) leaving 130 women widowed and about 400 children fatherless.



26 coal miners died in a "predictable .. disaster" on May 9, **1992** at the **Westray** Mine in Plymouth, N.S. The mine's owners could not be prosecuted for their deaths. One result was Bill C-45, that still has not been used effectively.

About 3:02 p.m. on Easter Monday, April 5, **2010**, a powerful explosion tore through the **Upper Big Branch** mine, owned by Massey Energy, in southern West Virginia. 29 miners died and one was seriously injured in the enormously-powerful blast. This report and others said it didn't have to happen.





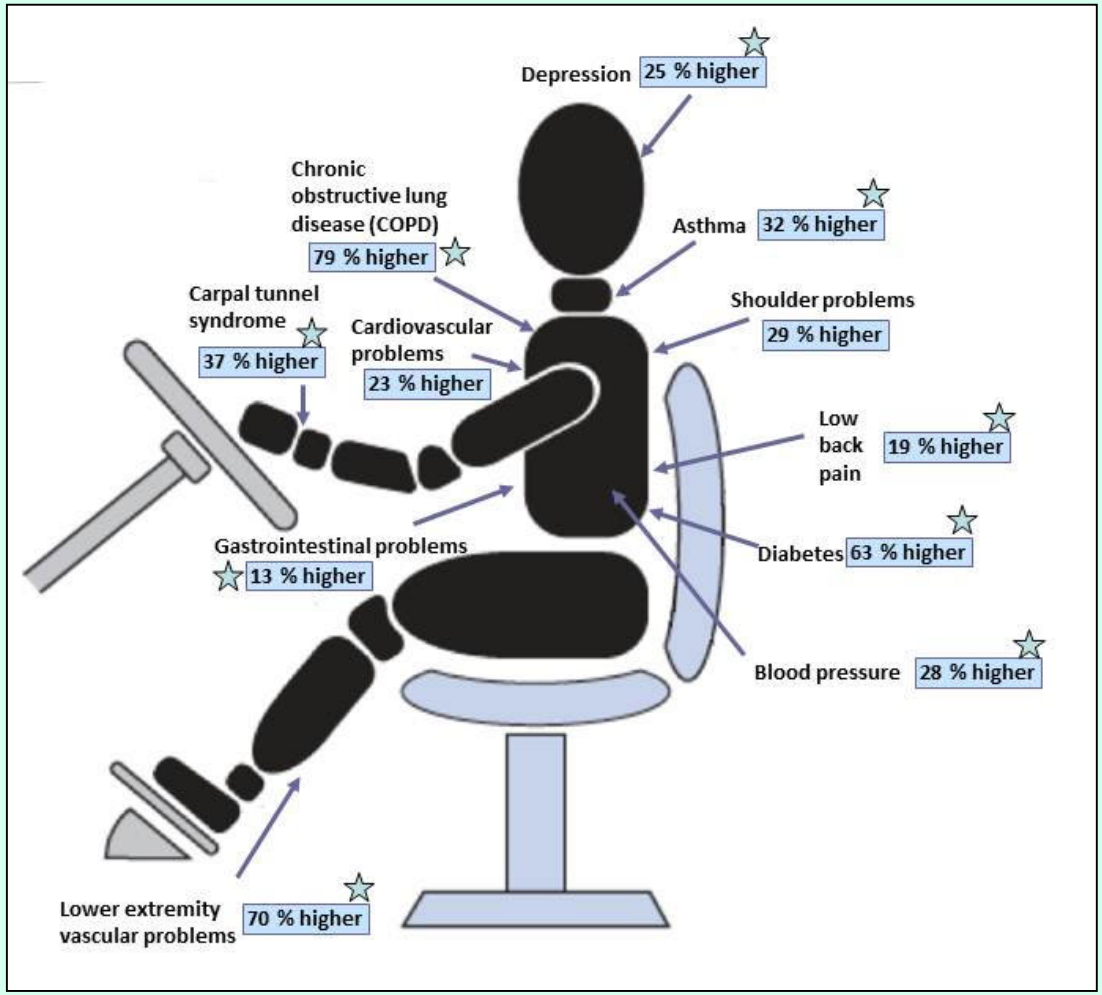
Monica Thayer almost died during her first week at JR Engineering in Barberton, Ohio

Worker loses scalp in unguarded machine, her first week on-the-job, employer contests OSHA violation

The citation, with a proposed penalty of $7,000, was issued by OSHA to JR Engineering on August 29, 2012. The employer is contesting OSHA's finding and the penalty.

They must not think they are responsible. If not them, who? Surely not the worker with less than 1 week on the job.

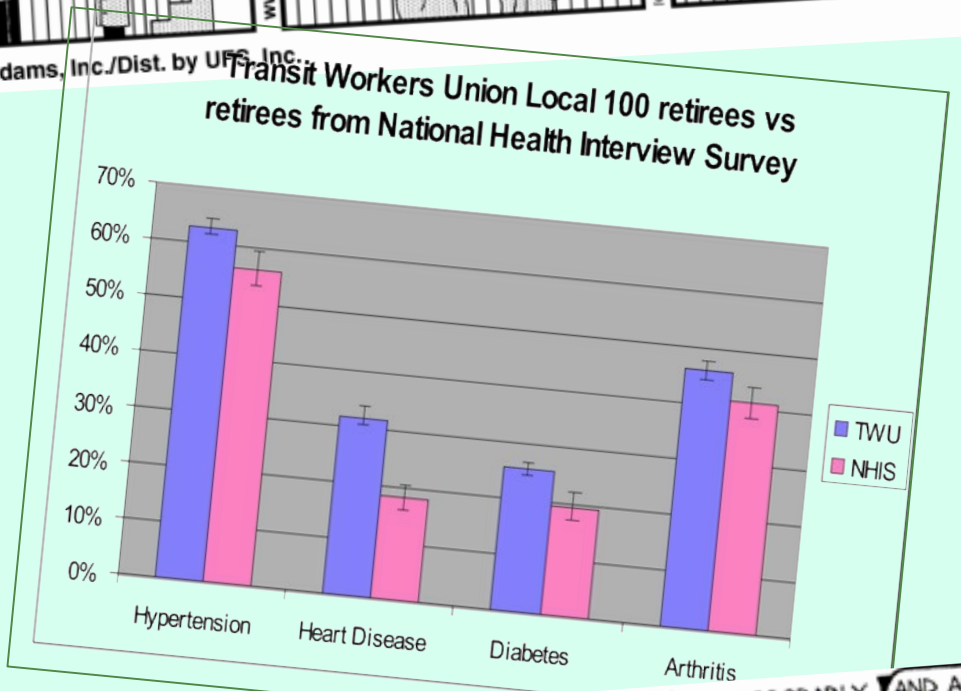
http://scienceblogs.com/thepumphandle/2012/11/13/worker-loses-scalp-in-unguarded-machine-her-first-week-on-the-job-employer-contests-osha-violation/



In these preliminary results, NIOSH's Tim Bushnell looked at employer-based group health insurance medical claims of two insurance companies. Transit workers were in the "top three" of 55 sectors for 10 chronic work-related diseases and conditions.

Shirley Mack worked in chicken processing plant in North Carolina. Earl Dotter captured her efforts to hold the pills she takes for the pain because of work-related injuries.

From: *Enough workplace stress. Organising for change*. Canadian Union of Public Employees. 2003



Breast cancer, workplace link found

November 19, 2012. 3:01 am • Section: Essex County, News, Windsor

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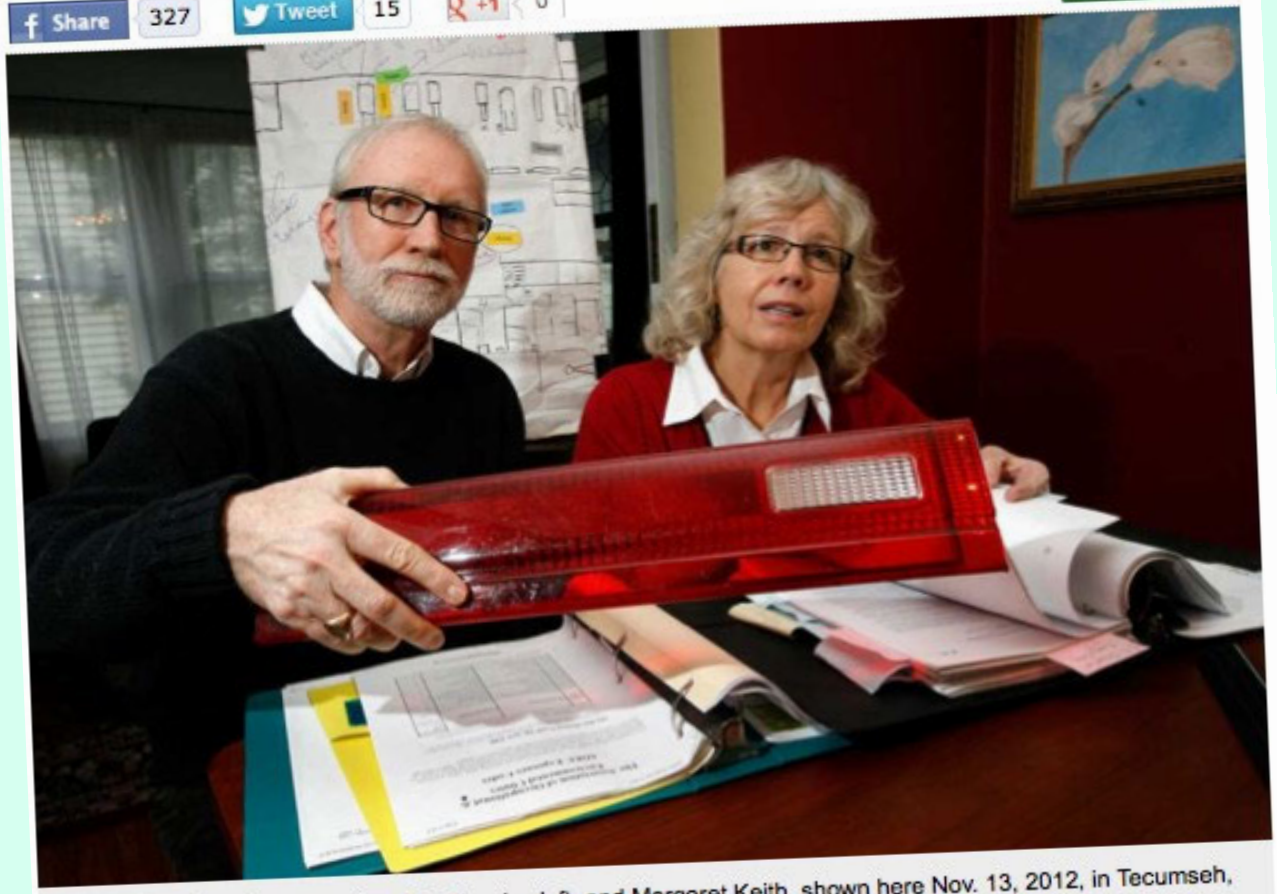

Occupational health researchers Jim Brophy, left, and Margaret Keith, shown here Nov. 13, 2012, in Tecumseh, Ont., have conducted a study linking occupation with breast cancer risks. Many of the health concerns involve working with plastics. (NICK BRANCACCIO/The Windsor Star)

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Posted by:

A woman's occupation could pose more of a risk to developing breast cancer than smoking or alcohol use, local researchers have found.

Results from a study involving more than 2,000 women in Windsor-Essex and Kent County show a strong link between breast cancer risk and work in jobs classified as "high exposure" to breast cancer-causing substances and hormone disruptors. These jobs include farming, automotive plastics, food canning, metalworking, and bars, casinos and racetracks.

One especially significant finding was that women who worked in food canning and automotive plastics were five times more likely to develop pre-menopausal breast cancer (although the odds are supposed to be less for them).

Breast cancer victim Carol Bristow, 54, has worked as a machine operator in a plastic auto parts factory in Windsor, Ontario, for 23 years. She believes on-the-job exposures to toxic fumes and dust played a role in her illness.

http://www.publicintegrity.org/2012/11/19/11806/study-spotlights-high-breast-cancer-risk-plastics-workers

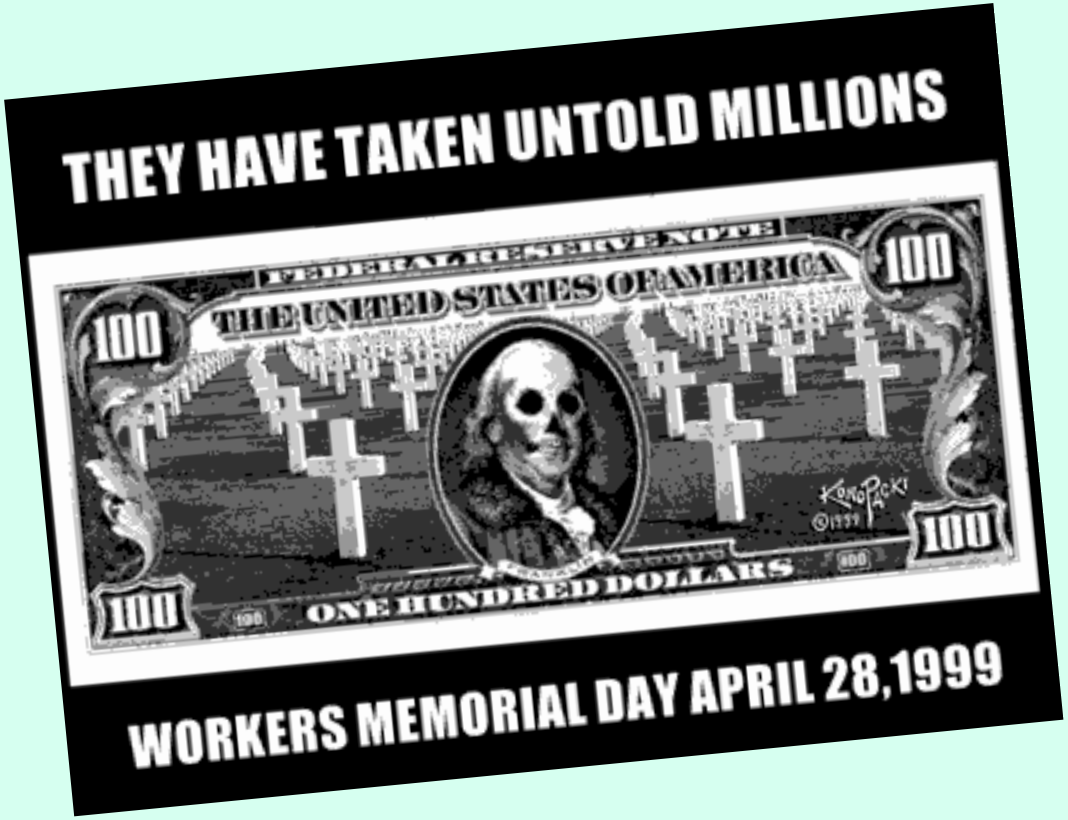
American Chemistry Council

"Our members **support strong enforcement of the standards and laws that protect worker health** and safety as we continue to produce materials that enable healthier and more efficient lives, including the plastics that make today's automobiles safer and more fuel efficient than ever before. It is **concerning** that the **authors could** be over-interpreting their results and **unnecessarily alarm workers**. This study included no data showing if there was actual chemical exposure, from what chemicals, at what levels, and over what period of time in any particular workplace. Although this is an important area of research, these **findings are inconsistent with other research**. This study **should not be used to draw any conclusions about the cause of cancer patterns in workers**."

http://www.foxnews.com/health/2012/11/19/exposure-to-chemicals-at-work-may-increase-breast-cancer-risk-in-women/#ixzz2DHxj1i8W

What does the problem of unsafe and unhealthy jobs cost?

For whom?



Too often, discussions about health and safety costs are about the "fixes" for the hazards or workers' compensation costs. *What happens if we problematise the topic?*

The story is the same, wherever you look ....

In the U.K., where the Health and Safety Executive looked at the question

A 2004 HSE report, using 2001/02 figures, put the cost to society of occupational ill-health and injury at between £20bn and £31.8bn (4) [see table 3]. Of that, only between £3.9bn and £7.8bn – less than a quarter – was borne by employers, although they were by and large responsible for the workplace conditions that led to the injury or ill-health.

Table 2: The human cost of work injuries

	Fatality	Major injury	Other reportable injury (over 3 days)
Human cost	£991,200	£18,400	£2,700
Lost output	£520,700	£16,200	£2,600
Resource costs	£900	£5,800	£500
Total	£1,500,000	£40,500	£5,800

Based on 2006 figure. Source: *Economic Analysis Unit (EAU) appraisal values* HSE. July 2008. www.hse.gov.uk/economics

http://www.hazards.org/deadlybusiness/whopays.htm

A 2008 update to the 2004 HSE report concluded:

'Society' bears the largest cost burden (comprising loss of output, medical costs, costs to the Department for Work and Pensions of administering benefit payments, and HSE and local authority investigation costs), followed by individuals (in terms of loss of income, extra expenditure of dealing with injury or ill health, and subjective costs of pain, grief and suffering).

Although the costs of workplace injuries and work-related ill health are attributable to the activities of the business... ***the bulk of these costs in 2001/02 fell 'externally' on individuals and society***. (emphasis added)

http://www.hazards.org/deadlybusiness/whopays.htm

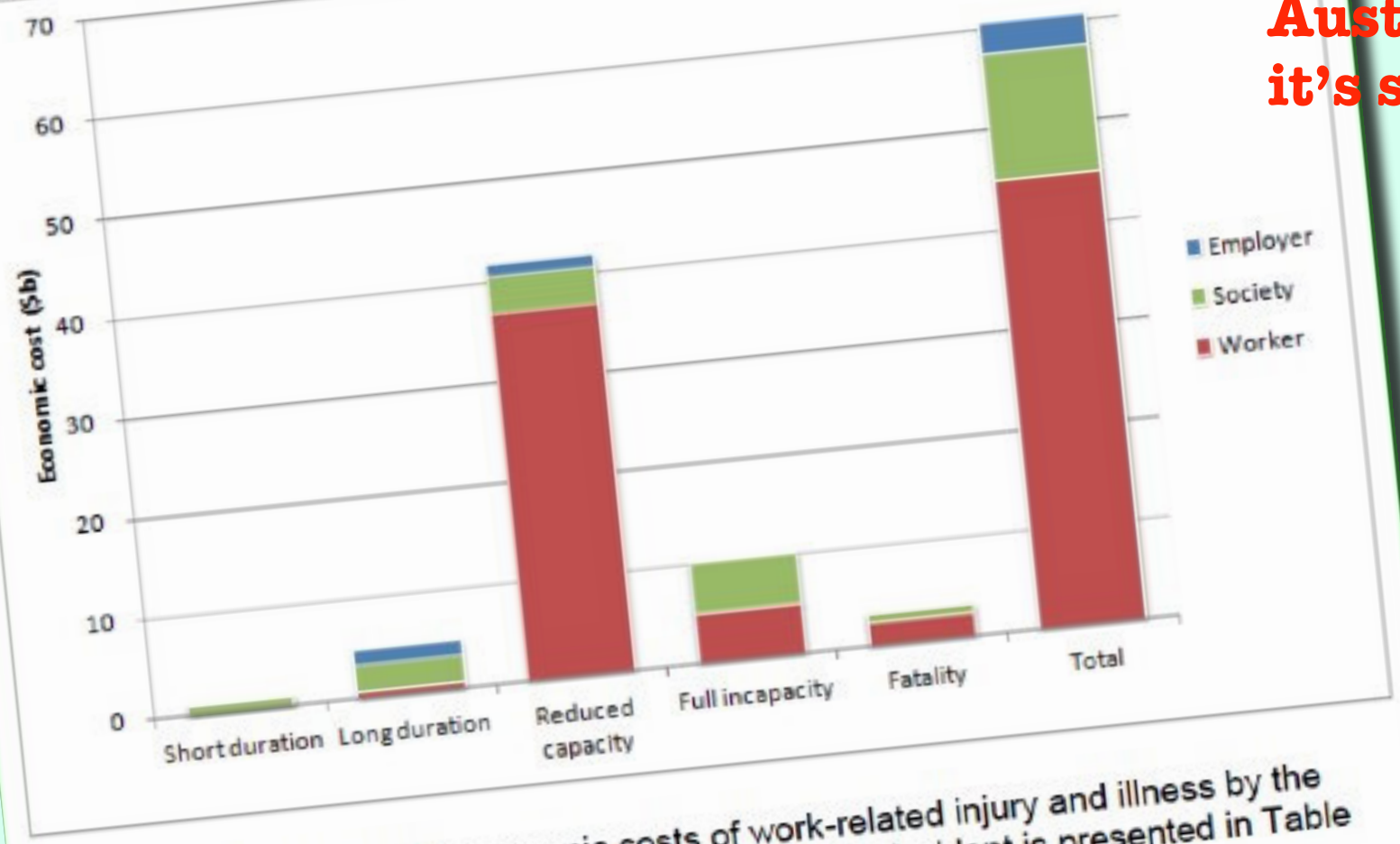
Table 3: How employers shift the human cost of work hazards

Employers bear only a small proportion of the cost of harm caused by poor working conditions. But they bear most of the blame.

Costs (£ billions)	Employers	Individuals	Society
Ill-health	1.5	5.9 - 9.4	11.3 - 17.3
Injury	1 - 1.1	3.3 - 6.3	5.9 - 10.7
Non-injury	1.4 - 5.3	-	1.4 - 5.3
Total	3.9 - 7.8	10.1 - 14.7	20.0 - 31.8

Based on 2001/2002 figures. Source: *Interim update of the 'Costs to Britain of workplace accidents and work-related ill-health*. HSE. June 2004.

Figure 2.1: Distribution of total costs ($b) by economic agent and severity, Australia, 2008–09



74. The distribution of total economic costs of work-related injury and illness by the economic agent bearing the cost and the nature of the incident is presented in Table 2.2. The table also illustrates the unit cost of a typical incident in each of these categories.

In Australia, it's similar

Of the estimated $60 billion in costs …

It is estimated that:

- ***employers** bear **5** per cent of the total cost – this includes loss of productivity from absent workers, recruitment and retraining costs and fines and penalties from breaches of work health and safety regulations,*
- ***injured workers** bear **74** per cent of the costs – costs include loss of current and future income and non-compensated medical expenses, and*
- *the **community** bears **21** per cent of the total cost – this includes social welfare payments, medical and health scheme costs and loss of potential output and revenue.*

Table 2.5: Distribution (%) of total cost of work-related injury and illness by severity category, 2008–09

	Short absence	Long absence	Partial incapacity	Full incapacity	Fatality	Overall
Employers (%)	22	33	3	0	3	5
Workers (%)	0	12	88	51	72	74
Community (%)	78	55	9	49	25	21
Total (%)	**100**	**100**	**100**	**100**	**100**	**100**

.. and the job (class) matters

Table 2.3d: Cost ($ million) of work-related injury and illness, by occupation group, 2008–09[a]

Occupation group	Total Cost ($million)			Distribution (%)			Incidence	Unit Cost
	Injury	Disease	Total	Costs	Cases	Workforce	/1000 workers	$/case
Managers & Administrators	3 500	6 100	9 600	16	2	9	14.2	670,500
Professionals	2 700	1 600	4 300	7	12	21	31.1	59,700
Associate professionals	2 600	2 700	5 300	9	7	12	30.2	129,700
Tradespersons & related workers	5 500	5 100	10 600	18	20	12	90.1	85,600
Advanced clerical , sales & service workers	1 100	1 500	2 600	4	1	3	14.7	508,200
Intermediate clerical, sales & service workers	4 100	4 400	8 500	14	12	17	37.4	120,600
Intermediate production & transport workers	3 600	1 600	5 200	9	17	8	120.0	49,800
Elementary clerical, sales & service workers	3 100	3 600	6 700	11	7	9	43.2	151,100
Labourers & related workers	4 600	3 300	7 900	13	22	8	140.1	60,500
Australia	**30 700**	**29 900**	**60 600**	**100**	**100**	**100**	**54.5**	**99,100**

[a] Units are rounded to the nearest $100 million

Safework Australia, 2012. *The cost of work-related injury and illness for Australian employers, workers and the community: 2008 - 09*

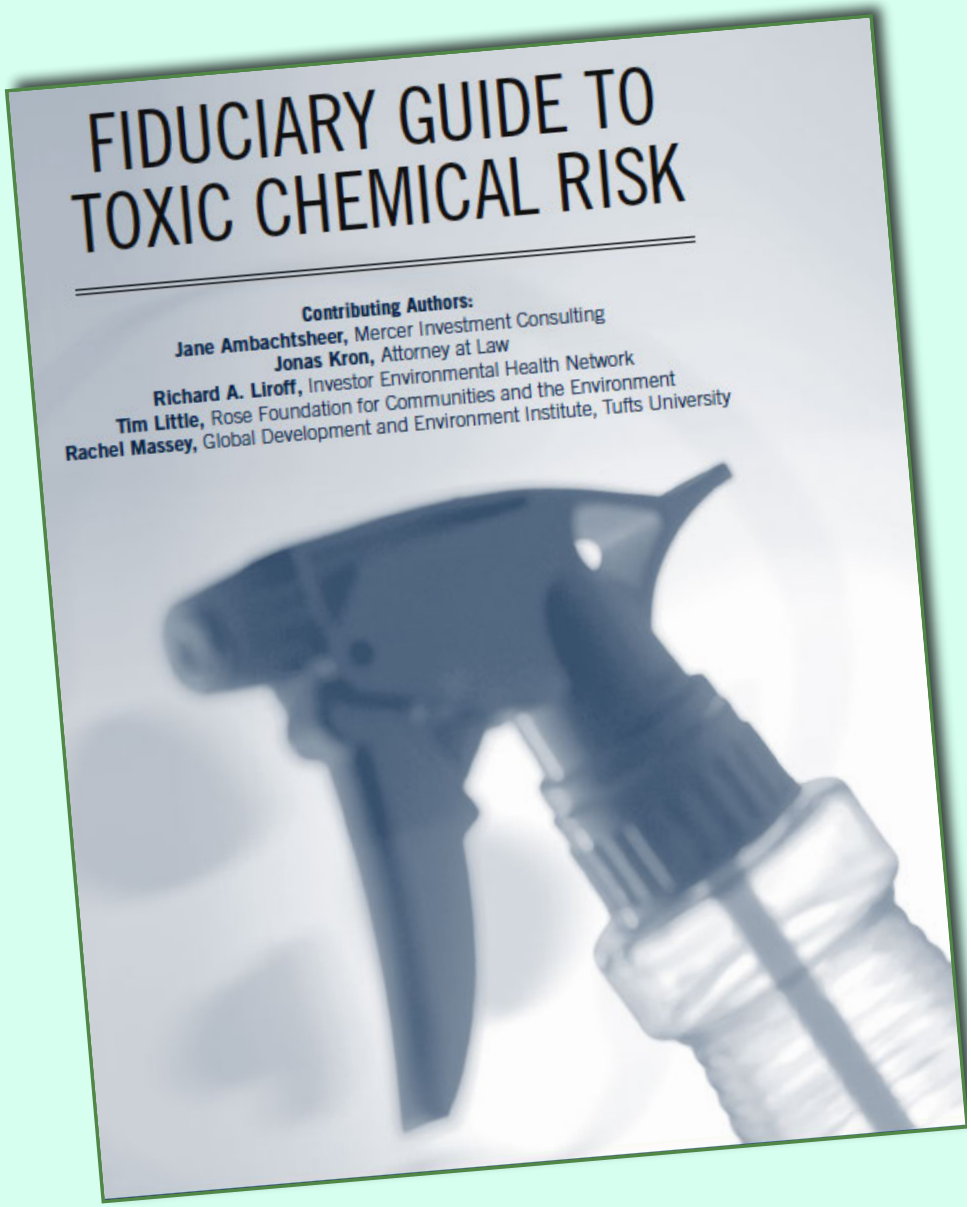
In the USA

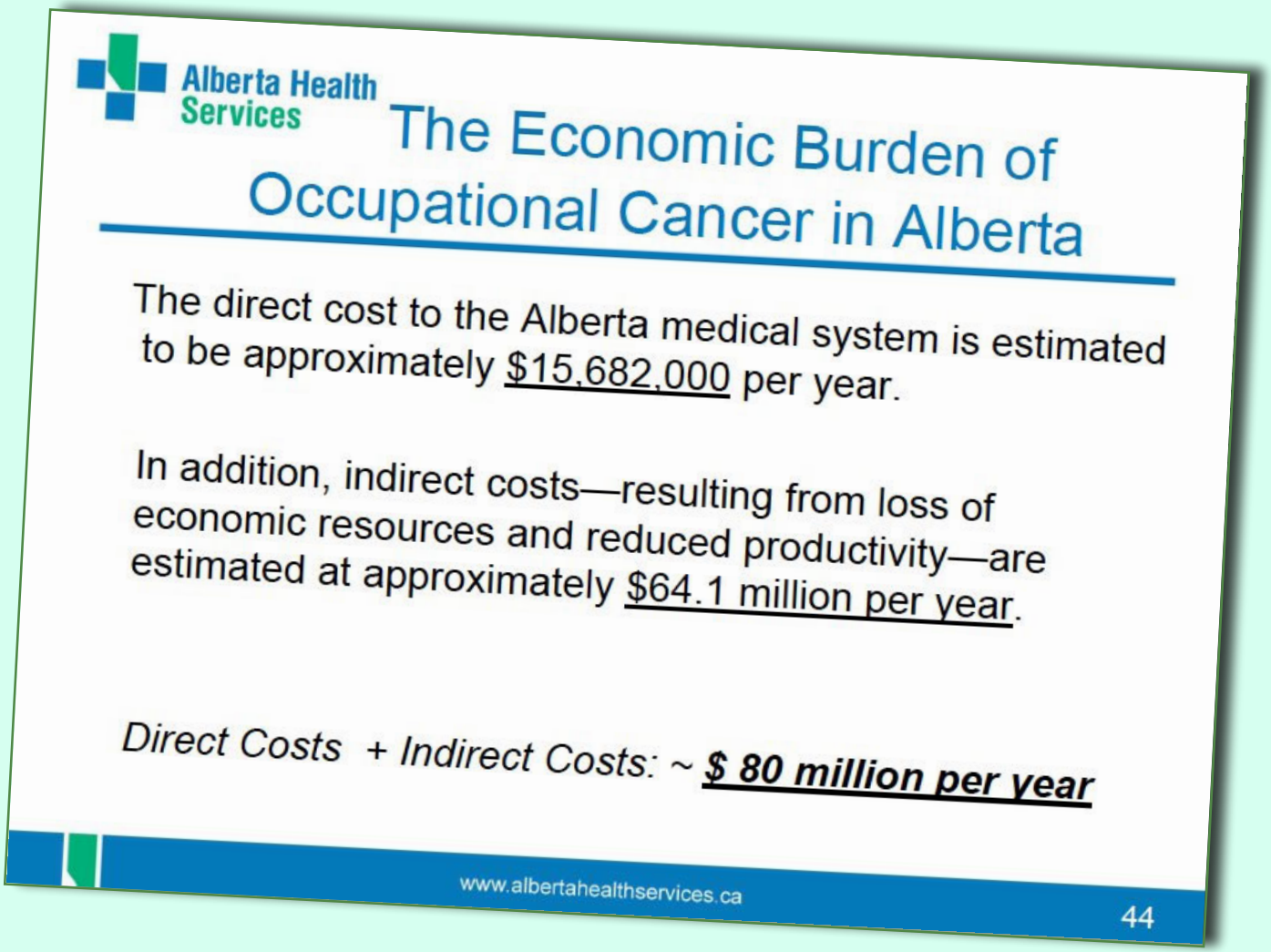
... medical and indirect costs of occupational injuries and illnesses are sizable, at least as large as the cost of cancer. Workers' compensation covers less than 25 percent of these costs, so all members of society share the burden.

Paul Leigh (2011) Economic Burden of Occupational Injury and Illness in the United States", *Milbank Quarterly,* 89 (4): 728–772

If we looked at the U.S. as a whole, the ***direct cost numbers would be frightening and the combined weight of the indirect costs*** **(of toxic chemicals)** ***would be staggering.*** *But our nation's current systems of economic analysis are largely not geared towards capturing these costs. Therefore, instead of being managed, toxics-related costs act as an unrecognized, but very real and consistent brake on American economic productivity.*

The Investor Environmental Health Network, Rose Foundation for Communities and the Environment, (2007) *Fiduciary guide to toxic chemical risk*





What could you with $80 million, to prevent work-related cancer?

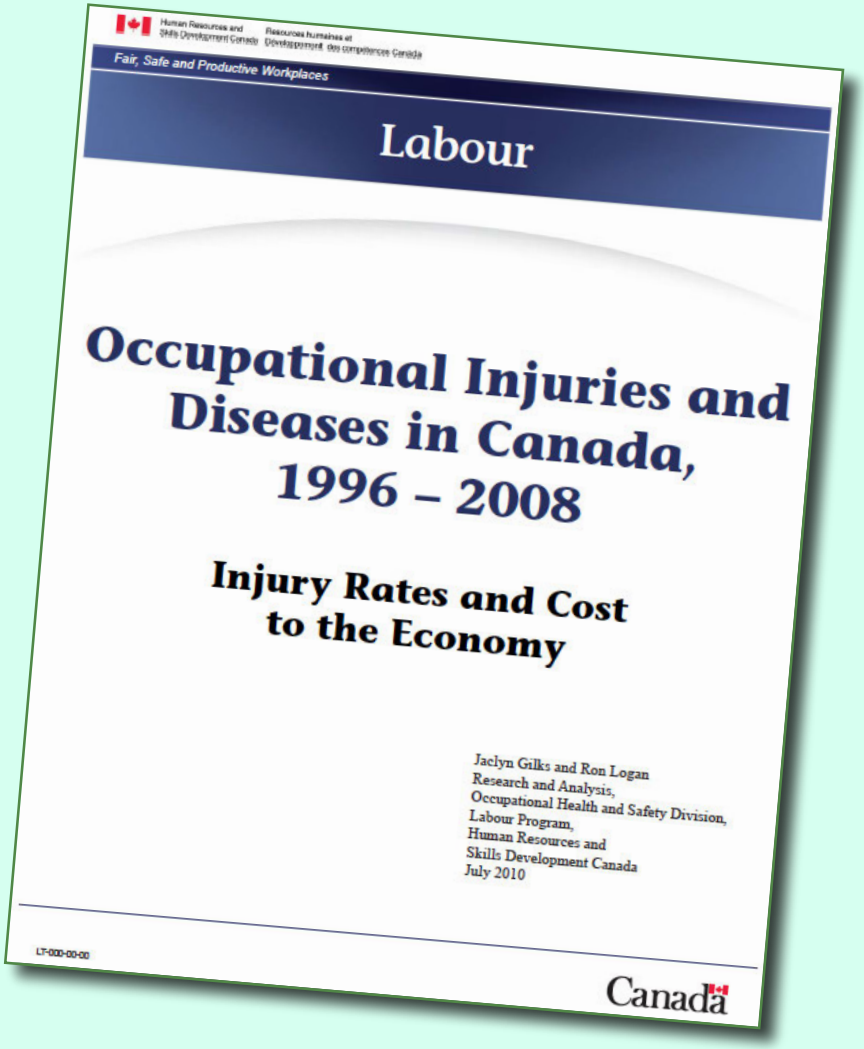
Patrick Curley, Alberta Health Services, 2011. *Building the business case for cancer prevention: The economic burden of occupational cancer in Alberta*

In 2008, the WCBs paid $7.67 billion in benefit payments, or an average of approximately $24,845 per each new compensated ("accepted") time-loss injury or fatality.

In addition, the WCBs paid $2.03 billion in health care and vocational rehabilitation payments in 2008. Including these costs, the total direct annual costs of occupational injuries and fatalities to the Canadian economy were approximately $9.7 billion in 2008.

Factoring in direct and indirect costs, the total costs of occupational injuries to the Canadian economy, can now be estimated to be ***more than $19 billion annually.***

http://www.hrsdc.gc.ca/eng/labour/publications/health_safety/oidc/page02.shtml



So, we have some information about costs too. And who's paying them.

The policy debates are almost always about workers' compensation costs and that "burden" on employers. But they pay very little for their hazards. This doesn't add up.

What is to be done?

Some principles and suggestions for financial incentives to really reduce and prevent work-related injuries, illnesses, diseases and deaths

Worksafe, Inc. (California) 2011

Think hazards.

Think big.

Think solutions.

Think tools.

Think collective action.

With thanks to Ken Geiser, University of Massachusetts Lowell, Toxics Use Reduction Institute, Lowell Center for Sustainable Production, and great thinker.

Recognise power and its results

As Bob Sass repeatedly said: “Knowledge is not power. Power is power.”

How does that affect what can be done? And by whom?

The prevention triangle -- *principles for solving* health and safety problems

* *What happens if it's upside down? It falls over!*

Dorothy Wigmore - 2011

Cover all the ingredients for a healthy environment …

… inside and out

Stop the "Delay game" and its four dog defence

My dog doesn't bite.

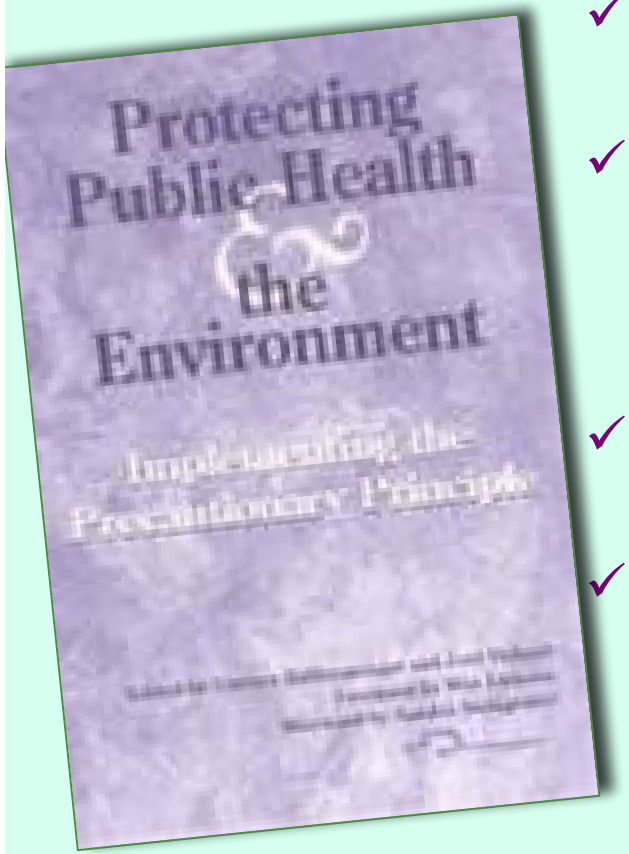
My dog bites, but
it didn't bite you.

My dog bit you, but
it didn't hurt you.

My dog bit you,
and hurt you,
but it wasn't
my fault!

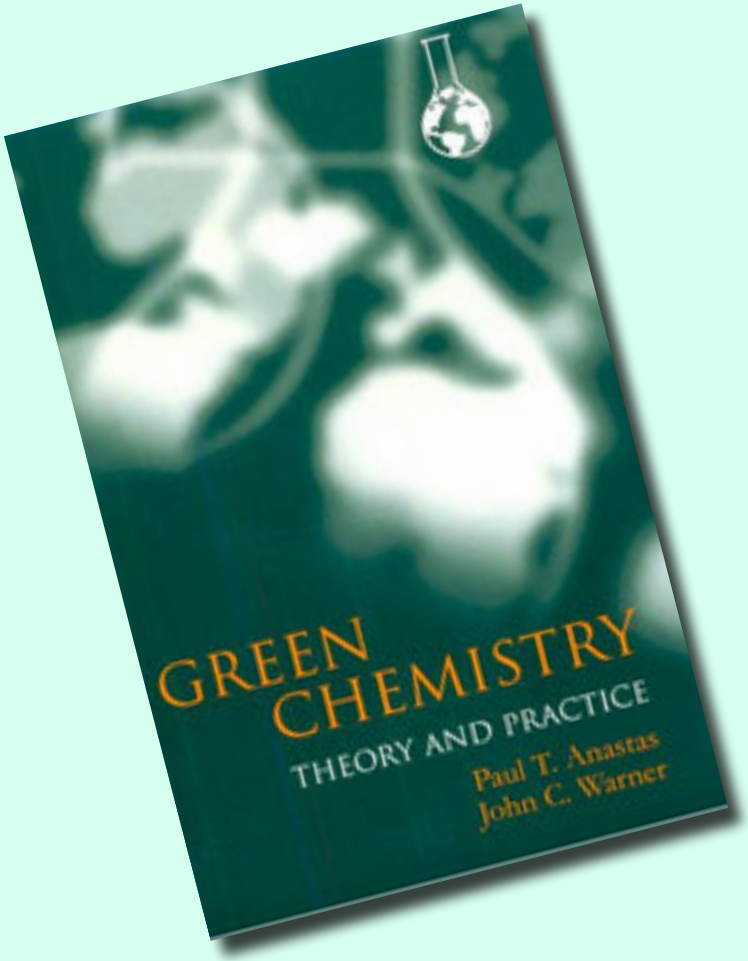
The Chemical Industry Delay Game, How the Chemical Industry Ducks Regulation of the Most Toxic Substances,
Natural Resources Defense Council, 2011.
http://www.nrdc.org/health/thedelaygame.asp

Avoid "paralysis by analysis" by acting to reduce hazards via the precautionary principle -- *better safe than sorry (or reactionary)*

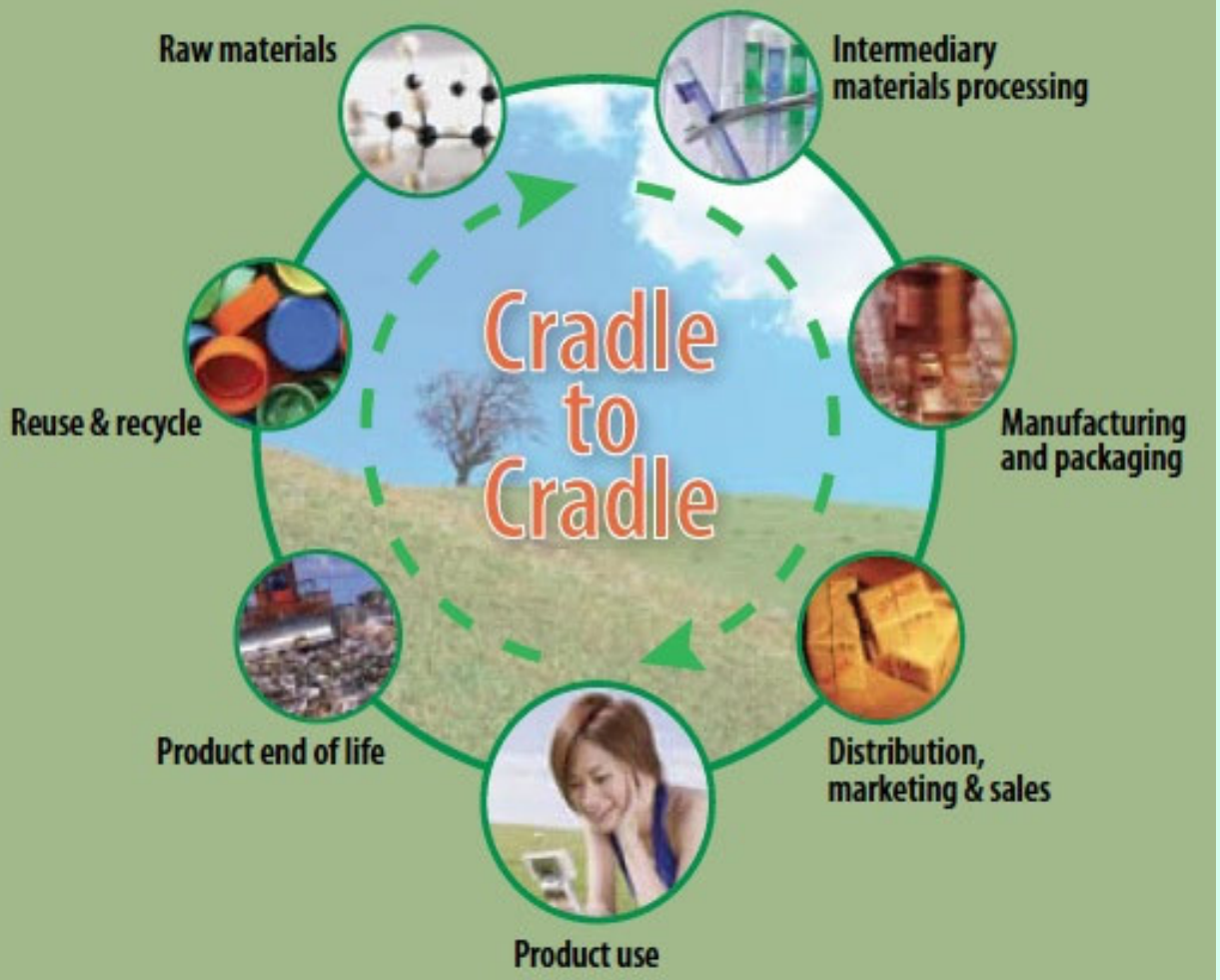


- ✓ Take action to prevent harm, even if we are not sure about (all) the hazards.
- ✓ *Shift the "burden of proof" to companies. Before it is sold, used or put on the market, make them prove that something will not harm people or the environment.*
- ✓ Look at a lot of options or alternatives. Go for the non-toxic or least toxic.
- ✓ *Increase public participation. Be democratic. Make sure that workers, consumers, and environmentalists are in all conversations and decisions about how to deal with chemicals and products.*

Support green chemistry, a framework that is ..



- ✓ *asking "Is this chemical/product necessary for this task?"*
- ✓ about prevention -- using the precautionary approach
- ✓ *better recipes -- designing safer chemicals, products and processes for healthier people, communities and environments*
- ✓ not having to say you're sorry (or making it less likely)



Cradle-to-Cradle is an innovative and sustainable industrial model that focuses on design of products and a production cycle that strives to produce no waste or pollutants at all stages of the lifecycle.

Braungart and McDonough
Cradle-to-Cradle: Remaking the Way We Make Things (2002)

It takes us to different ways of thinking about the design of materials and products and the chemicals that go into them

Stop using cost-benefit analyses --

Make it illegal to suppress claims, reporting injuries and hazards and programmes that promote this effectively (e.g., BBS)

Account for all economic and social costs to really know "the cost of doing business" (after doing a list of what to include)

Take action based on analysis of the costs

Have real/meaningful oversight of what is supposed to be done (involving workers, an equity lens, and accountability)

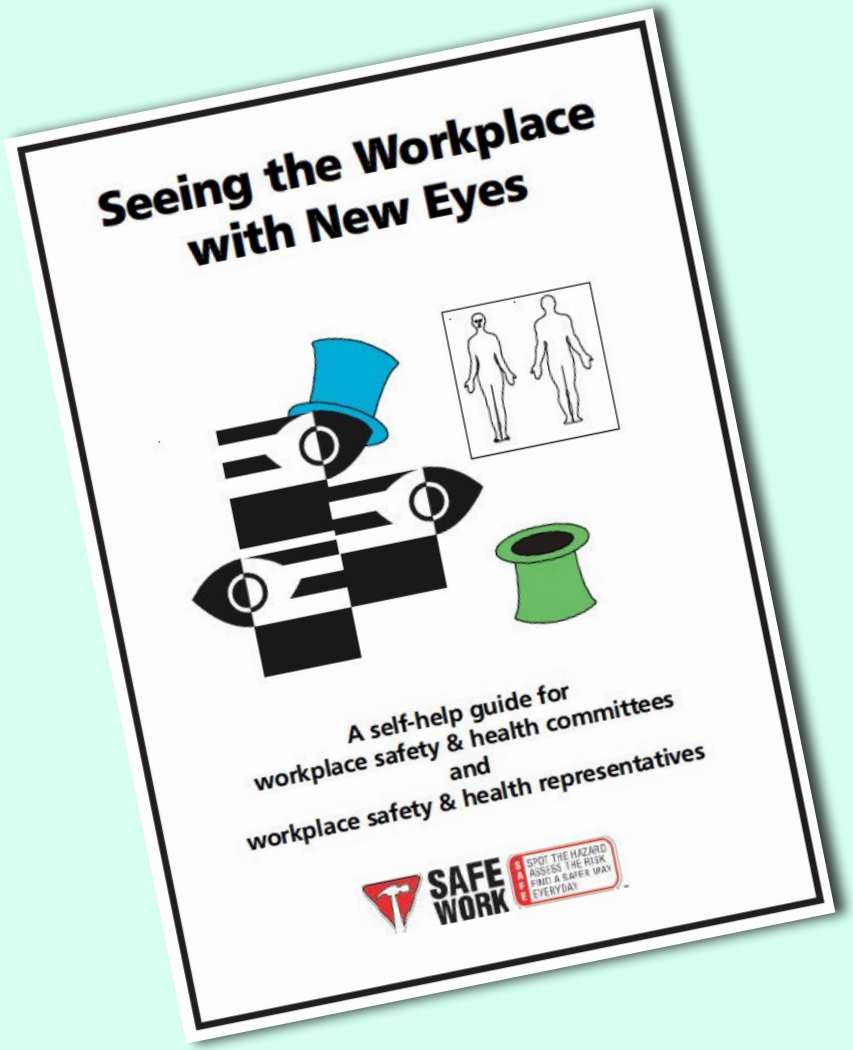
Recognise the limits of giving everything a dollar value

When it can't be done easily and transparently, use precaution and fairness to assist those without, or with little, power or voice.

Focus on the hazards, not the compensation

That's what prevention is based on. And that's where employers and workers need help.

What about solutions and tools?



… in workplaces

We learned during a project in Manitoba that it was important to put the cost of the problem into tools that people use for health and safety work. And we talked about their creative use with the current law, especially "reasonably practicable".

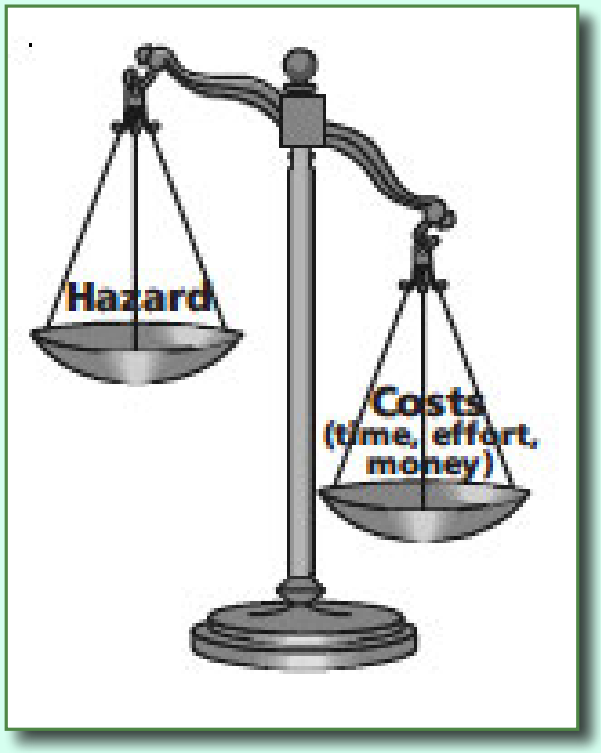
Wigmore, et. al, 2008 (for the Manitoba Workers Compensation Board). *Seeing the workplace with new eyes. A self-help guide for workplace safety and health committees and workplace safety and health representatives.*

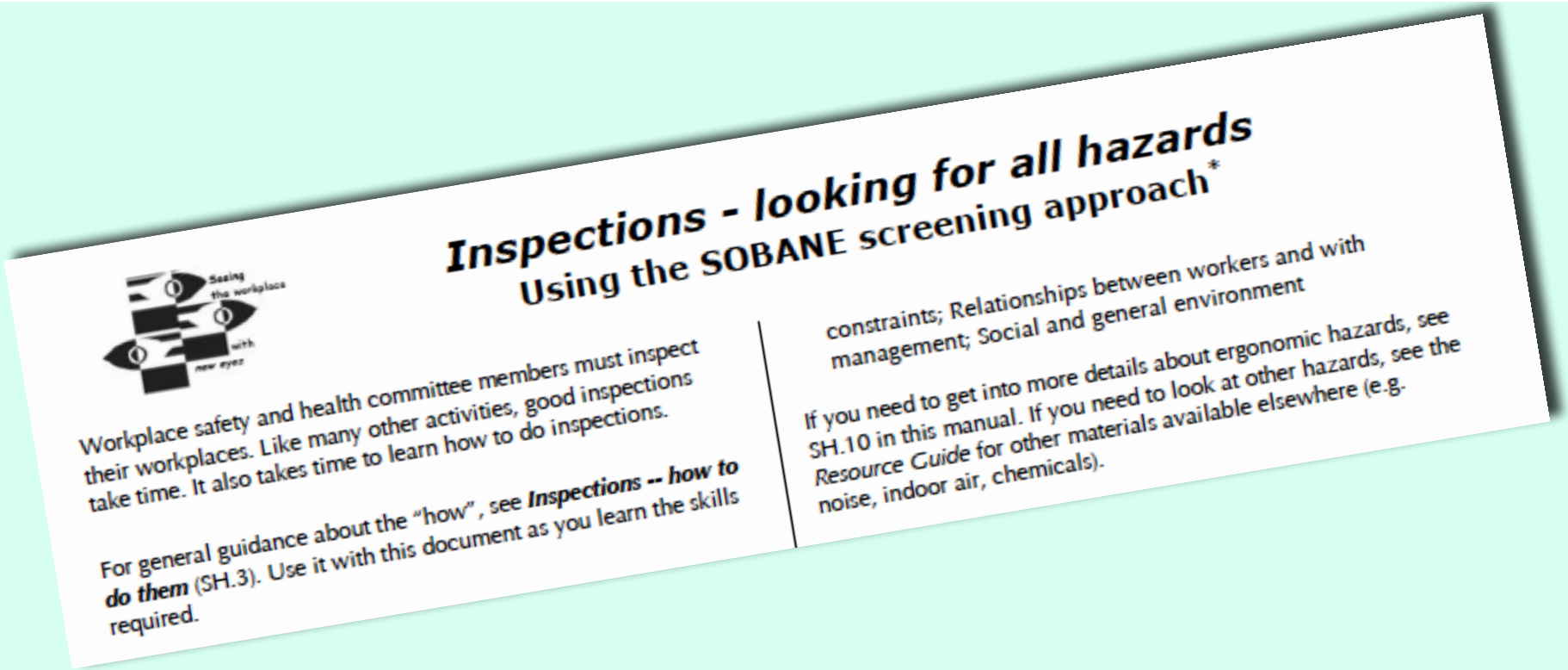
We asked: How can "reasonably practicable" be used to get at internal costs, to justify fixing hazards?

"Reasonably practicable" is found in the *Health and Safety at Work Act* there and in many Canadian jurisdictions. Its meaning comes from a 1949 court case, known as *Edwards vs. National Coal Board*:

.. the employer must weigh the costs in time, money and effort of fixing or preventing problems (hazards) *and the effects of doing little or nothing. It's not a even balancing of costs and hazards. Hazards must be fixed or dealt with unless there is "a gross disproportion" (i.e., a great imbalance) between the cost of solutions and doing nothing about the hazard. The more serious the hazard, the more that it is "reasonably practicable" to fix it.*

(*Seeing the workplace with new eyes*, p. C-8)





Inspections - looking for all hazards
Using the SOBANE screening approach*

Workplace safety and health committee members must inspect their workplaces. Like many other activities, good inspections take time. It also takes time to learn how to do inspections.

For general guidance about the "how", see ***Inspections -- how to do them*** (SH.3). Use it with this document as you learn the skills required.

constraints; Relationships between workers and with management; Social and general environment

If you need to get into more details about ergonomic hazards, see SH.10 in this manual. If you need to look at other hazards, see the *Resource Guide* for other materials available elsewhere (e.g. noise, indoor air, chemicals).

Circle the appropriate "light". If it's not "Green (G)", go to the next column to estimate what the problem costs. There are four categories: nothing (0), a little ($), some ($$), or a lot ($$$). There's a reminder line about this at the bottom of each page.

When you think about costs, also consider the legal term "reasonably practicable". It is used in the Act and regulations, usually to describe employer's duties (things they must do). The idea is important when making the case for health and safety changes. It can be a legal reason to justify spending money.

7. Work organization/stressors -- Work procedures, etc.

Topic	Consider	The situation is …	If not (G), what's the problem cost? *	What can be done to improve the situation right away?	By whom?	By when?	What does the quick solution cost? *	Need to check out more?
Work organization	Clear and appropriate?	(G) (Y) (R)						
	Lets people work without facing health or safety hazards?	(G) (Y) (R)						
	Work planning appropriate in time and space?	(G) (Y) (R)						
Work procedures	Work procedures clear and applied?	(G) (Y) (R)						
Work circumstances (places, tools, materials, stock, unforeseen events, external requests, time, etc.)	Allow applications of the usual work procedures?	(G) (Y) (R)						
	Quality work is possible?	(G) (Y) (R)						
Supplies/stock	Inventory and stock sizes are not too large or too small?	(G) (Y) (R)						

* Costs, in terms of time, effort and money: nothing (0), a little ($), some ($$), or a lot ($$$)

CP.6A

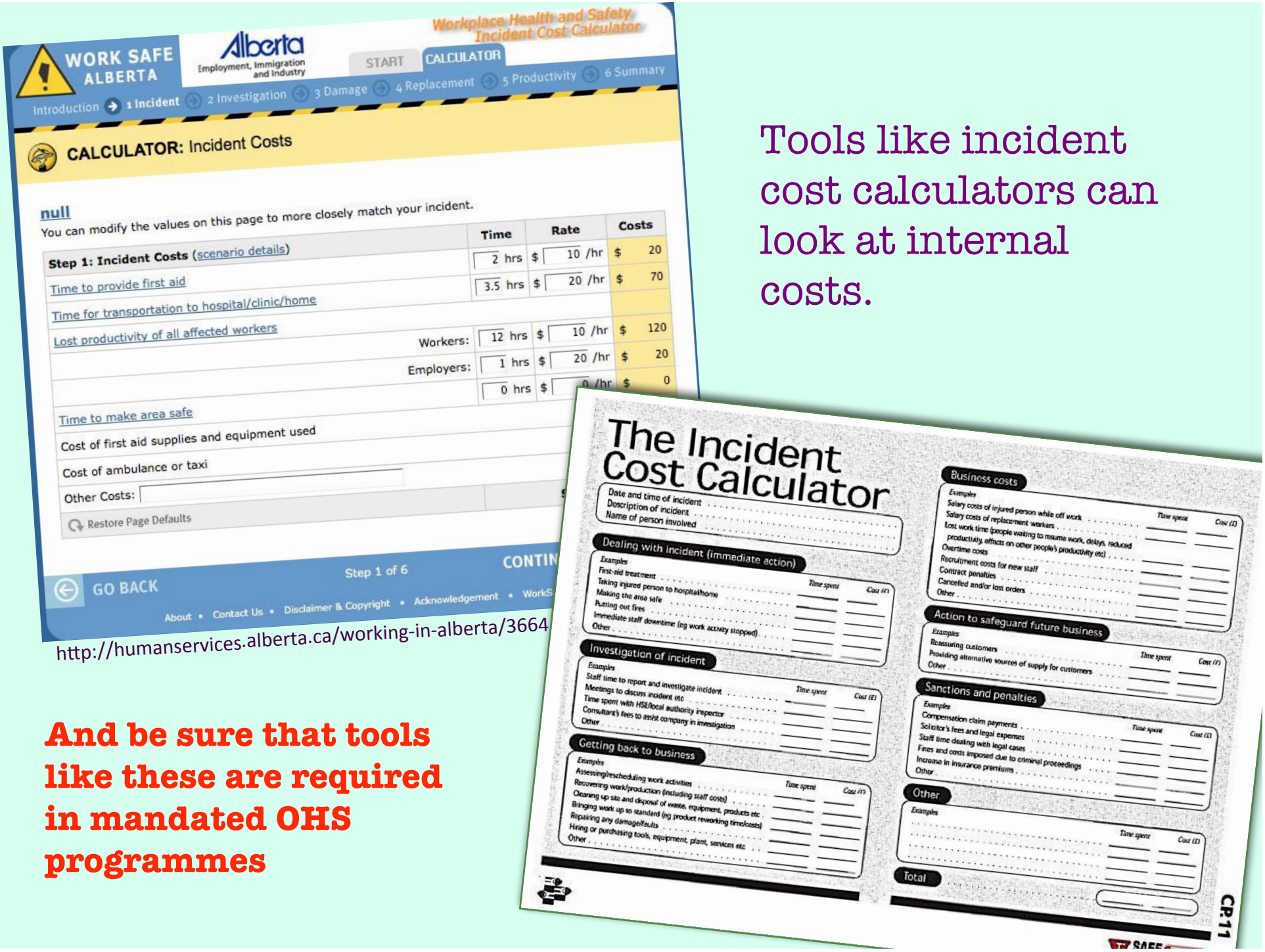
Criteria for decision-making (sample)

	What's important? (Our criteria)	How do we measure success?	Do our recommended solutions match the criteria?
1	How do we (each of us) feel about the solution(s)?	What evidence supports our feeling?	In the absence of evidence, how do we proceed?
2	How many people are affected by the problem? the solution(s)?	Should we set a minimum or maximum?	If one person is affected severely by a hazard, how do we rate its importance?
3	How severe are the consequences of the problem?	What are the acute and chronic effects? How serious are they?	If the consequences are only short-term or only long-term, how appropriate is our solution?
4	How much does the problem cost?	Does the solution cost less, the same or more than the problem? How much?	How are costs considered, compared to severity and consequences?
5	What does the law about this topic? What is "reasonably practicable" to do in terms of time, effort and money?	What absolute requirements must the employer follow? How does this account for "reasonably practicable"?	Is management informed and clear about the health and safety law?
6	What do workplace documents say about this situation?	What guidelines do we already have to help us? What's in our health and safety program? union contract (if there is one)? other policies?	In the absence of policy, do we develop one? If this situation is not covered in our program, what needs to be added?
7	Can the problem be fixed easily and quickly?	What is the effect of fixing something right away?	How do we still go after long-term solutions?
8	How important is the problem to the people involved, especially those affected?	If the committee identifies a hazard that others don't "see", how do we measure its impact?	If the potential consequences are severe, does the committee go ahead when the problem is not apparent? How do we use the prevention principles (including substitution and precaution)?
9	Where does the solution fit on the prevention triangle?	How close are we to the root cause or source of the problem?	If the fix fits in Level 2 or 3, what should we do to find out more about a Level 1 solution?

SAFE WORK

Criteria for decision-making - setting priorities about hazards to tackle

Criteria	Hazard # 1	Hazard # 2	Hazard # 3	Hazard # 4	Hazar
How serious a hazard/issue is it?					
How many people are or could be affected?					
How severe are the (potential) consequences (acute and chronic effects)?					
How often is the problem likely to occur (frequency)?					
How much does the problem (hazard) cost?					
What's the law say about this?					
If applicable, what does the collective agreement say about this?					
Could the problem be fixed easily and quickly?					
How important is it to the people involved?					



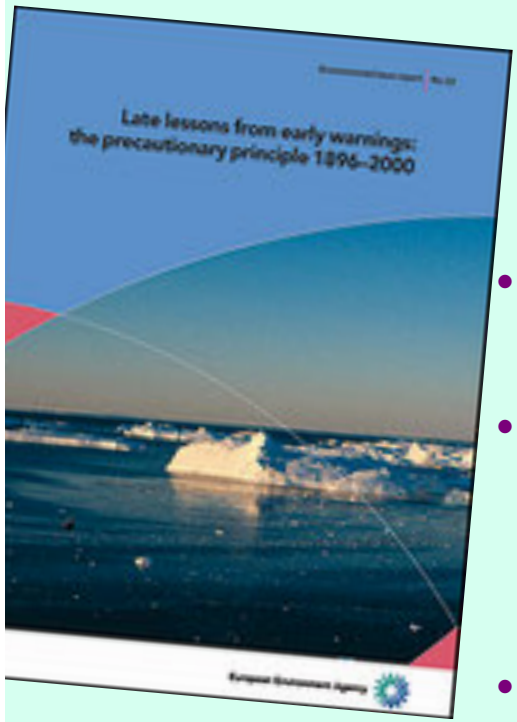
http://humanservices.alberta.ca/working-in-alberta/3664

Tools like incident cost calculators can look at internal costs.

And be sure that tools like these are required in mandated OHS programmes

… at the “macro” level

Where are the externalised costs?



- List all externalised costs, accounting for what happens to families, government agencies, NGOs, other employers, etc. (informed by research, injured workers, *Late lessons from early warnings*, and more)
- Analyse which institutions (public and private) now pay for specific externalised costs, and how much
- Require employers/insurers to analyse drug plans, other health benefit plans, other insurance plans (e.g., long-term disability) for links to all types of work-related hazards
- Look for leverage that could be used (e.g., companies with a certain percentage of the workforce on LTD, blood pressure meds, pain killers, etc. are penalised if they do not analyse the work-related hazards that could contribute and “fix” them)

To implement the precautionary principle, assess, justify and account for all economic pros and cons

- Include distribution; and "secondary" benefits and costs
- Include effects of innovation and technological change, and social impacts of technology choices
- Product prices need to include full costs of production, use and disposal (the "polluter pays principle")
- This maximises efficiency, stimulates innovation and minimises environmental and health burdens
- Precautionary costs should not greatly outweigh the benefits; the proportionality principle

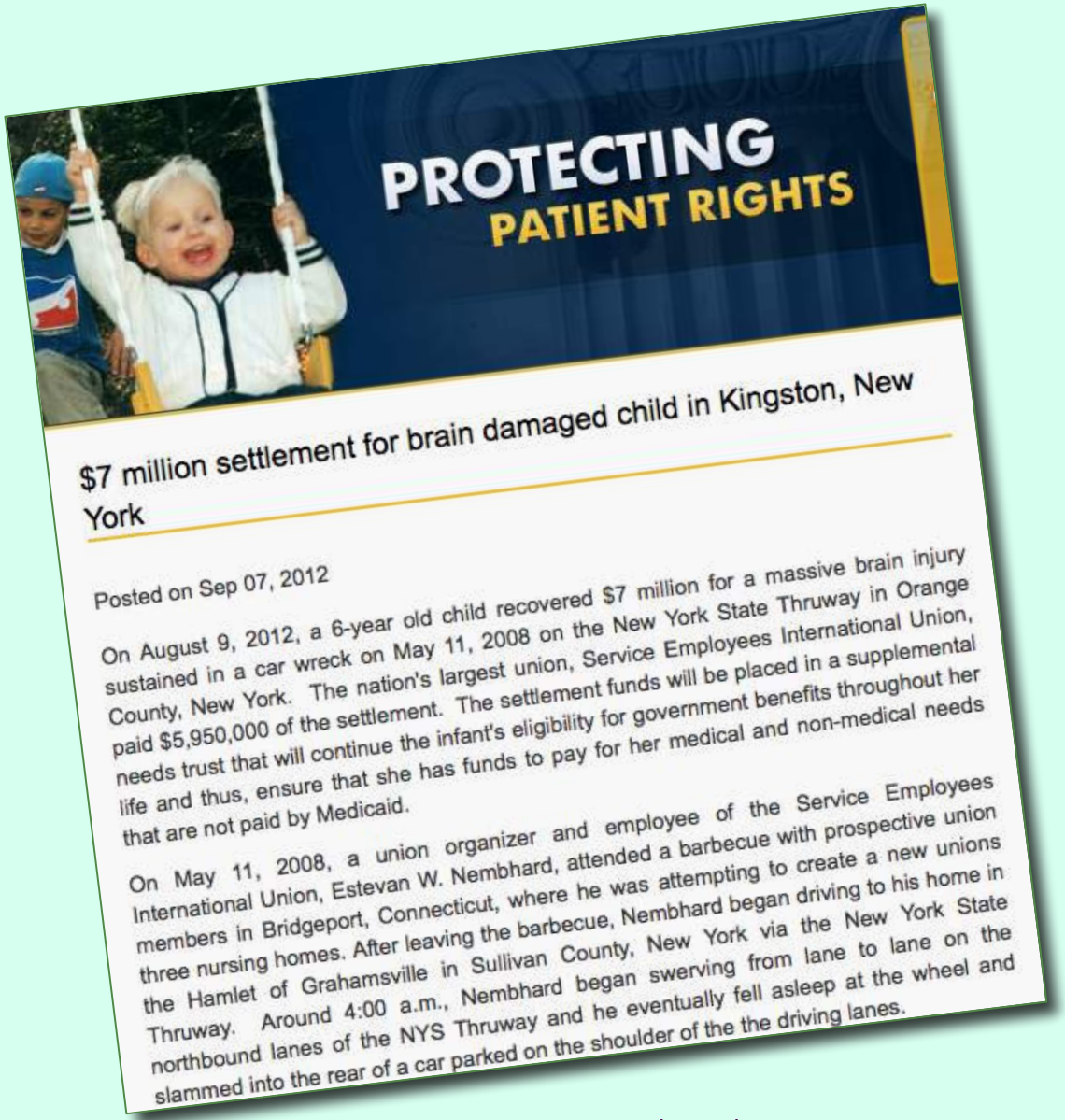
"Misplaced certainty about the absence of harm played a key role in delaying preventive actions in most of the case studies" (preface, *Late lessons from Early Warnings: the Precautionary Principle 1896-2000*)

Adapted from a presentation by Dave Gee, European Environment Agency. *Late lessons from early warnings: the precautionary principle 1896-2000*

Use public funding, especially contracts, **to promote the principles and practices that lead to healthy and safe workplaces**

http://www.citizen.org/documents/price-of-inaction-washington-construction-worker-safety-report.pdf

.. the state's leaders could take a major, yet inexpensive, step toward addressing construction industry safety shortcomings simply by **requiring that contractors meet safety standards to qualify to bid for public construction projects.** Washington should implement a comprehensive policy to prequalify contractors who wish to perform public contracting services in the construction industry.



http://www.protectingpatientrights.com/news/7-million-settlement-for-brain-damaged-child-in-kingston-new-york-20120907.cfm

Our families and communities need to be part of the equations

How do we include the costs of the effects on others, starting with family? What's the role of toxics torts and other kinds of suits? Just transition?

Finance green chemistry efforts that …

- Tackle real workplace hazards
- Meaningfully involve workers in the life cycle of the project
- Help employers, workers and suppliers identify hazardous products and useful substitutes (e.g., ChemHAT)
- Share the results

Ask Dr. Francesca Kerton, Memorial University about what she could do to help find some solutions.

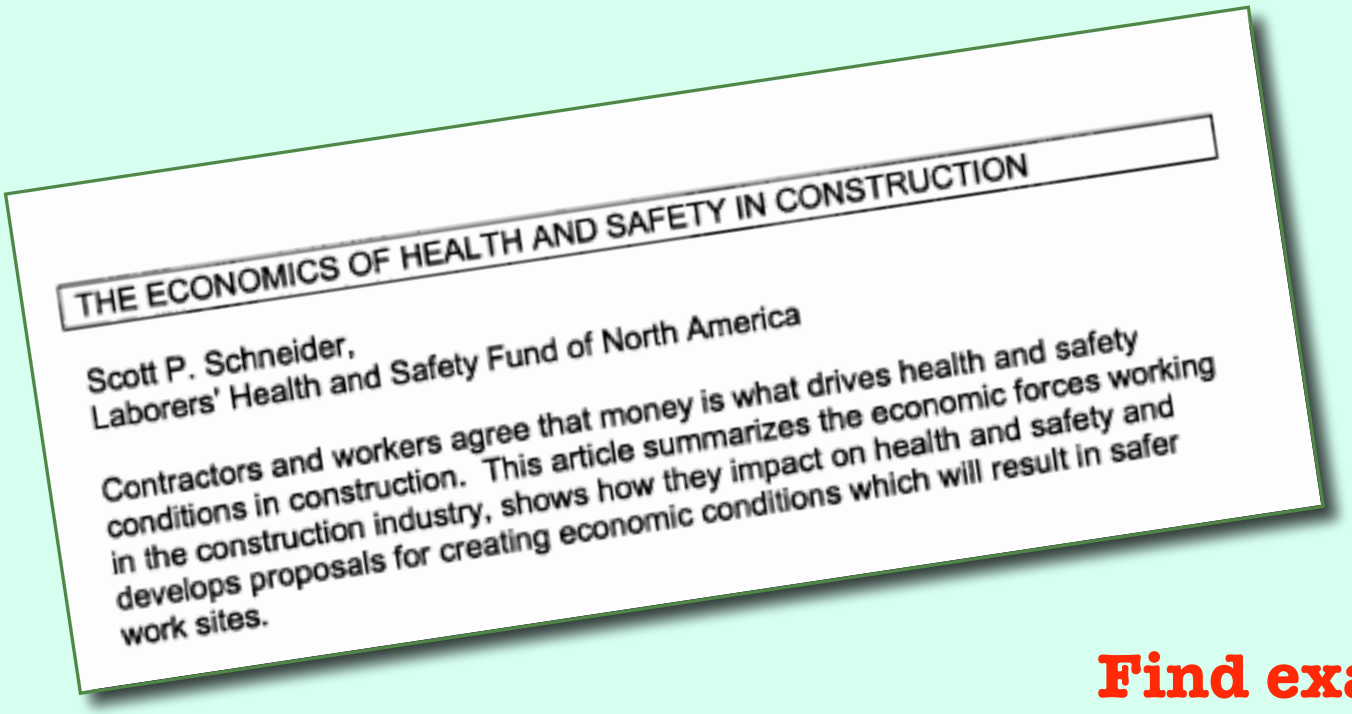
Fund joint activities that:

Overhead drilling before (left) and with new jig (right), UC Ergonomics Program. *Courtesy The Ergonomics Program, University of California Center for Occupational and Environmental Health.*

- ✓ require accountability, analysis, reporting and action
- ✓ include workers' voices (through unions, workers' centres, etc.) with at least as much power as management
- ✓ are demonstration projects about addressing hazards using the principles of the prevention triangle (about ergonomics, chemicals, "stress" especially)
- ✓ share the results by sector, workplace size, etc.
- ✓ emphasize action vs. academic research
- ✓ include "outside eyes"
- ✓ reports to shareholders about the costs of hazards and how they are being addressed
- ✓ are used by the funder

Fund workers' activities that include:

- ✓ training to inspect for all hazards and principles of fixing them
- ✓ support to refuse work that could be unhealthy or unsafe to themselves or others, with follow-up to help fix the hazards and ensure no retaliation
- ✓ support for filing injury/disease reports and complaints with employers and enforcement agencies and dealing with employers who have good intentions but don't know what to do
- ✓ roving reps (e.g., as in Sweden) to help smaller workplaces, who can issue the equivalent of Provisional Inspection Notices (PINS, e.g., in Victoria, Australia)
- ✓ sharing solutions based on sector, region, workplace size, (not) unionised, contingent work



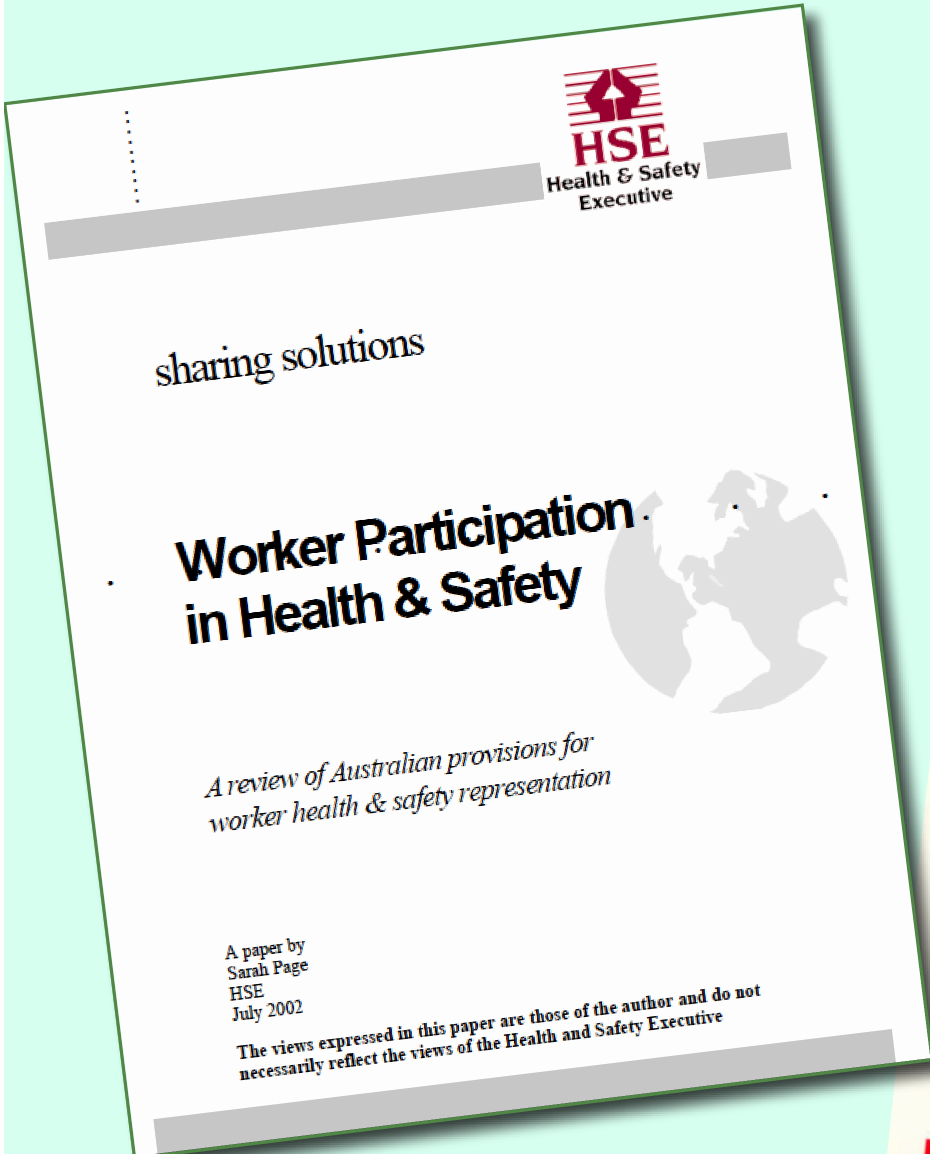
THE ECONOMICS OF HEALTH AND SAFETY IN CONSTRUCTION

Scott P. Schneider,
Laborers' Health and Safety Fund of North America

Contractors and workers agree that money is what drives health and safety conditions in construction. This article summarizes the economic forces working in the construction industry, shows how they impact on health and safety and develops proposals for creating economic conditions which will result in safer work sites.

Find examples of what others are doing

... and share them through enforcement agencies, CCOHS, IWH and others



HSE
Health & Safety Executive

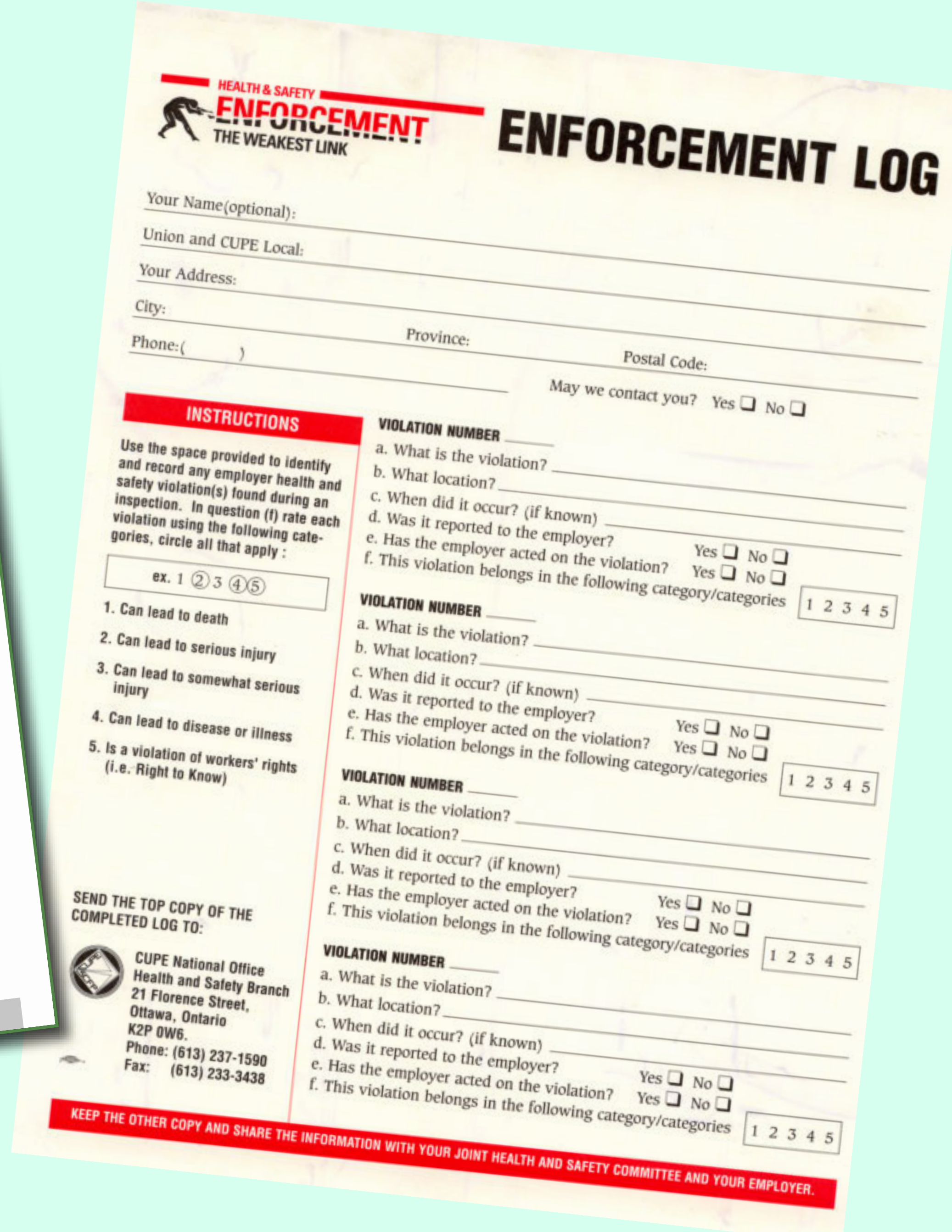
sharing solutions

Worker Participation in Health & Safety

A review of Australian provisions for worker health & safety representation

A paper by
Sarah Page
HSE
July 2002

The views expressed in this paper are those of the author and do not necessarily reflect the views of the Health and Safety Executive



HEALTH & SAFETY ENFORCEMENT
THE WEAKEST LINK

ENFORCEMENT LOG

Your Name(optional):

Union and CUPE Local:

Your Address:

City:

Phone:( ) Province: Postal Code:

May we contact you? Yes ❑ No ❑

INSTRUCTIONS

Use the space provided to identify and record any employer health and safety violation(s) found during an inspection. In question (f) rate each violation using the following categories, circle all that apply :

ex. 1 ② 3 ④⑤

1. Can lead to death
2. Can lead to serious injury
3. Can lead to somewhat serious injury
4. Can lead to disease or illness
5. Is a violation of workers' rights (i.e. Right to Know)

VIOLATION NUMBER ____
a. What is the violation?
b. What location?
c. When did it occur? (if known)
d. Was it reported to the employer? Yes ❑ No ❑
e. Has the employer acted on the violation? Yes ❑ No ❑
f. This violation belongs in the following category/categories 1 2 3 4 5

VIOLATION NUMBER ____
a. What is the violation?
b. What location?
c. When did it occur? (if known)
d. Was it reported to the employer? Yes ❑ No ❑
e. Has the employer acted on the violation? Yes ❑ No ❑
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d. Was it reported to the employer? Yes ❑ No ❑
e. Has the employer acted on the violation? Yes ❑ No ❑
f. This violation belongs in the following category/categories 1 2 3 4 5

SEND THE TOP COPY OF THE COMPLETED LOG TO:

CUPE National Office
Health and Safety Branch
21 Florence Street,
Ottawa, Ontario
K2P 0W6.
Phone: (613) 237-1590
Fax: (613) 233-3438

KEEP THE OTHER COPY AND SHARE THE INFORMATION WITH YOUR JOINT HEALTH AND SAFETY COMMITTEE AND YOUR EMPLOYER.

And don't forget ...

- ✓ we still need enforcement and better regulations
- ✓ language matters (hazard vs risk, prevention vs control, injury vs disease, safety vs health)
- ✓ evaluation is essential, with follow-up action
- ✓ our health is not supposed to be for sale

Think hazards.

Think big.

Think solutions.

Think tools.

Think collective action.

What are your questions?