

SUBMISSION
TO THE
ONTARIO NDP TASK FORCE
ON
HEALTH & SAFETY IN THE WORKPLACE

BY THE

ONTARIO FEDERATION OF LABOUR
WOMEN'S COMMITTEE

REGARDING
OCCUPATIONAL REPRODUCTIVE HAZARDS

OCCUPATIONAL REPRODUCTIVE HAZARDS

THIS PRESENTATION WILL DESCRIBE 1) THE EFFECTS OF CERTAIN WORKPLACE AGENTS ON A WORKER'S REPRODUCTIVE SYSTEM OR OFFSPRING AND 2) THE USE OF DISCRIMINATORY PRACTICES TO REPLACE EFFECTIVE STANDARDS FOR EXPOSURE TO TOXIC SUBSTANCES.

WORKPLACE REPRODUCTIVE HAZARDS ARE THE CHEMICALS, PROCESSES OR CONDITIONS WHICH CAN HARM OUR REPRODUCTIVE SYSTEMS AND THEREBY AFFECT OUR CHILDREN OR OUR ABILITY TO HAVE CHILDREN.

APPROXIMATELY ONE-HALF OF ALL CONCEPTIONS HAVE BEEN ESTIMATED NOT TO SURVIVE TO TERM, AND SOME DIE SO EARLY THAT THEY ARE NOT EVEN DETECTED BY THE MOTHER.

EVERY YEAR AS MANY AS TEN PERCENT OF THE CHILDREN BORN IN CANADA SUFFER FROM SOME KIND OF PHYSICAL OR DEVELOPMENTAL DEFECT. ABOUT FIFTEEN PERCENT OF ALL BIRTH DEFECTS ARE ATTRIBUTED TO ENVIRONMENTAL AGENTS. HOWEVER, THE CAUSE OF SIXTY-FIVE TO SEVENTY PERCENT OF BIRTH DEFECTS IS UNKNOWN.

THE SPERM COUNT OF THE AVERAGE NORTH AMERICAN MAN SEEMS TO BE DECLINING, POSSIBLY AS A RESULT OF WIDESPREAD EXPOSURE TO TOXIC CHEMICALS IN OUR ENVIRONMENT. A LOW SPERM COUNT MAY INFLUENCE THE ABILITY TO CONCEIVE CHILDREN. IT IS CURRENTLY ESTIMATED THAT FIFTEEN PERCENT OF ALL COUPLES ARE INFERTILE.

WE HAVE EXPOSURE GUIDELINES FOR ONLY ABOUT 600 SUBSTANCES OUT OF THE TENS OF THOUSANDS OF CHEMICALS WE USE IN OUR WORKPLACES. THESE GUIDELINES WERE NOT DESIGNED TO PROTECT AGAINST

DAMAGE TO OUR REPRODUCTIVE SYSTEMS OR OUR OFFSPRING.

HOWEVER, TO DATE, MORE THAN 200 CHEMICALS HAVE BEEN ASSOCIATED IN CELL CULTURE STUDIES WITH THE CAUSATION OF CHROMOSOMAL ABNORMALITIES, AND MANY MORE ARE SUSPECTED.

BY FAILING TO IDENTIFY AND CONTROL OUR EXPOSURE TO HAZARDOUS WORKPLACE CONDITIONS, WE NOT ONLY RISK OUR OWN HEALTH, BUT WE ARE GAMBLING WITH THE HEALTH OF FUTURE GENERATIONS.

SLIDE-TAPE "GAMBLING WITH THE FUTURE"

ALL CANADIANS HAVE A FUNDAMENTAL RIGHT TO A HEALTHY AND SAFE WORKING ENVIRONMENT*. HOWEVER, SOME POLICIES ON REPRODUCTIVE HAZARDS IGNORE WOMEN AS A PERMANENT FORCE IN CANADIAN LABOUR AND EXCLUDE THEM CATEGORICALLY FROM CERTAIN JOBS.

OTHER POLICIES ARE NOT SO OBVIOUSLY DISCRIMINATORY, BUT NEVERTHELESS GIVE CAUSE FOR CONCERN. THE ONTARIO LEAD REGULATION OFFERS SUCH AN EXAMPLE. FIRST OF ALL, THE STANDARD FOR LEAD OTHER THAN TETRAETHYL LEAD HAS BEEN SET AT 0.15 MG. OF LEAD PER M³. THIS LEVEL IS THREE TIMES THE ALLOWABLE LEVEL IN THE U.S.

BLOOD TESTS ARE REQUIRED UNDER THE REGULATION TO MEASURE THE "BODY BURDEN" OF LEAD. IN THE PAST, INDUSTRY AND THE ONTARIO GOVERNMENT WERE GUIDED BY A MAXIMUM LEVEL OF 0.8 MG. OF

*BILL C-35, AN ACT TO ESTABLISH THE CANADIAN CENTRE FOR OCCUPATIONAL HEALTH AND SAFETY, APRIL 17, 1978, P.1.

LEAD PER LITRE (L) OF BLOOD.

THE NEW STANDARD STATES THAT 0.70 MG/L IS THE LEVEL AT WHICH MALE WORKERS SHOULD BE REMOVED FROM FURTHER EXPOSURE TO LEAD. MEN ARE IDENTIFIED AS "FIT FOR EXPOSURE" TO LEAD WHEN THEIR BLOOD LEAD DROPS BELOW 0.50 MG/L. IN THE U.S. ALL WORKERS ARE REMOVED FROM EXPOSURE AT 0.50 MG/L, THE SAME LEVEL AT WHICH ONTARIO MEN ARE REENTERING A LEAD CONTAMINATED ENVIRONMENT.

THE ONTARIO LEAD REGULATION ALSO REQUIRES THE REMOVAL OF WOMEN CAPABLE OF BEARING CHILDREN FROM FURTHER LEAD EXPOSURE AT 0.40 MG/L. WHEN A WORKER BECOMES PREGNANT, SHE MAY BE IMMEDIATELY REMOVED FROM FURTHER EXPOSURE TO LEAD. SINCE A WORKER MUST BE EXPERIENCING HEALTH EFFECTS FROM LEAD EXPOSURE IN ORDER TO QUALIFY FOR WORKMEN'S COMPENSATION, IT IS UNCLEAR WHETHER A PREGNANT WORKER WOULD RECEIVE INCOME PROTECTION.

THIS KIND OF REGULATION IS DISCRIMINATORY ON TWO COUNTS. FIRST, IT WILL REDUCE THE CHANCES OF WOMEN GETTING AND KEEPING JOBS WHERE THERE IS LEAD EXPOSURE BECAUSE WOMEN MUST BE REMOVED FROM LEAD EXPOSURE AT LOWER BLOOD LEAD LEVELS.

WOMEN ARE NOT MOTIVATED TO SEEK EMPLOYMENT WHERE THERE IS LEAD EXPOSURE OUT OF A DESIRE TO SUFFER EQUALLY FROM LEAD POISONING. RATHER, THEY SEEK THE HIGHER WAGES THAT SUCH INDUSTRIAL JOBS USUALLY PAY.

SECONDLY, THIS REGULATION DISCRIMINATES BY CONDEMNING MALE WORKERS TO CONTINUE TO WORK WITH LEAD AT BLOOD LEAD LEVELS WHICH ARE ILLEGAL IN THE U.S. SUCH LEVELS MAY PREVENT THE MANIFESTATIONS OF LEAD POISONING, BUT DO NOT GUARANTEE PROTECTION AGAINST BLOOD DAMAGE AND REPRODUCTIVE EFFECTS IN MEN.

THE EXCLUSION OF WOMEN FROM A FLIN FLON SMELTER IN NORTHERN MANITOBA, PROMPTED THE LOCAL UNION TO FILE A COMPLAINT WITH THE MANITOBA HUMAN RIGHTS COMMISSION. THE UNITED STEELWORKERS OF AMERICA LOCAL CLAIMED THAT THE POLICIES OF THE HUDSON BAY MINING AND SMELTING COMPANY DISCRIMINATED AGAINST MALE WORKERS BY ALLOWING THEM TO BE EXPOSED TO DANGEROUSLY HIGH LEAD COUNTS. THE CASE IS CURRENTLY UNDER REVIEW BY THE FEDERAL HUMAN RIGHTS COMMISSION.

EMPLOYERS AND GOVERNMENTS THAT ADVOCATE THE REMOVAL OF SUSCEPTIBLE WORKERS FROM EXPOSURE TO A HAZARD RATHER THAN THE REMOVAL OF THE HAZARD ITSELF, ARE CLEARLY NOT MOTIVATED BY A DESIRE TO PROMOTE WORKER HEALTH. EARLIER IN THIS CENTURY, INDUSTRY CONCLUDED THAT MOST WORK RELATED ACCIDENTS WERE CAUSED BY "ACCIDENT PRONE WORKERS" INSTEAD OF UNSAFE WORKING CONDITIONS. THIS TREND CONTINUES NOW BY FOCUSING ON "HYPERSENSITIVE" OR "CANCER-PRONE" WORKERS AS A CAUSE OF INDUSTRIAL DISEASES.

GENETIC SCREENING PROGRAMMES ARE INCREASINGLY USED BY INDUSTRY TO "SCREEN OUT" WORKERS WITH CERTAIN GENETIC TRAITS. THE TEXAS DIVISION OF THE DOW CHEMICAL COMPANY HAS FOR MORE THAN TEN YEARS

BEEN CONDUCTING PREEMPLOYMENT TESTING AND REGULAR WORKER MONITORING. DOW USES BLOOD ANALYSES FOR CHROMOSOMAL EVALUATION AS A MEANS OF EXAMINING THE GENETIC DAMAGE IN WORKERS.

SUCH TESTS HAVE EVEN BEEN SUGGESTED WHERE WORKERS ARE EXPOSED TO KNOWN CARCINOGENS SUCH AS BENZENE AND VINYL CHLORIDE. CHROMOSOME DAMAGE IN WORKERS CAN THEN BE REGARDED AS AN "EARLY WARNING SYSTEM" FOR GENETIC DAMAGE.

GENETIC SCREENING AND THE REMOVAL OF "HIGH RISK" WORKERS MAY BE VIEWED BY EMPLOYERS AS A LESS COSTLY SOLUTION THAN CLEANING UP THE WORK ENVIRONMENT.

HOWEVER, SUCH TESTS USUALLY PROVIDE NO GUARANTEE OF SENSITIVITY OR ACCURACY AS PREDICTORS OF RISK. RATHER THAN IDENTIFYING SOME GENETIC ATTRIBUTE, THEY MAY REFLECT IN OLDER WORKERS THE EFFECTS OF CHRONIC EXPOSURE TO INDUSTRIAL TOXINS.

WORKERS WHO ARE LABELLED SUSCEPTIBLE MAY HAVE NO PROTECTION AGAINST JOB OR INCOME LOSS. THEY MAY BE PENALIZED FINANCIALLY FOR THEIR EMPLOYER'S POOR WORKING CONDITIONS.

THESE WORKERS MAY ALSO BE PENALIZED BY THE LOSS OF THEIR HEALTH. THERE IS NO SAFE LEVEL OF EXPOSURE TO A CARCINOGEN. MONITORING FOR GENETIC CHANGES MAY ALERT THE WORKERS THAT THEY ARE BEING EXPOSED TO MUTAGENS, BUT THIS "EARLY WARNING SYSTEM" WILL NOT PROTECT WORKERS FROM CANCER OR FROM REPRODUCTIVE EFFECTS.

BY FOCUSING ON SUSCEPTIBLE WORKERS, THERE MAY BE A TENDENCY TO IGNORE THE HAZARDS FACED BY ALL WORKERS. THIS CAN CREATE A

FALSE SENSE OF SECURITY AMONG THE WORKERS WHO ARE NOT LABELLED AS "HIGH RISK."

THE RIGHT OF WOMEN TO EQUAL EMPLOYMENT OPPORTUNITY IS UNDENIABLE. ONLY THE ELIMINATION OF HAZARDS WILL GUARANTEE PROTECTION FOR ALL WORKERS. ONTARIO WORKERS NEED NON-DISCRIMINATORY TOUGH STANDARDS FOR EXPOSURE TO TOXIC SUBSTANCES. ONLY THEN CAN THE WORK ENVIRONMENT BE MADE SAFE FOR NOW AND FOR FUTURE GENERATIONS.

SPECIFICALLY, THE OFL WOMEN'S COMMITTEE RECOMMENDS:

1. THAT THE ONTARIO AND FEDERAL GOVERNMENTS AMEND HUMAN RIGHTS LEGISLATION TO PREVENT DISCRIMINATION IN HIRING, JOB PLACEMENT, PROMOTION AND OTHER CONDITIONS OF EMPLOYMENT BASED ON FACTORS RELATED TO REPRODUCTIVE PHYSIOLOGY, SUCH AS REPRODUCTIVE CAPACITY, PREGNANCY OR CHILD-BIRTH; THAT EXCLUSIONARY POLICIES AND PRACTICES ARISING FROM SUCH ISSUES BE PROHIBITED BY LAW; AND THAT THE LEGISLATION BE MONITORED AND ENFORCED ON A CONTINUING BASIS;
2. THAT ALL WORKPLACE SUBSTANCES AND PROCESSES BE THOROUGHLY TESTED FOR THEIR HEALTH EFFECTS INCLUDING SCREENING FOR TERATOGENICITY, MUTAGENICITY, CARCINOGENICITY AND THEIR EFFECTS ON LACTATION;
3. THAT STANDARDS WHICH SET OUT PERMISSIBLE LEVELS OF EXPOSURE TO WORKPLACE HAZARDS ESTABLISH A SINGLE STANDARD FOR EACH HAZARD WHICH WOULD ENSURE MAXIMUM PROTECTION FOR THE MOST SUSCEPTIBLE WORKER OF ANY AGE OR EITHER SEX;

4. THAT, IN ALL WORKPLACES OVER A DESIGNATED SIZE, PROPERLY TRAINED HEALTH AND SAFETY COMMITTEES COMPOSED OF WORKER AND EMPLOYER REPRESENTATIVES WITH THE SEXES PROPORTIONATELY REPRESENTED BE ESTABLISHED WITH AUTHORITY TO MONITOR AND ENFORCE ALL STANDARDS ON A REGULAR BASIS;

5. THAT, WHEN PROCEDURES UTILIZING KNOWN HAZARDS ARE IN OPERATION, IMMEDIATE STEPS BE TAKEN TO MINIMIZE EXPOSURE OF THE WORKER BY:

- A) SUBSTITUTING HARMLESS OR LESS HARMFUL SUBSTANCES;
- B) RE-DESIGNING THE WORKPLACE IN ORDER TO ISOLATE THE HAZARD;
- C) PROVIDING SUITABLE AND EFFECTIVE PERSONAL PROTECTIVE EQUIPMENT AND/OR CLOTHING UNTIL OTHER MEASURES ARE IMPLEMENTED;

6. THAT IN SITUATIONS WHERE RISK IS IDENTIFIED SPECIFICALLY FOR WORKERS, FEMALE AND MALE, BECAUSE OF THEIR REPRODUCTIVE PHYSIOLOGY:

- A) IMMEDIATE ATTEMPTS BE MADE TO ELIMINATE THE HAZARD IN THE WORKPLACE;
- B) EMPLOYEES BE INFORMED IMMEDIATELY OF THE RISK AND POTENTIAL EFFECT ON THEIR HEALTH;
- C) PERSONS WHO ARE AT RISK BE GRANTED THE RIGHT TO REFUSE WORK AND TO LEAVE THE HAZARDOUS WORK AREA IMMEDIATELY WITHOUT LOSS OF INCOME OR JOB SECURITY.

7. DOMESTIC AND AGRICULTURAL WORKERS, MANY OF WHOM ARE WOMEN, MUST BE COVERED BY THE OCCUPATIONAL HEALTH AND SAFETY ACT OF ONTARIO. MANY OF THESE JOBS ARE PHYSICALLY HAZARDOUS OR INVOLVE EXPOSURE TO TOXIC SUBSTANCES SUCH AS SOLVENTS AND PESTICIDES. ALL WORKERS NEED

THE MINIMUM STANDARD LEVEL OF PROTECTION THAT THE OCCUPATIONAL HEALTH AND SAFETY ACT AFFORDS.

8. THAT OFFICE WORKERS, RETAIL WORKERS, LIBRARY, HOTEL AND THEATRE WORKERS, THE MAJORITY OF WHOM ARE WOMEN, NO LONGER BE EXCLUDED FROM THE RIGHT TO JOINT HEALTH AND SAFETY COMMITTEES. VDT OPERATORS, FOR EXAMPLE, WHOSE CONCERN ABOUT THE ERGONOMIC, RADIATION AND STRESS EFFECTS OF VDT'S HAS BEEN WELL PUBLICIZED, ARE DENIED THE LEGAL RIGHT TO EVEN DISCUSS THESE PROBLEMS WITH THE EMPLOYER.

9. THE RIGHT TO REFUSE UNSAFE OR UNHEALTHY WORK IS BEING DENIED TO MANY HEALTH CARE WORKERS BECAUSE THEY MIGHT PLACE OTHERS IN THEIR CARE IN "IMMINENT JEOPARDY". STAFFING CUTBACKS RESULTING IN HIGHER STAFF/PATIENT RATIOS MAKE IT EVEN LESS LIKELY THAT HEALTH CARE WORKERS, MOST OF WHOM ARE WOMEN, WILL BE ABLE TO EXERCISE THIS RIGHT. THIS MUST BE CHANGED.

ALL OF WHICH IS RESPECTFULLY SUBMITTED.

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