

ALLIANCE CANADIENNE DES VICTIMES D'ACCIDENTS ET DE MALADIES DU TRAVAIL CANADIAN INJURED WORKERS ALLIANCE

HIGHLIGHTS

Focus on Repetitive Strain Injury (RSI)

This is a special issue of "Highlights" featuring articles on RSI with a focus on Women's Work.

RSI is becoming a very big issue. We need to concentrate more of our time and energy on RSI. In Newfoundland, claims for RSI have increased by 84% since 1994. In Quebec, from 1987 - 1990, the number of claims rose by more than 300%. In the United States, the number of claims for RSI was almost 10 times higher in 1991 than it was in 1981.

Many experts say that soon, half of all claims for work injuries will be related to RSI. Workers are telling us it is becoming more difficult to gain entitlement for a repetitive strain injury. WCB's are bringing in "normal healing times". If you're not better in 6 weeks, you must be non-cooperative and are cut off benefits.

We need to educate ourselves and the public about this epidemic. This issue of "Highlights" is a start.

As well, we have news and happenings from across the country and around the world.

Please read on.

Summer
2000
Etc

Our next issue of Highlights will focus on **Experience Rating**.

We would love to hear from you. Please send us your thoughts & experiences for the next newsletter.

Visit our Web-site at <http://www.ciwa.ca>

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THANKS for Your SUPPORT!

Editor's Note

This newsletter is for sharing and exchanging information. The views and opinions expressed here are those of the individuals or groups making submissions. We take no responsibility for their accuracy or opinions.

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News & Happenings

*Thanks to the Social Development
Partnership Program of HRDC for the
funding necessary to produce this
newsletter.*

We sure appreciate your help !!!

Upcoming Events

July 22, 2000.

**"Activists for Injured Workers"
Conference**

hosted by the OPEU/CPIW
Salem, Oregon, USA

September 29 - October 1, 2000.

**"The Millenium and Beyond"
ONIWG Conference**

hosted by the Ontario Network of Injured
Workers Groups
The C.A.W. Education Centre
Port Elgin, Ontario

November 17 - 19, 2000.

"Disability & Human Rights" Conference

hosted by the CLC
The Queen Elizabeth Hotel,
Montreal, Quebec

LABOUR AND INJURED WORKERS ORGANIZING IN OREGON Activists for Injured Workers CONFERENCE

Saturday July 22, 2000
Chemeketa Community College
Salem, OR 97309

TOPICS

- * What to do when you are injured on the job
- * Injured worker organizing
- * Political considerations
- * Dealing with denials
- * The role of the Ombudsman
- * Appeals

For more registration forms or questions, contact
Bonnie Jeglin or Bob Rossi at (800) 452-2146.

COMMITTEE TO PROTECT INJURED WORKERS
OREGON PUBLIC EMPLOYEES UNION, SEIU LOCAL 503

News from BC

The queue in disability awards at the WCB in British Columbia is now up to two years and people waiting for rehabilitation is also backed up. What happened to the \$14 million surplus again this year? Injured and disabled workers are having to wait for their pensions even longer even though interest is accumulating.

FINANCIAL PROGRAMS DIRECTORY

Neads has just launched the on-line version of the National Directory of Financial Assistance Programs for Post-Secondary Students With Disabilities. This directory is a comprehensive guide to funding for college and university studies and describes programs that are available across Canada.

To explore the financial aid directory, visit the web site - www.neads.ca and select the NEADS Online Resource Centre (NORC) from the home page.

CORRECTION - CPP CHARTS - Spring Issue:

*NFLD - Ceiling on WCB Benefits showed
\$39,300*

Should be \$45,500

CIWA/ACVAMT Projects

People Helping People

The result of our Peer Support Pilot Project, ***People Helping People*** (71 pages) lists the steps to starting up and maintaining support groups for injured workers, family members, widows and widowers. By working in small groups, we can share experiences, concerns and fears. We can support each other in learning to adjust to life with a disability. The triumphs and trials of four injured workers' support groups were collected and included in this resource. In this way, others can learn from their experiences, and apply them to starting new groups and committees or strengthening existing ones.

We have already received some very positive feedback on ***People Helping People***. Don't delay.....

Order your copy today!

Corporations & Institutions:

Full price: \$25

Unions & Non-Profits:

25% off: \$18.75

Injured & Unemployed Workers

50% off: \$12.50

Youth Project

For a number of years, injured workers have been saying that we need to go into high schools and educate young people about the hazards in the workplace and the rights they have available to protect themselves as well as their co-workers. Many have also said that they would never want to see their children become injured workers and suffer through the same experiences as they have.

Their concerns are justified. The injury rate for workers aged 15 to 24 is thirty-five per cent (35%) higher than for any other age group. In Ontario, fifteen (15) workers between the ages of 15 and 24 died in 1998, and fifty (50) young workers are hurt every day on the job. Seventy-five per cent (75%) of injured workers with a permanent injury are unemployed. The Canadian Injured Workers Alliance is concerned about these statistics, and proposed a Youth Project as a result.

Our Youth Project aims to educate young people on workplace accident prevention and post-accident issues. Throughout the project, we will develop a model workshop, resource package and peer support model to reach out to young workers. The models will be tested at high schools and Youth Employment Centres in at least three communities across Ontario. We then hope to host a number of training sessions across Ontario and across Canada for representatives from local injured workers groups on how to deliver the workshop to their local high schools and youth groups.

The Youth Project officially kicked off during

A SPECIAL THANKS

TO THE USWA, CAW, & THE WORKERS' HEALTH
AND SAFETY CENTRE FOR THEIR CONTRIBUTIONS
WHICH HELPED ENABLE US TO START THE YOUTH
PROJECT

June, 2000. We continue to welcome financial

When the Female Worker Becomes a Machine...

How many female workers today still have the impression of turning into machines as soon as they set foot into the plant? Surely hundreds and hundreds of thousands. How could it be otherwise when they are required to fulfil their tasks at insane performance levels, to meet paces that you can hardly watch without getting dizzy?

Work Paces in Manufacturing Plants

The inhuman work pace is, in manufacturing plants, the daily reality of many women. One only needs to think about sewing machine operators, assemblers, packagers and all those who work on assembly lines operating at a rate over which they have no control, to realize that women's work conditions are still determined by the quest for profits. Employers remain insensitive to the hazards that can be brought on by the work conditions they impose on women.

Work Paces in Other Areas

Many claimed that the new technologies would reduce the constraints linked to certain kinds of tasks. If it's true that work has put on new faces with the development of new technologies, it is also true that these technologies—that some boast as having enhanced work conditions—unfortunately have had, in some instances, the effect of worsening them. The cashier job is a good example of this reality. These workers who formerly had to manually enter the price of each item into the cash register now use optical scanners. At first glance, one could think that their work conditions have improved since they have been relieved of punching in prices. Maybe we need to look closer at this change before drawing a positive conclusion. When you observe these cashiers, it

contributions to this initiative and urge interested parties to contact our office for more information. We also welcome injured workers—especially young injured workers—to contact our office and get involved:
877-787-7010 (toll-free).

is not obvious that a work tempo is imposed on them, however, such is the case. The number of items scanned is timed and their productivity is rated by their employers using these same scanning devices. We have also noticed, with the introduction of scanners in the supermarkets, a

Quand la travailleuse devient machine...

Combien de travailleuses ont encore aujourd'hui l'impression de se transformer en machine dès leur arrivée à l'usine? Sans doute des centaines et des centaines de milliers. Comment pourrait-il en être autrement quand on leur demande d'exécuter leurs tâches à un rythme démentiel, de rencontrer des cadences qu'on a du mal à regarder sans être étourdi-e?

Les cadences dans les milieux manufacturiers

La cadence de travail inhumaine est, dans les milieux manufacturiers, la réalité quotidienne de nombreuses femmes. On a qu'à penser aux opératrices de machine à coudre, aux assembleuses, aux emballeuses et à toutes celles qui travaillent sur des chaînes de montage qui fonctionnent à une vitesse sur laquelle elles n'ont aucun contrôle, pour réaliser que les conditions de travail des femmes sont encore conditionnées par l'appétit de profit de leurs employeurs, qui demeurent insensibles aux dangers que peuvent

a cutback in personnel, hence an increase in the workload of each cashier. Such is the case also with telephone operators who are timed for the number of seconds they take to answer a request.

It then appears that the development of new technologies has allowed, in many cases, greater control for employers over the female workers rather than greater control of these workers over their jobs.

Work Paces are Hazardous

Work paces present obvious hazards to health. They increase the risk of work-related injury and disease by forcing female workers to overuse their limbs and by having them repeat the same motions at a frantic pace, week after week, year after year. These workers see their health deteriorate. In fact, the faster the assembly line is, the faster their health will deteriorate.

Who Should Go Faster?

Female workers should slow down. Employers are the ones who should go faster! They should indeed speed up the process of improving work conditions and by making them safer. Not only do performance levels need to slow down, but

présenter les conditions de travail qu'ils imposent aux travailleuses.

Les cadences dans les autres milieux

Plusieurs prétendaient que les nouvelles technologies allaient réduire les contraintes liées à certains types de tâches. S'il est vrai que le travail a revêti de nouveaux visages avec le développement de nouvelles technologies, il est également vrai que ces technologies, que certains nous présentent comme ayant amélioré les conditions de travail, ont malheureusement, en certaines occasions, eu pour effet de les empirer. L'emploi de caissière constitue une bonne illustration de cette réalité. Ces travailleuses qui devaient auparavant poinçonner le prix de chacun des items sur la caisse enregistreuse, ont dorénavant à leur disposition des lecteurs optiques. À première vue, on pourrait penser que leurs conditions de travail se sont améliorées puisqu'on les a libérées de la tâche du poinçonnage. Peut-être faut-il jeter un regard un peu plus attentif sur cette modification avant d'en faire un bilan trop positif? Bien que quand on les regarde il ne soit évident qu'on

jobs need to be modified in order to respect the human body's limitations. It is urgent to change the situation so that female workers stop getting sick from work. Workers are not machines!

Liane Flibotte

impose une cadence de travail à ces femmes, c'est pourtant le cas. Elles voient maintenant le nombre d'items passés à la caisse chronométré et leur productivité évaluée par leurs employeurs à l'aide des lecteurs optiques. On a aussi remarqué, avec l'entrée des lecteurs optiques dans les super marchés, une diminution du personnel et donc une augmentation de la tâche de chaque caissière. C'est également le cas des téléphonistes qui voient, elles aussi, le nombre de secondes qu'elles prennent pour répondre à une demande d'un-e abonné-e, chronométré.

Il semble donc que le développement de nouvelles technologies ait permis, dans plusieurs cas, un plus grand contrôle des employeurs sur les travailleuses plutôt qu'un plus grand contrôle des travailleuses sur leur travail.

Les cadences sont dangereuses

Les cadences présentent des dangers certains pour la santé. Elles augmentent les risques

d'accidents et de maladies du travail en forçant les travailleuses à sur-utiliser leurs membres et en leur faisant répéter, à un rythme effréné, semaine après semaine, année après année, les mêmes mouvements. Les travailleuses voient donc leur santé se dégrader au même rythme que celui de la chaîne de montage.

Qui devrait aller plus vite?

Les travailleuses devraient ralentir. C'est aux employeurs d'aller plus vite! Ils doivent en effet, accélérer le processus d'amélioration et d'assainissement des conditions de travail. Il faut non seulement que les cadences ralentissent, il faut de plus, que les tâches soient modifiées de manière à ce qu'elles respectent les limites du corps humain. Il est urgent que la situation change de façon à ce que les travailleuses n'aient plus à se rendre malades au travail. On n'est pas des machines!

Liane Flibotte

Special payments for remarried spouses - ALBERTA

Remarried widows and widowers whose spouses died du to *PRE-1982* work injured, and whose pensions stopped because of remarriage, are eligible for a special one-time payment. Effective March 23, 2000, each eligible surviving spouse who applies for this benefit will receive a lump sum payment of \$80,000 Canadian. For more information, contact 1-877-454-4443 or (780) 498-3850 within Edmonton.

85 PER CENT WANT FINES AND JAIL TERMS FOR EXECUTIVES WHO IGNORE JOB SAFETY

A large majority of Canadians want a law that would set fines and jail terms for corporate executives who are found responsible for workplace accidents that could have been avoided.

A public opinion poll released this week shows that 85 per cent of Canadians would advise their Members of Parliament to vote for such a law. The idea of holding corporate executives and directors criminally responsible for action or lack of action on job safety is gaining broad support.

Women, RSI and Compensation

Excerpt from *One-eyed Science: Occupational Health and Women Workers*, by Karen Messing (1999)
Philadelphia: Temple University Press

I have chosen to examine work-related musculoskeletal disorders (MSDs) as my first case study of sexism in occupational health research for two reasons. First, MSDs are an important problem for women, the most common women's health problem, so it is important to prevent this suffering. Second, MSDs are the majority of cases of occupational disease, so they have been well studied by scientists. And since they occur among women and men, it is interesting to see how gender is handled in research and compensation of work-related MSDs. We can see that scientists have not always been fair to women. As a result, although both women and men encounter obstacles when trying to use scientific studies to support their compensation claims, women encounter difficulties not usually seen by men.

Musculoskeletal disorders include inflammations of muscles and tendons such as tendinitis and bursitis, some cases of osteoarthritis, various types of back problems, and tendon sheath inflammations such as carpal tunnel syndrome. They may be associated with a single, well-defined event but they usually build up over many years from repeated injury to the same tendon, muscle or nerve. In the scientific and

popular press, subcategories of these disorders are called repetitive strain injury (RSI), cumulative trauma disorders (CTDs) or soft tissue disorders.

Workers describe great difficulty in getting their employers, physicians, co-workers and even families to believe them when they have MSDs. Coworkers told us about a woman who worked for twenty years in the cookie factory before making a claim. She was proud that she had never been late or absent. However, when the repetitive motions she made while wrapping small cakes finally caused shoulder pain which made her unable to work, the company contested her compensation case with scientific testimony that she was not ill. Her friends described her distress: How could the company for whom she had done honest work for so long call her a liar?

Identifying the causes

Is it harder to define MSDs when the injured worker is a woman? It is certainly easier to identify an injury when it occurs as a result of a well-defined event. If a worker lifts a heavy weight and wrenches his back, resulting in acute pain and possible torn ligaments, the case is clearer than when a worker feels more and more

chronic pain until it becomes unbearable. Given the different tasks of men and women, the first situation is more likely to occur with men's jobs and the second with women's. In this sense, it is easy to see why one-third of women's compensated injuries (but only about 6% of women workers) are in the health care sector: apart from the fact that health care workers are unionized and sensitive to health issues, it is primarily in that sector that women lift heavy weights all at once. Therefore, compensation may be more accessible for those workers.

Unlike infectious diseases, where a single causal agent (germ) can sometimes be isolated, movements and postures are not easy to analyze. Physical risk factors considered in relation to musculoskeletal disorders have usually included a number of repetitions, time between repetitions (cycle length), position of limbs during repetition, forces involved, rest periods, and years of exposure. It was found that the combination of high force and high repetition was especially apt to produce the wrist disorder known as carpal tunnel syndrome. Repetition was more important than force.

The role of repetition is hard to isolate and repetitive movements are hard to

define. As a union representative assigned to defending occupational health claims said: "What is a repetitive movement? I ... ask everyone and even the doctors can't tell us. I say to people in my union, 'You'll see, you'll ask your doctor, he doesn't want you to do repetitive movements.' How many times are you allowed to do that movement? The doctor doesn't want to answer that one."

Difficulties in making cause-effect associations

The rather fuzzy definitions of diseases and of possible causes are very different from what is found among accidents that are easily recognized. Waters are muddled by personal contributory factors and the "logical" associations are not always found. For example, repeated wrist movements are not always associated with wrist disorders, part-time workers do not always have fewer problems than full-time, risk of a disorder does not always increase with number of years of exposure. Quite often, doctors have testified that an injury could not be related to working conditions. Several female post-office workers were refused compensation in Québec because, although they manipulated thousands of pounds of mail each day

with a work cycle of less than ten seconds, they did not exert a large force each time.

It would seem logical that, if work is related to MSDs, part-time workers should have fewer MSDs than their full-time colleagues. But part-timers may not do the same tasks as full-timers with the same job title. For example, our study of bank tellers found high levels of back and leg and foot pain which we had reason to associate with prolonged standing, as well as neck and shoulder pain associated with reaching. We found no difference in pain reporting between full-time and part-time tellers. We understood this because during our observations we had noticed that full-time workers spent proportionately less time at direct customer service than part-time workers. In fact, part-timers were brought in to cover peak hours when there were more

When a construction worker falls off a scaffolding and breaks his leg, there is not much doubt that there is an injury, nor that injury is related to something that happened on the job. Links are harder to make between repetitive movements and MSDs.

customers. Also, part-timers were less involved in the bank procedures, so they were not assigned to some tasks which were done sitting down, such as entering transactions in the bank's account or controlling currency reserves. We would not have been able to interpret this contradiction had we not spent hours observing the tellers at work. We know epidemiologists who have never been inside the

factories whose data they analyze, and interpretation of data can be a problem for them.

These complexities mean that epidemiologists may have difficulty relating current movements to current illnesses. They often result in great difficulty for the worker who wants a change in her work station or is claiming compensation. Four of these complexities are found more often in women's jobs. Women are more likely to be found in broad, catch-all job definitions, to work part time and to have work stations poorly adapted to their size. They are less likely to be promoted out of repetitive work, and therefore more likely to have to develop strategies to work while feeling pain.

Politics and science

Controversy has grown around the relationship between repetitive work and injuries. The fact that tendinitis and other MSDs can be multicausal has caused some scientists to insist on personal factors like diabetes and pregnancy to the exclusion of occupation. Some scientists maintain that there is no such thing as repetitive strain injury and that it is a "neurosis." A review of over 750 repetitive-injury claims in California found that insurers were more likely to delay or deny claims for repetitive

strain injuries than for any other injury or illness.

Women who do repetitive, boring tasks are more likely to have MSDs than other workers. How can we tell whether the MSDs are due to the repetition (physical) or the boredom (psychological) or a combination of both? The question may appear trivial, since the pain is caused by the job in any case, but it has practical implications: it is infinitely harder to gain compensation for boredom-induced injury than for physical injury.

Personal factors and MSDs

The fact that aging women tend to have more musculoskeletal problems has not escaped the notice of those who look at menopausal women with suspicion. At the 1994 meeting of the International Ergonomics Association, a doctor harangued a plenary session for several minutes, asserting that it had been scientifically proven that all (sic) carpal tunnel symptoms among older women were due to menopause. At a meeting of union health and safety representatives, one described personal conditions

which could be spoken of as causes of MSD and used to block compensation: arthroses (actually sometimes due to work), age and menopause. "A woman developed a tenosynovitis and we lost at the appeal board. [They said] she hadn't done enough repetitive movements, that wasn't the cause and the company doctor came to tell us that it was because she was close to menopause and it was due to that. She packs 25,000 boxes a day" (a cycle time of less than 2 seconds).

However, the problems of younger women can also be attributed to hormones. "If you're a young woman and you were pregnant during the year or the year before and you have problems with carpal tunnel they will often say it's because you have had pregnancies. And they will often bring in a doctor who will say that a woman who has had a child this year or the year before, it's common, it's normal that that would be the cause of her carpal tunnel."

According to workers, menopause and pregnancy are often brought up in compensation hearings as the "true" cause of injuries. Since most older women are menopausal and very many younger women have had

recent pregnancies, it seems to be rather easy to attribute women's MSDs to personal rather than occupational factors.

Conclusions

Examining the research on musculoskeletal problems is a good way to understand some of the reason for delay in identifying and compensating women's occupational health problems. Of course, it is not easy for men to be compensated for MSDs and those intervening in compensation cases often interpret scientific evidence any which way in order to make their points. But women still have a disadvantage in the research and in the judicial system. Some of the disadvantage comes from outright sexism, such as we can see in relation to menopause. Much more of it comes from the nature of jobs usually assigned to women, in which dramatic, easily identified dangers are rare. In a context of employer-worker opposition where each side will jump on weaknesses in the case made by the other, women and women's jobs make an easier target.

Les troubles musculo-squelettiques

Messing, K.2000. *La santé des travailleuses: La science est-elle aveugle? Éditions du remue-ménage* (Montréal) avec Octarès (Toulouse).

Il y a deux raisons pour lesquelles mon premier exemple du sexisme à l'œuvre dans la recherche en

santé au travail portera ici sur les troubles musculo-squelettiques. Premièrement, les troubles musculo-

squelettiques constituent un problème important chez les femmes — le problème numéro un — et il faut le

prévenir. Deuxièmement, les troubles musculo-squelettiques constituent la majorité des cas de maladie professionnelle, ce qui signifie qu'ils ont fait l'objet de nombreuses études. Comme ils touchent autant les hommes que les femmes, ils représentent le cas idéal pour vérifier si l'on tient compte des disparités sexuelles dans la recherche et l'indemnisation. Nous avons vu que les scientifiques ne sont pas toujours équitables à l'endroit des femmes. Par conséquent, bien que tous les travailleurs doivent surmonter des obstacles lorsqu'ils essaient d'appuyer leur demande d'indemnisation sur des études scientifiques, les femmes éprouvent à cet égard des difficultés particulières.

Les troubles musculo-squelettiques (TMS) comprennent l'inflammation des muscles et des tendons, telles les tendinites et les bursites, certains cas d'arthrose, divers types de maux de dos et le syndrome du canal carpien. Ces troubles peuvent être associés à un traumatisme, mais la plupart du temps ils sont causés par des lésions répétées au fil des ans aux mêmes tendons, muscles ou nerfs. Dans les revues scientifiques et les médias, on fait référence aux lésions attribuables au travail répétitif (LATR) et aux troubles des tissus mous. Dans ce chapitre, je me concentrerai sur les LATR puisqu'il s'agit d'un problème fréquent chez les travailleuses.

Les travailleurs ont parfois beaucoup de mal à convaincre leur employeur, les médecins, leurs collègues et leur famille que leur maladie est bien réelle. Ses collègues nous ont parlé d'une femme qui travaillait depuis vingt ans dans une fabrique de gâteaux lorsqu'elle a fait une demande d'indemnisation. Elle était fière de n'avoir jamais été en retard ni absente. Cependant, les mouvements répétitifs qu'elle effectuait en emballant de petits gâteaux ont fini par lui causer des douleurs à l'épaule qui l'empêchaient de travailler. Son employeur a contesté sa demande d'indemnisation en s'appuyant sur des preuves scientifiques. Ses collègues comprenaient sa détresse : comment l'entreprise pour laquelle elle avait travaillé honnêtement pendant tant d'années pouvait-elle la traiter de menteuse ?

Identifier les causes

Est-il plus difficile de définir les TMS chez les travailleuses? Il est certainement plus facile de déceler une lésion lorsqu'elle résulte d'un événement bien délimité. Si un travailleur ou une travailleuse soulève une lourde charge, se blesse le dos, ressent de vives douleurs et a vraisemblablement des ligaments déchirés, la situation est plus claire que s'ils éprouvent des douleurs chroniques qui augmentent graduellement jusqu'à devenir intolérables. Compte tenu des différences entre les tâches

assignées aux hommes et aux femmes, il est fort probable que le premier scénario se réalise chez les travailleurs et le deuxième, chez les travailleuses. Dans cette perspective, on comprend facilement pourquoi le tiers des lésions indemnisées chez les travailleuses se produit dans le secteur de la santé (où se retrouvent 6 % des travailleuses) : mis à part le fait que les travailleuses dans ce domaine sont syndiquées et sensibilisées aux questions de santé, c'est surtout dans ce secteur que les femmes soulèvent des poids lourds. Par conséquent, il est sans doute plus facile pour ces travailleuses d'être indemnisées.

Contrairement à ce qui se passe dans le cas des maladies infectieuses, où un seul agent (un microbe) peut parfois être isolé, les mouvements et les postures à l'origine des TMS ne sont pas simples à analyser. Généralement, les facteurs de risque ayant un lien avec les LATR sont le nombre de répétitions, la durée du cycle de travail, la posture, la force déployée, les périodes de repos et les années d'exposition. Ils ont constaté qu'une grande force combinée à une répétition intense est particulièrement susceptible de produire le problème au poignet connu sous le nom de syndrome du canal carpien. Dans ce cas, la répétition était un facteur beaucoup plus important que la force. On a cependant refusé d'indemniser plusieurs employées des bureaux de

poste du Québec qui manipulaient des milliers de kilos de courrier par jour suivant un cycle de moins de dix secondes, sous prétexte que chaque mouvement ne nécessitait pas une très grande force.

Il est difficile d'isoler le rôle de la répétition, et les mouvements répétitifs sont difficiles à définir. Comme le mentionnait une représentante syndicale responsable des demandes des travailleurs qui réclament des indemnités: " C'est quoi un geste répétitif ? Je demande à tout le monde, et même les médecins ne peuvent pas répondre. Je dis aux gens chez moi : "Vous allez voir, demandez à votre médecin, il ne voudra pas que vous fassiez des gestes répétitifs. Mais combien de fois on peut faire ce geste-là ?" Le médecin ne veut même pas répondre. Je suis dépassée par ça. "

Établir des liens de cause à effet

Comparons les définitions plutôt floues de ces maladies et leurs causes probables avec des accidents reconnus sans problème. Lorsqu'un travailleur de la construction tombe du haut d'un échafaudage et se fracture la jambe, il est assez convaincu qu'il s'est blessé et que sa blessure a trait à son travail. Il est plus difficile de relier les TMS aux mouvements répétitifs : des facteurs personnels peuvent entrer en ligne de compte et les relations " logiques " entre les

causes et les effets ne sont pas toujours confirmées. Ainsi, les mouvements répétitifs du poignet ne sont pas toujours associés à des problèmes au poignet, les travailleurs à temps partiel n'ont pas toujours moins de problèmes que les travailleurs à temps plein, le risque de développer une lésion n'augmente pas toujours avec les années d'exposition. Il arrive souvent que des médecins affirment au tribunal qu'une lésion donnée ne peut être reliée aux conditions de travail qui sont décrites.

Il semblerait logique que les personnes travaillant à temps partiel développent moins de TMS que celles qui travaillent à temps plein. Or il se peut fort bien que, tout en ayant le même titre de poste, les travailleurs à temps partiel n'effectuent pas les mêmes tâches que les travailleurs à temps plein. Par exemple, nous avons constaté que les caissières de banque éprouvent de nombreuses douleurs au dos, aux jambes et aux pieds — douleurs qu'il avait lieu d'associer au fait de rester debout pendant de longues périodes —, ainsi que des malaises au cou et à l'épaule associés à des mouvements d'extension. De plus, les employées à temps partiel signalaient le même niveau de douleur que les employées à temps plein. Nos observations nous ont permis de comprendre pourquoi : toutes proportions gardées, les caissières travaillant à temps plein passaient moins de temps au service à la clientèle. Les caissières à temps partiel étaient

embauchées pour travailler pendant les périodes de pointe où il y a plus de clients. De plus, elles effectuaient moins d'opérations bancaires — l'entrée des opérations dans le compte de la banque ou le contrôle des réserves de devises par exemple — un travail qui leur aurait permis de s'asseoir. Nous n'aurions pas su comment interpréter cette apparente contradiction si nous n'avions pas observé le travail de ces femmes pendant plusieurs heures. Nous savons qu'il y a des chercheurs qui ne sont jamais entrés dans les usines qu'ils analysent et qui éprouvent des difficultés à interpréter leurs résultats.

Ces facteurs complexes réunis font qu'il peut être délicat pour les épidémiologistes d'établir une relation entre les mouvements présents et les maladies présentes. Résultat: la travailleuse ou le travailleur risque de ne pas réussir à faire modifier son poste de travail ou à être indemnisé. Parmi ces facteurs, quatre sont plus typiques des emplois féminins : les femmes sont davantage susceptibles d'occuper des emplois dont la définition est générale et fourre-tout, de travailler à temps partiel et dans des postes mal adaptés à leur taille. Elles sont moins susceptibles d'obtenir des promotions qui leur permettraient d'échapper au travail répétitif et, par conséquent, elles sont plus susceptibles de développer des stratégies pour continuer de travailler en prévenant la douleur. Courville et ses

collaborateurs ont fait un description émouvante des travailleuses de l'industrie de la volaille qui continuent de travailler malgré la douleur — ce qui est le lot de plusieurs travailleuses.

Politique et science

Le lien entre le travail répétitif et les lésions professionnelles est l'objet d'une controverse grandissante. Le fait que les tendinites et autres TMS puissent avoir des causes multiples a amené des chercheurs à affirmer que des facteurs personnels comme le diabète et la grossesse justifiaient l'exclusion de certains emplois. Selon certains scientifiques, les LATR n'existent pas, il s'agit d'une "névrose". L'examen de plus de 750 demandes d'indemnisation pour cause de LATR en Californie révèle que les assureurs ont plus tendance à reporter ou à refuser les demandes pour ce genre de problème que pour toute autre lésion ou maladie.

Les femmes qui effectuent des tâches répétitives et ennuyeuses sont plus susceptibles de souffrir de TMS que les autres travailleuses. Comment déterminer alors si les TMS sont dus à la répétition (physique), à l'ennui (psychologique) ou à une combinaison des deux facteurs ? La question peut sembler sans intérêt, puisque dans tous les cas la douleur est due au travail, mais elle a des implications au niveau pratique : il est infiniment plus difficile d'être indemnisé pour

une lésion causée par l'ennui que pour une lésion ayant une cause physique.

Hormones et TMS

Le fait que les femmes plus âgées soient davantage susceptibles de développer des TMS n'a pas échappé à l'attention de ceux qui considèrent que la ménopause prédispose à la maladie. Lors d'une plénière au congrès de 1994 de l'Association internationale d'ergonomie, un médecin a harangué l'auditoire, affirmant qu'il avait été scientifiquement prouvé que *tous* les symptômes du syndrome du canal carpien chez les femmes plus âgées étaient dus à la ménopause. Durant une réunion de représentants syndicaux sur la santé et sécurité au travail, un de ceux-ci a énuméré les facteurs personnels parfois considérés comme la cause des TMS et pouvant être invoqués pour refuser d'indemniser les travailleurs et les travailleuses : l'arthrose (maladie des articulations, parfois due au travail), l'âge et la ménopause. "Chez nous c'est l'emballage des boîtes électriques. Dans un cas que j'ai traité, une fille avait développé une tenosynovite [inflammation de la gaine du tendon]. On a perdu au Bureau de révision : elle n'aurait pas fait assez de mouvements répétitifs, ça ne dépendait pas de ça. Le médecin de la compagnie est venu dire qu'elle approche de la ménopause et que c'est dû à ça. Elle empaquette 25 000 boîtes par jour [un cycle de

moins de deux secondes], mais il n'y a pas de mouvements répétitifs."

Selon les travailleuses, la ménopause et la grossesse sont souvent invoquées comme étant les "vraies" causes des lésions lors des audiences sur les demandes d'indemnisation. Puisque les plus âgées sont à la ménopause et que les plus jeunes viennent souvent d'accoucher, il semble plus commode d'attribuer les TMS des femmes à des facteurs personnels plutôt qu'à des facteurs professionnels.

Conclusion

Lorsqu'on examine les travaux scientifiques portant sur les TMS, on comprend mieux pourquoi les autorités ont tardé à reconnaître les problèmes de santé des travailleuses et à les indemniser. Bien entendu, il n'est pas particulièrement facile pour les hommes d'être indemnisés pour des TMS et, dans les causes d'indemnisation, les témoins interprètent souvent les données scientifiques à leur avantage. Les femmes sont cependant désavantagées par la recherche et le système juridique. Cette situation est en partie attribuable à des attitudes sexistes (telles celles qui se révèlent dans les études impliquant la ménopause). Mais elle s'explique surtout par la nature des emplois traditionnellement féminins, où les dangers spectaculaires et facilement identifiables sont rares. Dans un contexte qui oppose employeur et employé, où chacun profite de la moindre faiblesse dans l'argumentation de l'autre, les

femmes et les emplois féminins sont des cibles plus faciles.

Alberta Government Contradicted by New Work Absence Statistics. (Absences Due to Illness and Disability Highest in 10 Years.)

New figures acquired by the Alberta Federation of Labour (AFL) show that in 1998, work absence due to illness, injury and disability was at its highest level in a decade. This contradicts the Alberta government and WCB claim that Alberta workplaces are safer than ever. The statistics released by the AFL suggest that many Alberta workers are getting injured at work but not receiving the WCB benefits they deserve.

"Workers are getting hurt more now than at any time during the past ten years. More workers are getting hurt and they are missing more days," says AFL President Audrey Cormack.

"What this tells us is that WCB's boast about record low time-loss claims needs to be viewed with suspicion," adds Cormack. "They have a credibility gap."

The real reason for the discrepancy, suggests Cormack, is that government and WCB policy hasn't improved safety in workplaces, but has instead discouraged the reporting of accidents to the WCB. "Employers now have a built in motivation to hide WCB claims. And with self-regulation, there is no one in the field making sure employers obey the law," notes Cormack.

Editor's note: Good show to Audrey Cormack and the AFL!! We need to expose the media spin that the governments and WCB's are putting on accident stats these days.

Le gouvernement de l'Alberta est contredit par les récentes statistiques sur l'absentéisme au travail.

Les absences attribuables aux maladies et incapacités sont les plus élevées en dix ans.

De nouvelles données acquises par l'Alberta Federation of Labour (AFL) (fédération du travail de l'Alberta) indiquent qu'en 1998, l'absentéisme au travail attribuable aux maladies, accidents et incapacités était à son niveau le plus élevé depuis une décennie. Ceci vient en contradiction des dires du gouvernement albertain et de la WCB à l'effet que les lieux de travail de l'Alberta sont plus sûrs que jamais. Les statistiques émises laissent entendre que plusieurs travailleuses et travailleurs albertains sont accidentés au travail mais ne touchent pas les prestations d'indemnisation auxquelles ces personnes ont droit.

« Plus de travailleuses et de travailleurs se blessent maintenant qu'auparavant depuis les dix dernières années. Plus de travailleuses et de travailleurs se blessent et sont absents plus souvent », dit Audrey Cormack, présidente de l'AFL.

« Ce que ceci nous indique, c'est que les déclarations de la WCB au sujet de faibles réclamations record pour perte de temps doivent être évaluées avec suspicion, » d'ajouter Cormack. Ces gens manquent de crédibilité.

La vraie raison de cet écart, a dit Cormack, c'est que la politique du gouvernement et de la WCB n'a pas amélioré la sécurité au travail, mais a plutôt découragé le signalement des accidents à la WCB. « Les employeurs sont maintenant motivés à dissimuler les réclamations auprès de la WCB. Grâce à l'autoréglementation, il n'y a personne sur le terrain pour veiller à ce que les employeurs obéissent à la loi, » déclare Cormack.

Note du rédacteur : Bravo à Audrey Cormack et à l'AFL!! Nous devons exposer aux médias les manèges auxquels se livrent de nos jours les gouvernements et les organismes d'indemnisation au sujet des statistiques sur les accidents.

WORKING WOMEN FACE UNIQUE ON-THE-JOB STRESS

Women now make up almost half of America's work force, and like men, they often suffer from job-related stress. But some of the sources of a woman's stress are unique to their gender, as are some of the work-related health hazards, according to a report in the Journal of the American Medical Women's Association.

"With women constituting nearly half (46%) of today's work force, researchers are starting to identify occupational stress and health risks that are unique to women," according to Dr. Wendy Chavkin, editor-in-chief of the journal. "Many female-dominated occupations, such as healthcare, cleaning and teaching, are fraught with hazards that are often overlooked," she said in a statement issued by the journal.

Occupation stress can come from working conditions themselves, such as overload, poor interpersonal relations and physical working conditions, as well as from job-related factors like discrimination, lack of opportunity for advancement, and boredom, Swanson stated. Both men and women face many of these stressors, but working women also face unique difficulties that can cause additional stress.

Women can also face unique physical stressors at work. For example, Dr. Jeanne Mager Stellman of Columbia University in New York reports that "many women experience repetitive strain injuries, such as carpal tunnel syndrome, at a rate that far exceeds that of men." She notes that this is often due to operating assembly-line machinery, and that women in industrial jobs may face physical injury because they work with machinery or tools designed for men, who are larger.

"The most effective way of reducing occupational stress is to eliminate the stressors through organizational and job redesign interventions," writes Swanson. These can include allowing workers to participate more in decision making, clarifying job responsibilities, expanding opportunities for promotion, and providing more family support programs that help both men and women cope with work-life issues, such as child care.

Editor's note: This is an excerpt from an article that appeared Friday, May 12, 2000 on the web site of: <http://dailynews.yahoo.com>

BOSSES TO FACE THE LAW OVER KILLER ACCIDENTS IN BRITAIN

By Andrea Babbington - May 23, 2000

Bosses of businesses responsible for fatal accidents will be made easier to prosecute under new plans to be unveiled today. Home Secretary Jack Straw is to announce to the House of Commons new laws aimed at bringing more killers to account.

The proposals come amid growing unease about executives from large corporations escaping charges over major accidents. Victims and relatives of those killed in the Paddington rail

crash were furious when it was revealed earlier this month that no charges would be brought.

Thirty one people died when two trains collided outside the London station last October. But the Crown Prosecution Service concluded there was insufficient evidence to bring cases to court. Under present law, prosecutions for corporate manslaughter are very unlikely to succeed unless made against one man or very small companies.

This is because the law requires proof that a director or other executive had "controlling" responsibility and was grossly negligent. But changes making them individually responsible for public safety and liable to prosecution if their conduct fell below what could be reasonably expected may be included in the package of measures being unveiled by Mr. Straw.

Union leaders yesterday called for the introduction of a law of corporate killing to crack down on "callous or ignorant" employers in charge of dangerous workplaces. Although deaths at work have plunged by 90 per cent since 1974, an average of five people are killed every week at work, the TUC reported.

Editor's note: It's good to see that the British Labour Party is moving to hold employers more accountable.

CRIMINAL LIABILITY FOR EMPLOYERS

Alexa McDonough has introduced a private member's bill, Bill C-259, to amend the criminal code to provide for criminal liability of corporations, directors and officers where the corporation "permits or fails to take all reasonable steps to provide safe working conditions for its employees".

This private member's bill is in line with the recommendations of the Inquiry into the Westray Disaster. This is an important initiative. Every one is encouraged to contact their elected government official and express their views.

RESPONSABILITÉ CRIMINELLE POUR LES EMPLOYEURS

Alexa McDonough a présenté un projet de loi d'initiative parlementaire, le projet de loi C-259, afin d'amender le code criminel et de prévoir la responsabilité criminelle pour les entreprises, les dirigeants et les cadres qui « négligent de prendre toutes les dispositions raisonnables pour assurer des conditions de travail sécuritaires à leurs employés ».

Ce projet de loi d'initiative parlementaire concorde avec les recommandations de l'enquête sur la tragédie de la mine Westray. Il s'agit d'une initiative importante. Chacun est encouragé à communiquer avec son député pour exprimer son point de vue.

Injuries Australia

We have been in touch recently with Bill Weston, President of Injuries Australia, a national organization in Australia. They were formed when three organizations representing injured workers, people injured in auto accidents and survivors, came together. It was begun two years ago with the help of the Australian Plaintiffs Assoc.

Among other things, they operate an injuries help line and have done a lot of counseling with people

on the edge. There are many people suffering from poor treatment by the system in Australia and too many are committing suicide.

Injuries Australia are interested in connecting with other groups. You can get in touch by sending an e-mail to Bill at mail@injuriesaustralia.com.au

CIWA/ACVAMT IS ABOUT

SUPPORT

We are a national network of injured worker's groups (IWG's) and we exist to strengthen and support the work of local and provincial IWG's across Canada.

INDEPENDENCE

We believe that injured workers should be in control of their own destinies & Injured Workers Groups must be democratically controlled by injured workers.

PARTNERSHIPS

We believe that we can best assist these objectives by providing training and educational resources in partnership with provincial or territorial organizations of injured workers and the trade union movement at all levels.

INFORMATION SHARING

We believe that by sharing our stories and our experience we can learn from each other and become better educated and exert more control over our lives.



OUR GOALS

- ✓ To work towards a just system of compensation, rehabilitation and re-employment in all of Canada.
- ✓ To provide a national forum for debating issues concerning injured workers at national conferences and board workshops.
- ✓ To gather and share information with groups across Canada.
- ✓ To improve the Occupational Health & Safety of workers across Canada.
- ✓ To identify and make available, educational and training resources produced by the union movement and other agencies, that focus on organizing and maintaining effective injured worker groups.
- ✓ To enhance the local base of the injured workers movement through all our activities.
- ✓ To form partnerships that will achieve common goals.

PUBLICATIONS AVAILABLE

- ☐ The VOICE OF INJURED WORKER
- ☐ PLAIN TALK
- ☐ HOW TO IMPROVE RELATIONS BETWEEN INJURED WORKERS & ORGANIZED LABOUR
- ☐ REPORT ON RELATIONS WITH LABOUR SESSION AT CIWA NATIONAL CONFERENCE, REGINA 1992
- ☐ RETURNING TO WORK
- ☐ VOC REHAB & RE-EMPLOYMENT FROM THE INJURED WORKER'S PERSPECTIVE
- ☐ INJURED WORKERS ... ON THE MOVE

VIDEOS & WORKBOOKS

- ☐ SURVIVORS, 1997
- ☐ TOGETHER WE CAN WIN, 1997
- ☐ PEER HELPER TRAINING MANUAL, 2000 - "PEOPLE HELPING PEOPLE"
- ☐ LE COMBAT QUOTIDIEN DES VICTIMES DU TRAVAIL, 1999

To find out more, please contact us at:

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Connect with an injured workers group near you.

*Check out our web site at: www.ciwa.ca
and click on "Who to Contact"*

.... OR

Call our office at (807) 345-3429 or Toll Free at 1-877-787-7010

This Newsletter is intended to share information of interest to injured workers, union activists and their supporters. It provides a forum for sharing our experiences - so we can learn from each other - in order to improve the lives of injured and disabled workers and the system that is there to assist them.

Please help - by sharing your story with us.