

Ben Bartlett

## Origins of the Workers Health Centre

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**T**HE hazards of work have been a focus of concern for centuries, and significant reforms have invariably been implemented as a consequence of workers organisation and action. The 19<sup>th</sup> century shops and factories style of legislation that applied in Australia until the early 1980s reflected the main focus of concern at that time, which was injury and death, particularly in the mining, construction and manufacturing industries.

However, by the 1960s militant worker action over hazardous work conditions was often managed through the inclusion of safety money in awards and an over-reliance on protective equipment which was both cumbersome and uncomfortable to wear. The pressure for maintaining high levels of

production and profits commonly resulted in safety equipment (such as machine safety guards) not being used because they slowed production, resulting in increased management pressure on workers.

The industrial environment in Sydney in the 1970s included widespread use of migrant labour for menial repetitive work that led to many overuse injuries or RSI (repetitive strain injury). These largely women workers were often poorly represented by their unions, if they were unionised at all. In the more established enterprises (railway workshops, shipyards, breweries, etc) there were well established shop floor organisations of workers with shop committees that had some real, though limited, power in determining work practices, but which often had little access to information about hidden hazards such as asbestos. By the late 1970s, computerisation of many workplaces saw white-collar workers experiencing an epidemic of overuse injuries, which were poorly recognised or understood.

The 1960s and 70s was an exciting time politically. Political movements were active in many sectors, and particularly focused on the Vietnam war, Aboriginal rights, and women's rights. The CPA was a leading force in these movements, and played an important role in mobilising sections of the labour movement around these issues. It was a time when many people became politicised, and many students and intellectuals joined the CPA. The Whitlam Labor government was elected on this wave of mass activism in 1972 and introduced major reforms in the health sector including Medibank,<sup>1</sup> and the community health program. However, some community groups had already set the pace to a significant qualitative extent.

The Redfern Aboriginal Medical Service, and the many other Aboriginal medical services [AMSs] around the country which followed were not a product of government reform, but of government neglect.

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<sup>1</sup> Medibank was a universal health insurance scheme, which was rolled back by the Fraser government (1975-83). Medibank was broadly similar to Medicare, which was introduced by the Hawke government in 1983.

Indeed Redfern began in 1971 without any government support, and without any universal health insurance system to assist it. These Aboriginal health services operated with volunteers, and the commitment of community members to make a difference. A few years later the Leichhardt and Liverpool women's health centres were established, again independently from government, but with some government funds. The Meat Workers Union, led by George Seelaf, had established a union clinic in Melbourne in the 1960s, funded through the workers compensation system. This became incorporated into the Footscray Community Health Centre.

In the mid-1970s a group of mainly hospital based workers—nurses, doctors, maintenance staff, etc—formed the Health Workers Collective that produced a newsletter called, imaginatively, *The Health Worker*. It analysed the changes occurring in the health care system, as well as the nature of ill health in a capitalist society. Inevitably the nature and extent of workplace hazards was recognised in this process. The collective consisted of people with a wide range of political views—communists, anarchists, ALP activists, etc. Also at this time the Health Branch of the CPA was formed. The majority of the membership of this branch also belonged to the Left Tendency of the CPA, which attempted a contemporary analysis of Australian capitalism and organised to influence the direction of the CPA.

It was in this political environment that a number of us held some initial meetings to discuss how workers health issues could be better addressed. Some of us were involved with clinical medicine one way or another, and had observed the injuries and disease experienced by our working class patients and the difficulty they had in gaining support and recompense. Many of our health system colleagues saw injured workers as malingerers, and many doctors refused to see workers compensation cases at all. The legal system was another cause of stress for workers, especially those who had English as a second language.

These early discussions led to the proposition that a workers health

centre be established where progressive health professionals could both assist individual injured workers, and work with workplace activists to assist them in reforming work practices, and to change the system that oppressed them. A number of key staff at the Liverpool Women's Health Centre were keen to pursue the idea and provided invaluable practical support and resources to the project.

So, what did we do? We spent a year popularising the idea and gaining support.

1. With the help of the Liverpool Women's Health Centre we produced a leaflet that analysed the exploitative nature of work, how profits were the driving force, and how the health of workers was sacrificed to this end. This was circulated as widely as possible in an endeavour to stimulate wider interest.
2. We approached the industrial organiser of the CPA for support, and specifically for a list of CPA members in workplaces who we could contact. This was met with some interest and it was suggested that we should have some further meetings with CPA union leaders. However, these meetings never eventuated. Thus the official CPA involvement and support was minimal. However, we did develop a list of CPA workplace activists through the more tedious (but maybe politically more effective) route of word of mouth. We asked comrades who they knew, and before long we had contacted people in a wide range of workplaces, especially those with active shop committees.
3. At the same time we began contacting trade unions soliciting their support. Not surprisingly, positive responses were largely confined to left unions. The wharfies, BWIU and other SPA<sup>2</sup> unions were somewhat suspicious and responded by establishing their own Trade Union Clinic in the city. Other unions provided us with small donations. Whilst the

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<sup>2</sup> SPA: Socialist Party of Australia, a pro-Moscow communist party that split from the CPA in 1970. After the dissolution of the Communist Party in 1991, the SPA changed its own name to "Communist Party of Australia", which is how it is known in 2003.

material support was fairly small, it did enable us to make a start, and put us in good standing with those unions as they had been consulted about our intentions.

4. We developed relationships with ethnic community groups such as the FILEF<sup>3</sup>, the Turkish Workers League and South American groups.
5. We then found premises in Lidcombe that had been used as a plumbers shop, and judging by the amount of TV parts in the ceiling, had been a TV repair shop before that. So we started to do the place up. It was extremely encouraging to us that militants from Tooheys Brewery, Homebush Abattoirs and Chullora Railway Workshop donated their labour to get the place in order.
6. Whilst all this was being done we developed links with worker-oriented health groups in Britain, Canada and the United States. Ironically, we were also able to access US National Institute of Occupational Health and Safety publications free of charge. This enabled us to develop a fairly comprehensive library on a wide range of workplace hazards, codes of practice, etc.

We had opposition from the local council who attempted to stop us proceeding with the centre on some zoning ground, but Tom Uren<sup>4</sup> used his good office to smooth those waters and the centre opened in February 1977. We initially saw anybody who was game enough to walk through the doors. We made it known that we bulk billed Medibank so it was not long before a delegation from the local GPs visited complaining that we were undermining their practices, and accused us of advertising.

The services offered included medical services, physiotherapy, counselling, interpreters, workplace inspection and hazards information

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3 FILEF: Federazione Italiana Lavoratori e Loro Famiglie (Federation of Italian Labourers and their families), associated with the Italian Communist Party, which had a significant presence in Australia. FILEF activists could be found in both the Communist Party and the Australian Labor Party.

4 Uren was leader of the left in the Federal Parliamentary Labor Party, and worked sympathetically with the Communist Party for many years.

service. The centre produced leaflets on a range of hazards in a number of languages. I believe that Liverpool Women's Health Centre and the Worker's Health Centre were the first in NSW, at least, to produce multi-lingual health information, a practice that is now common place.

One of the reasons for the success of the centre, I believe, was that we didn't set it up just as a clinic. From the beginning we allocated human and other resources to providing information to workers—the library was reputedly one of the most comprehensive occupational health and safety information resources in Australia—and more importantly to groups of workers in workplaces. Through these relationships we became heavily involved with many workplace health and safety issues such as:

- Asbestos exposure at the Barraba & Baryulgil Mines, Garden Island Naval Dockyards, power stations, railway workshops, and many other workplaces. We worked quite closely with the AMWU, FEDFA, BLF, Teachers Federation and other unions on these issues. We advocated changes to exposure limits, and developed draft regulations reflecting these. This resulted in new asbestos exposure regulations in NSW reducing permitted exposure 20 fold.
- A similar process was pursued in regard to industrial noise.
- Brucellosis and Q Fever in abattoir workers.
- Overuse injuries in all sorts of industries, but particularly in white collar workers such as the Tax Office staff, and amongst South American, Turkish, Lebanese, and other non English speaking process line workers.
- Hazards experienced by teachers including asbestos in schools, laboratory hazards and general stress.
- Exposure to chemicals. A major focus of the centre's work was on the slow, insidious and difficult to diagnose effects of chemicals. Alpha Chemicals was a specific case that attracted enormous publicity and added to growing political pressure on governments to reform the system.

We were particularly concerned with the dissemination of information. Thus the production of multi-lingual leaflets, the *Work Hazards* magazine, and our involvement with the Trade Union Training Authority (TUTA) and particular trade union schools. The centre was involved in the development and delivery of the first national Trade Union Training School specifically on health and safety at the Clyde Cameron College in Albury-Wodonga in 1979.

We were seen by the occupational health and safety establishment as a threat. They accused us of scaring workers, and being irresponsible. I remember an occasion at the Chullora Railway Workshops. The shop committee had organised meetings of workers in all of the workshops to both promote the centre and to discuss relevant health and safety issues. At the same time I was being educated through an exposure to these places, and was a bit overawed at the extent of the operations, machinery and hazards. We had been through most of the workshops and discussed various issues with the workers there—I think we had two workshops to go—when the railway security realised what was going on, and banned me from the premises. So the final two meetings of workers from the remaining workshops took place outside the gate. A few weeks later, some of the Chullora workers came into the centre with a story about some Health Department staff turning up to Chullora to discuss the problems of substance abuse with people, and were kicked out by security who thought it was the Workers Health Centre back again.

We were a mixed bunch—communists, anarchists, feminists, ALP supporters, and other assorted riff raff. We worked as a collective each receiving the same rate of pay—initially \$2/hour supplemented by either other work or the dole. Whilst this proved unsustainable in the long run there is no doubt that when the collective style of work worked well, it was the most exhilarating and productive experience. When it didn't it was bloody awful.

The centre helped shape a workers' health movement which took on national significance. Worker's health organisations of one sort or

another developed in Brisbane, Newcastle, Wollongong, Melbourne, Adelaide and Fremantle. For a while there was even a national coalition formed. This movement was firmly located within the labour movement.

In NSW, the expose of mercury poisoning at Alpha Chemicals was the straw that broke the system's back. The Williams Inquiry was set up by the state government, and out of that came new state legislation replacing the old Shops and Factories Act. It was not long before all state and territory governments had embraced this new style of legislation. The Victorian legislation was the most progressive, as it not only allowed for the role of health and safety committees as being integral to an improved and participative system, it gave power to workers' delegates to stop work where danger was recognised. This, of course, was pre-Kennett.<sup>5</sup>

The Hawke government was elected in 1983. This was the time of the Accord.<sup>6</sup> Workplace organisation generally was being contained in the interests of the *social wage*. The establishment of the tripartite National Occupational Health & Safety Commission, also known as Worksafe Australia, was part of the corporatisation of workers health. Worksafe offered some funding to the centre but this was conditional. The most important restriction was on the centre's involvement in worker education—that was to be the sole responsibility of the NSW Labor Council. A split developed in the centre between those who wanted to resist the limitations, remain independent and maintain a priority focus on the shop floor and those who wanted to see the centre grow, be more directed by trade union officials and become economically more secure. In the end funding was accepted, but was stopped after a few years, and the

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4 Jeff Kennett was the Liberal premier of Victoria, 1992-1999. His government was viciously anti-union

5 The Prices and Incomes Accord was an agreement (eventually a series of agreements) between the Labor government and ACTU, by which the unions agreed to restrain wages and industrial action, and the Labor Party agreed to support inflation-linked wage rises, to introduce certain welfare measures and to give unions representation on various committees. Many now see the Accord as having undermined trade unionism.

centre had to charge fees for all activities except workers access to the library, provided they did their own research. In retrospect, it was inevitable that the centre would be unable to maintain its workplace links given the decline of workplace organisation anyway, but there is little doubt that some key players wanted the activities of the centre curtailed in order to remove a perceived threat to the Labor government.

Today the centre provides high quality medical and rehabilitation services to workers, and has a small capacity to inspect workplaces, but this must be self-funded. It should be noted that workplace health and safety remains a major issue in many industries, especially in regard to exposure to chemicals and injury. The corporatisation of workers health has not resulted in a decline in workplace injury and illness, although there are better codes of practice, regulations and guidelines. Without workers active involvement what happens in the workplace will fall short of these standards.

## **Analysis**

I sometimes wonder at the emphasis we placed on information. David Suzuki tells two stories about his experience in presenting scientific information to the Canadian public through the medium of television. The first related generally to his ideas when first going into that business. He said that he was aware that TV was a cesspool, but thought that his shows, because they were well produced and researched, would stand out like gems. He has since realised that when you're in a cesspool you look like a turd, just like everybody else. His second story relates to being stopped in the street by someone who said, "I really enjoyed your show the other week on vaginal cancers." Suzuki pointed out that he had never done a show on that topic, and the stranger replied, "Oh, maybe it was Quincy." So in a world where we are so overwhelmed with information, people may well have difficulty deciphering what is useful information and what is not.

Further, there is a lot of evidence to suggest that people's knowledge changes behaviour only when people are fairly empowered already. The success of the slip, slap, sloop and the quit smoking campaigns relate to their impact on the middle and ruling classes.

There is strong evidence that the health status of people of lower socio-economic class remains poor, and that they tend not to respond to the mass media campaigns of the health promoters. Maybe what is more important than just information for these people, is a change in societal power relationships that can come through people working and organising together on their shared problems. Maybe the role of places like the Workers Health Centre is about forging relationships between those who have access to relevant information, and those whose lives are caught in the contradictions between asserting one's right to a healthy work environment, and the possibility of facing the sack for being a trouble maker. With the amazing capacity of computers these days, we can analyse data like never before. But without that relationship, of what use is it?

## **The role of the CPA**

I have already outlined the role of the CPA in the development of the Workers Health Centre. The party was the key organisation in the setting up of the centre. It was the CPA networks that made the relationships that developed possible. This illustrates a difference between the party as an official organisation and the party as a network of militants and activists. It was this latter network that we were able to tap into.

There was also an ideological difference between some CPA members and those of us involved with the centre. We worked on the premise that power is the key factor in workers health and that if workers were not actively involved in control of their workplace and even their health services, then their exposure to hazards was unlikely to stop. At a CPA District Committee meeting where an attempt was made to formally

gain CPA support, a strong view was put by some comrades that it was the responsibility of the state to provide safe and healthy work environments, and to deliver appropriate health services. However, this view was not generally held by the workers who helped build and use the centre.

The informal CPA network that was so important to the centre's success persists even though the CPA as an organisation does not. Whether such networks can replicate themselves without some formal organisation remains to be seen. It should also be noted that the CPA played a pivotal role generally in training cadres through party schools.