

The impact of globalisation on health and safety at work

Report issued by the World Health Organisation and International Labour Organisation

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Two departments of the United Nations recently warned that globalisation may considerably increase the number of work-related diseases and injuries in the next century. They said the pressures for deregulation of the basic standards for health and safety is growing.

Dr Richard Helmer of the World Health Organisation (WHO) said, “in order to reduce costs, industries with their accompanying occupational hazards are being relocated to developing countries—home to 75 per cent of the global workforce.” There are about 2.6 billion workers in the world as a whole.

Dr Jukka Takala, Chief of the International Labour Organisation's (ILO) Health and Safety Programme estimates that there are 250 million accidents in the workplace each year, leading to 335,000 fatalities. One million people die each year from the 160 million illnesses caused by pollution and toxic materials and processes. One hundred thousand chemicals are in use. Of these 350 are known to be carcinogens and 3,000 are allergenic. Illnesses include respiratory and cardiovascular disease, cancer and reproductive and neurological problems.

In the least developed countries most workers are involved in production of raw materials—agriculture and mining. This means heavy and noisy physical work and exposure to pesticide sprays, dusts and parasitic and infectious diseases. In industrialising countries, less advanced and more hazardous technologies are used. The extent of illnesses and injuries is unknown. In industrialised countries and increasingly elsewhere, more than half the workers suffer from psychological stress.

Only 5-10 per cent of workers in developing countries and 20-50 per cent in industrialised countries have access to adequate health care. Even in the United States, inspectors visit only 10 per cent of all work sites regularly. Few small-scale industries across the world are subject to health and

safety provisions.

The report points out that estimates of accidents and illnesses are difficult to make because of the lack of reliable information. In Latin America, for example, less than five per cent of work-related illnesses are reported. There is “in many countries a certain unwillingness to recognise occupational causes of injuries or health problems and to report them even when recognised. The history of occupational health has been that of a continuous struggle between workers fighting for protection or compensation and their employers seeking to deny or reduce their liability for work-related diseases and injuries. This conflict has greatly influenced statistical reporting. As a result, the burden of disease due to occupational exposures is usually underestimated.”

The WHO and ILO report highlights the terrible conditions facing workers throughout the world. It shows that the poor information about accidents and illnesses is a reflection of the low priority shown by all concerned. It says the solution is to implement “ethically correct and economically sound” measures to improve working conditions and change the existing situation “in the interests of both workers and employers.” “Seemingly obvious and simple, this idea has not yet gained meaningful universal recognition.” The WHO and ILO appeal to the World Trade Organisation, national governments, employers, trade unions and non-governmental organisations to remedy the situation.

The idea that national governments will respond to such an appeal is unrealistic. Criminologists Dr Gary Slapper and Professor Steve Tombs in their recent book *Corporate Crime*, examine the Health and Safety Executive (HSE) in Britain. The HSE announced a “record low” figure of 376 for fatal injuries between April 1994 and March 1995 based on “virtually complete” data.

Slapper and Tombs show that the figure excludes deaths

from the use of flammable gases (36), in the fishing industry (27) and from driving whilst at work (877). Calls by the Royal Society for the Prevention of Accidents (RoSPA) and others for driving fatalities to be included are rejected because industrial representatives on the HSE say they are “burdensome”. Key causes for driving fatalities are unsafe work schedules, low vehicle maintenance and insufficient training. Professor Horne, Director of the Sleep Research Laboratory blames economic causes because more drivers, in fear of losing their jobs, are travelling hundreds of miles without a break.

Another cause of under-reporting of HSE figures is that deaths resulting from accidents are often unrecognised and many clinicians are unaware that they should report such deaths to coroners. Doctors only put the eventual cause of death on a death certificate rather than the sequence of events leading to death.

The HSE figures do not include deaths among the self-employed, a significant factor considering that many corporations are turning direct workers into self-employed workers. The HSE itself says only 1 in 20 reportable accidents are reported among this sector of workers.

Figures on deaths from work-related illness are even more unreliable than for accidents. The HSE only counts those that relate to asbestosis and similar illnesses. Research suggests as many as 10,000-20,000 deaths a year may result from illnesses caused at work.

Even using the HSE's own figures, Slapper and Tombs arrive at 3,018 deaths from work-related accidents and illnesses in 1994/5—nine times the “record low” figure claimed by the HSE.

According to Slapper and Tombs, “the use of formal enforcement action, always a matter of last (and very reluctant) resort by HSE and its inspectorates, is now being further abandoned, as HSE redefines itself formally as much more of an advisory and educational body than any form of police force for industry.”

The main law in Britain, the Health and Safety at Work Act, stipulates that employers have a duty to do “all that is reasonably practicable”. Since its implementation in 1974 there have been over 18,151 deaths at work, About 40 per cent result in prosecution with an average fine of about £4,000. The vast majority of non-fatal accidents are never investigated. Slapper and Tombs consider that two-thirds of deaths are caused by directly illegal actions on the part of the employer. Governments are also to blame. When the oil companies were opening up the North Sea for oil exploration, they refused to continue unless the government relaxed the safety regulations. One hundred and six workers died in the process. Whilst individual homicide has a high media profile, the higher levels of work-related deaths a

large number of which are “classifiable, at least prima facie, as instances of reckless manslaughter”, remain unnoticed.

The current HSE campaign ‘Good Health is Good Business’ pitches concern for health and safety purely at the effect it has on profits. This is an admission that profit is the driving force in capitalist society. The history of health and safety legislation is one of companies trying to find loopholes, or use it against rivals. Only when the source of profit—human labour power—seemed on the verge of physical destruction did the state implement laws. In many cases, employers saw legislation as a useful way to enforce “habits of obedience” as in the establishment of factory schools.

After World War II, workers in the industrialised countries were able to gain better working conditions by exerting pressure on the national state. The fall in the rate of profit in the 1970s and the exhaustion of production based on assembly line methods meant capitalism had to look for new methods to lower costs and increase productivity. Large chunks of manufacturing were outsourced to the Asia-Pacific region where wages were low and health and safety concerns non-existent. The effects of globalisation have been to undermine workers conditions in the West too, as nations, regions, governments and trade unions compete to provide the lowest costs to transnational corporations.

Whilst the WHO and ILO point to some of the implications of globalisation for health and safety it puts forward the impossible task of changing the situation, “in the interests of both workers and employers”. The interests of the working class can not be reconciled with a system in which production is organised for the benefit of a privileged minority. Only when the mass of working people counterpoise to this an internationalist socialist strategy will a further deterioration in health and safety at work be prevented.

References

- 1) The World Health Organisation—Occupational health page http://www.who.int/peh/Occupational_health/occindex.htm
- 2) *Corporate Crime* by Gary Slapper and Steve Tombs, Longman, 1999



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