

# Letter from a New York City transit worker on miscarriages and pregnancy on the job

**Our reporters**  
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On Wednesday, July 1, the WSWS reported that a Metropolitan Transportation Authority (MTA) transit worker suffered a miscarriage while working as a track-switchman at the East New York Train yard. Following the publication of the article, another MTA worker sent a letter to the WSWS about miscarriages she has suffered during her 13 years of service to the agency. Her appalling experiences make clear that the conditions faced by pregnant transit workers have led to countless miscarriages and involuntary abortions.

The atrocious conditions faced by pregnant women are a part of the wider health crisis faced by all transit workers. Since the outbreak of the COVID-19 pandemic, at least 140 New York transit workers have died. With adequate protective equipment still in short supply and the premature reopening of New York City this tragic figure will likely increase in the coming weeks and months.

Before the pandemic, MTA employees worked in unsafe conditions for years. Earlier this year, rapid transit operator Garrett Goble died after heroically evacuating passengers from a burning 2 train.

Since 2001 at least thirteen transit workers have been killed on the job. In 2019, the WSWS reported that workers face a suite of chronic health hazards every day, including the inhalation of steel dust, asbestos, diesel exhaust as well as contact with human waste and rat feces on the subway tracks. The average life expectancy of a transit worker after retirement at 55 is just five years.

Transit workers across the US and internationally face these conditions. In the UK, at least 43 transport workers in London have died from COVID-19. The number of transit workers who have died in countries with large outbreaks like Brazil, Bolivia, Peru, Chile, India, Turkey and Iran is unknown. Transit agencies across the globe, with the complicity of the unions, have failed to take the most basic safety precautions. Where limited measures were taken, they were much too little, much too late.

Following the lead of autoworkers in Detroit, the WSWS calls on transit workers in New York City to build

independent rank-and-file safety committees to fight COVID-19, unsafe working conditions, and to save lives!

To the WSWS:

I've had miscarriages on the job at the MTA due to the workload and the fear of losing my job. I cannot forget any of them, but there is one that stands out.

I've been a traffic checker for 13 years and a part-timer for 12 and one-half years. Coming into transit at orientation they tell you all the ins and outs, perks, rules and regulations. Then they tell you there are no special accommodations and to make your decisions wisely about what job you pick, because there is a stone wall.

They tell you as traffic checkers that you're hated and the least respected. We do analytics for schedules and this can come back to haunt other workers. The jobs we do are also made up of activities that used to go as overtime to other categories of transit workers. You're also told there are hardly any rest rooms. Assignments can be in desolate areas where there are no stores or, worse, no streetlights or payphones. You can be stranded for hours as you collect data.

At times, some assignments will have you on a bus for hours, sometimes without break, just to keep schedule. Or you are afraid that your data might be lost, guaranteeing you a violation that will stain your record for the next seven years.

My department is considered under the union contract to be clerical and refuses to acknowledge operational and heavy-duty responsibilities. There are no contractually negotiated weight limits for lifting objects, for example.

My last miscarriage happened in 2014 when I was working on bus stop management. This was a stressful job. If our group came back with the work incomplete, we would be sent out to do the least favorable job as a form of punishment.

One day, we were at the end of the line on a bus route repairing GAR boxes, which hold the bus route and schedule information. It was a hot summer day. I was in pain and just trying to make it through the day when my partner told me

that I was bleeding through my pants.

Around punch out time a superintendent cracked a joke about the scent in the air looking at me laughing. I looked him in the face and told him that's the smell of death and I just had a miscarriage. He stopped laughing.

I have been cautious with heavy labor since that. I tried to pick a cadre In GOS [general service, posting notices for passengers] where you carry directories and signs for about 13 stations with about 216 signs, a weight of 25 pounds.

But as I was walking along a station platform one shift, I began to tired and winded. It felt like I was losing energy with every step and that my uterus was going to drop out.

With a medical history of fibroids (Women on my job don't want to talk about this but many of us have fibroid tumors in the uterus. No one knows what causes them, but it may be the steel dust in the air or the heavy lifting), surgeries, and miscarriages, I rushed to my doctor to figure out what's wrong with me. She informed me that I was pregnant and advised me to inquire about light duty.

I did, but MTA management stated there was no light duty for pregnant women. I didn't say that I was pregnant, and I wasn't showing, but just inquiring about this led the supervisors to throw more work at me. So, I went back to my doctor to figure out what my healthcare could afford.

I had to take an unpaid leave of absence. I would have to exhaust all my sick time and holiday time and vacation days before I could do this, which, by the way were mostly used up because of my medical history. Before I could get on welfare, I needed to have proof from the MTA that I had a paycheck showing that I had zero income. The MTA never sent this to me. My access to the MTA Portal online was shut off, which is normal in this situation for employees.

After two months in the no-income hole, I got a call from the union stating that my department is willing to put me back in service with a helper or I could opt to go to the general field work, which is a bottom of the barrel assignment. Work in the field is not light duty. Transportation time is not paid, and I would have been standing for four hours each way to do four hours of work. With my experiences with miscarriages on the job, I decided I could not do that. Since I was a part timer, I was not guaranteed any hours anyway, so with a belly and swollen feet I opted out of both offers.

After I gave birth, I decided to breastfeed, which is unheard of for traffic checkers. Again, there is no special accommodation at the MTA for this need. I was told by management and union officials to just go to a bathroom to pump my breast. I told them that what they just said was illegal, grounds for legal action, and their best bet was helping me obtain what I needed.

I faced a lot of scrutiny from management and coworkers

alike. I was first instructed to pump in a manager's office, which was uncomfortable with a large glass window. I was then instructed to go to different zones with specific rest stations. However, the fact that I had no set schedule interfered with my milk flow. Then they kept me in one zone for a few days, which was okay, except for the fact that female cleaners walking in the room shared their disdain for me exposing my breast or pumping it in an unclean environment.

One incident changed me forever. I was in 34th Street-Herald Square station in a women's locker room when the MetroCard vending machine guys came in and sat down next to me while I was pumping, as if I was in their space and I was doing nothing of importance in a women's facility room.

When you return to work after a pregnancy at the MTA, the union provides a so-called childcare stipend. But you only get it if you have depleted all your other leave. My daughter was born in April and my time off was reset in January, so I wasn't eligible. Anyway, the union childcare assistance program only pays one week out of a month and can't be combined with another state program, another downfall.

With no income coming in (I was back at work but hadn't gotten a check yet), I didn't get any real guidance as to how to get childcare. Government childcare goes according to your income, which spikes after the first month of being back to work.

Also when you work right up to the day of your birth you may not qualify for WIC [Women, Infants, and Children, the federal childcare supplement] and if you decide to nurse and you're a first time mom you lose out on the educational nurturing counseling a lactation specialist provides.

My department at the MTA is filled with women of childbearing age and older women in their most fragile, depleted stage of life. Ninety percent of the women on the job are the head of their household or breadwinner, forced to do their job and not question mistreatment and abuse.

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