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SOCIAL WORK RESPONSE TO PROBLEMS OF OCCUPATIONAL HEALTH

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ABSTRACT

An emerging area of concern for social work professionals is occupational safety and health. This article explores problems of the workplace with a specific focus on Brown Lung disease, or byssinosis. The authors present a model for field practice whereby students develop skills in organization, self-help group development and systems change strategies, thereby moving from a traditional methods model of practice to one that is focused on social problems.

Introduction

During the past several years, there has been a small but stirring interest within the helping professions in regard to problems of occupational health and safety. As long as man has had to work for a living, there have been numerous accounts of the unique and often dangerous conditions associated with the workplace. The mining of minerals, blacksmithing, long hard hours of exposure to noise, heat and toxic substances have resulted in millions of workers developing serious and often fatal diseases or losing their lives in unsafe workplaces due to unpredicted explosions, fires, mechanical failures and the like.

Concern over occupational health and safety problems has been sporadic at best. Much of the reform movements of the late nineteenth and early twentieth centuries directed their energies toward the sweatshops of this early industrial period. Eliminating child labor and reducing the number of hours in the workday were the major concerns.

In the mid and late sixties, numerous mine explosions took the lives of many miners. At that time, through the efforts of miners' widows, concerned persons in the medical field, disabled miners themselves, and the rank and file miners of the United Mine Workers rebelling against the union's national leadership, sufficient pressure was imposed to pass national legislation which created the Coal Mine Health and Safety Act of 1969. In 1970, Congress passed the Occupational Safety and

Health Act which was designed, at least ideally, to guarantee all workers a right to a safe and healthy workplace. OSHA provided the development of exposure safety and regulations, notwithstanding general problems encountered as a result of state options to administer the act, too few inspectors, overall ineffectuality of the process of imposing penalties for violations, and the hostile reaction of industry.

Social workers generally have not been involved with efforts to intervene in the problems of the workplace. This is an unfortunate fact considering the severity of the problem. It is estimated that 14,000 workers are killed each year in work accidents and more than 2.2 million disabled as a result of occupational diseases and work-related accidents.[1] More reports show 100,000 workers dying annually from occupational disease and 20 percent of all cancers being directly related to carcinogenic exposures in the workplace.[2] In the Appalachian area alone, in which 15 percent of this country's industries are located, statistics show that workers suffer death and disability more than three times the national average.[3] Industries located in the region such as mining, textiles and agriculture, lead the nation in accident frequency.

In addition, workers face a new type of danger which has accompanied the vast increase in the industrial use of chemicals and synthetics. Hundreds of thousands of chemicals are used in industry, yet there exist standards for only 500 of them.[4] Given their shared characteristic of latency, we will only continue to discover just how dramatic an impact these industrial chemicals have had on our workers' health.

The Case Of Brown Lung

Unfortunately, not all occupational health hazards are an outcome of newly-discovered, man-made chemicals. If this were true, then we might justify the minimal attention given to the problem. Instead, we read in the newspapers everyday of industrial health hazards which have been documented for decades, but through a process of concealment and minimization by industry and government, virtually nothing has ever been done to prevent the hazards or properly care for those who become disabled. A classic example lies within the textile industry. Doctors and officials name the problem byssinosis, the mill workers simply call it Brown Lung.

One of the largest employers in the South is the textile industry. It in turn produces a health hazard which the Occupational Safety and Health Administration (OSHA) targeted as one of the top five industrial health hazards in the country--a chronic obstructive pulmonary disease which cripples the worker and can ultimately lead to death. Brown Lung is caused by continuous exposure to cotton dust. Through the process of turning raw cotton into thread and cloth, small particles of dust fill the air. Continued inhalation of this dust can leave the worker with a chronic lung disease, a disease which leaves the worker breathless, making even the simplest task an excruciating experience. It is estimated that some 35,000 textile workers are already disabled by the disease[5] and this figure does not even include the 800,000 textile workers who are presently at risk.[6]

Even considering the fact that there have been conscious attempts to conceal the scope of occupational diseases such as Brown Lung, it is still disturbing that the helping professions have in no way addressed these most serious health and social problems. As both Dr. Jeanne Stellman and Dr. Susan Daum noted:

> Oddly enough in this advanced technological society, practically no one is trained to study, recognize, or treat occupational disease. A person who visits a doctor [or as we might add--a caseworker, a Social Security worker, a public health worker, etc.] is not usually asked about his or her occupation or what kind of work is performed.[7]

To take Daum and Stellman's analysis one step further, neither has anyone, including the worker, been trained to understand remedies for occupational disease problems. Few have any knowledge concerning the practical application of the OSHA law--a law which gives the worker a right to a healthy workplace and provides the means for enforcement of this right. Few know anything about workers' compensation laws and how they can be utilized to encourage prevention and provide a basic employer responsibility for the workers. And finally, very few helping professionals know anything about active outreach education for workers and how to assist them in attempts to organize their voices so they change the injustices which accompany an occupational disease. These injustices include: workers not knowing about the dangers within the place which they work; industries which conceal the extent of health hazards; industries which violate health and safety standards; an understaffed regulatory agency which is often rendered ineffective because of political intrusions; poor state compensation, and political pressures which seek to resist regulation and limit liability for occupational diseases.

Social Work and Occupational Health

For the most part, those who have addressed the problem of occupational diseases have consisted of a loose coalition of unions, public interest groups, local organizations concerned with occupational health (the COSH groups), and grassroots, self-help organizations. As noted previously, social work has not concerned itself with this problem, or even, in a broader sense, with workers' issues at all. Leo Perlis cites three reasons why this area of industrial social work has remained untouched. First, industrial interests are dominated by a concern with production and profit; the safety, health and welfare of the workers are of secondary importance. Second, organized labor has traditionally concerned itself with similar economic issues such as higher wages, better fringe benefits and fewer hours. Third, the field of social work has concerned itself with developing a professional image, struggling with its identity and concentrating its focus on casework and group practice outside the workplace.[8]

As a result, any venture by social work into the area of occupational health will demand it perform in concert with other organized interests. This is certainly not a new concept--social work has based much of its work on a team approach to its practice. However, "the team" in occupational health issues is not comprised of other professionals. Rather than working with psychologists and doctors, the social

worker would work with organizers, members of the community, the public health worker, the minister and the union local.

New skills for the social worker are necessary if he/she is to perform effectively. Crisis intervention and a therapeutic perspective are replaced with skills of organization, leadership development, paramedical and paralegal action strategies, public relations, community and power structure analysis, fund raising and legislation. In short, a new type of social worker is needed; as a consequence, the social worker's education experience would have to be similarly redefined.

A Rural Organizing Model

In 1977, a small group of students and faculty at the School of Social Work, University of Georgia, began efforts to assess alternative models of social work practice and how, from an educational perspective, these models could be implemented.

Due to a shared interest in occupational health and organizing as a field of practice, graduate students were placed with the Carolina Brown Lung Association, a member-controlled, grassroots organization of retired disabled textile workers. This placement exposed these social work students to an entirely new model of practice--a model which finds the practitioner in a primarily rural setting, with few resources and in which she/he must develop an organization which blends service with an advocacy approach to change.

The students' task, though simple in words, represented an enormous challenge. The State Board of the South Carolina Brown Lung Association asked the students to organize a organization chapter in the largely rural textile community known as Horse Creek Valley. For the students, this mandate evoked many questions and concerns. How would the transition be from a college campus to a rural, Southern community? Could they fit in as student labor within the existing staff of the organization? Could they be accepted as students in a new community? Could the community accept an organization which in many ways challenges the dominance of the local textile industry? Could they actually organize a group and could it survive?

In order to familiarize themselves with the organization and its activities, about one week was spent visiting other chapters and talking with their members and staff. During that time, the staff helped prepare the students with written material and shared their experiences of organizing the present chapters.

Over the next nine months, the students worked and lived in Horse Creek Valley and successfully showed that social workers could perform an organizing role in occupational health issues. A chapter was formed, accepted in the organization and has significantly contributed to the CBLA's goals of organizing textile workers, preventing the incidence of Brown Lung disease and fighting for compensation for those disabled.

The model employed by the students is discussed below. Underlying its components is a basic philosophy which is quite different from the prevailing founda-

tions of the field. Namely, complete emphasis is directed toward organizing "client" groups to provide services and initiate change. Social workers are taught to provide services themselves to individuals or small groups. Rarely have they engaged in organizing experiences, for such work requires social workers not only to possess certain unique skills but to also commit themselves to actively transfer and develop these skills among their "clients." Secondly, the model stresses change as well as service. Therefore the social worker finds himself/herself on one side of a polarized issue and must participate in social action strategies which quite often involve confrontation tactics. This is a clear diversion from the profession's professed impartiality and reluctance to involve itself in political issues. In this case, the students, by working with CBLA, accepted the facts that industry and government have neglected the problem and must be pressured on a social, economic and political front in order to remedy the situation.

With these assumptions understood, let's examine the programmatic model utilized by the students.

1. Outreach

It was very clear to the students that textile workers, who had little or no knowledge about Brown Lung and who had been completely dominated by the industry, would not eagerly approach them, asking for help and wanting to participate in an organization which was challenging the industry over this issue. Even if a worker wanted to approach the students, he or she could not, simply because there was no money available to fund an office or to provide a phone. In addition, the students found that other social service agencies, those which usually employ social workers, knew nothing of the problem and reflected the conservatism and skepticism locally directed toward worker and citizen organizations.

As a result, the students realized that the only effective means to reach and educate potential victims of the disease was to go right to their doorstep. "Door knocking," as it is called, brought the social workers directly into the community and provided a means to educate workers and recruit initial members of the chapter. At first, this was done blind--the students went to the mill village, picked a street and then knocked on every door. From these contacts, other names of friends and relatives were obtained, slowly building a network of interested workers.

Another means of outreach was organizational in nature. The students spoke at Council on Aging lunches and to church groups, anywhere a majority of the members were former or active textile workers.

It is important to note that outreach did not stop with initial recruitment efforts. Outreach remains an ongoing function of the chapter and even established functions such as meetings are often carried on in members' houses. In short, the students are familiar guests in everyone's homes.

2. Research

A new and different kind of research was required of the students. Their target was the community and their method was comprehensive examination of the

community, its institutions and its leaders. More so than any other areas of organizing, social work has contributed to this knowledge base as evidenced by the work of Roland Warren and others in community analysis.[9]

Basically, community analysis demands practical research skills. You must know where and how to examine property tax records, public ownership records, land holdings, interlocking directorships on industrial and community boards; you must identify other community groups and assess how they can be of some service to your group; you must identify community programs on television and radio which might provide a forum for your issue; you must be able to identify the leaders of the community, assess which ones could be of help as well as those who might undermine your work; and you must know basic statistical information about the community--how many workers, what kinds of industry, their profits, their wages, their benefits, and the rate of unemployment.

Information such as this gave the students a definite handle on the community and though they were strangers to it, they could move on in their work with a basic understanding of its social and political make-up.

3. Building an Organization

Once people are identified, the hardest task then becomes the process of building an organization around their mutual experiences and shared concern. This is particularly different in the rural South due to the historic absence of workers' organizations. Labor history clearly shows just how militantly industries and states crushed workers' attempts to organize. The legacy of those actions is still quite strong.

Given these social and political constraints (not to mention the physical constraints of organizing sick people), the students, from the beginning, suggested that the workers might want to develop some structure to guide their activities. Steering committees were developed at first, but these soon branched into committees defined by tasks such as compensation and fund raising. Meetings began to occur at regular intervals and after a few months, officers were elected and bylaws written.

Later, the group began to acquire other organizational features. An office was rented, a local newsletter developed, a post office box rented and stationery was bought. Though these trappings were certainly not as important as the group experience, they served an important function to reinforce the organization's identity both to the members and the rest of the community.

4. Leadership Development

It is extremely difficult for young, intelligent students to restrain themselves from leading the organization. The workers look up to them with quite a bit of admiration and constantly try to defer decisions and leadership to the organizers. Likewise, other professionals, bureaucrats, politicians, and the media have a tendency to approach the students as the leaders of the group. As a result, the stu-

dent must combine self-discipline with his/her skills to develop leadership within the organization.

Leadership development is primarily a process of building upon skills which are already present within the worker. A member who talks well might give a report at a chapter meeting, then lobby a legislator, then talk to the press, and finally testify before a Congressional committee. With experience and preparation, any organizational skill can be mastered. The students found a traditional social work technique, role playing, a particularly useful learning tool.

5. Program Development

In concert with the members, the students were instrumental in developing the chapter's program. Generally, the program was a combination of service and action. Services drew members into the organization and as they learned more about the problem and what needed to be done, they began to participate in national, state and local actions. Take, for example, the service aspects of CBLA's program. Free medical screening clinics introduce workers to the problem and give them some indication of their own condition. Doctor and lawyer referrals are available as is education about workers' rights. Their awareness of the problem and the transgression of their rights then lead many of the workers to a program of change. In this instance, the program included lobbying for changes in the state and federal compensation laws, pressing actions against legislators, the textile industry and state agencies, and demanding a voice in relevant legislative and administrative policies. Only through these means can we move beyond symptoms to eradicate the problem.

Before any school sponsors a learning experience for its students which is built on this model, it must be prepared to do several things. First, it must take the responsibility to seek out organizations which lie outside the traditional social service placement. Second, the school must allow nonMSW field supervision. Third, the school should provide some coursework opportunities for students interested in occupational health and organizing. And finally, the school must be prepared to resist attempts to eliminate placements such as these because they are too controversial.

If social work is to concern itself with basic social problems such as occupational health, then its educational institutions must provide the spawning ground for this interest. Occupational health is but one of a series of interrelated health problems in this country--problems which genuinely reflect distinct divisions in social position and influence. As a profession which prides itself on critical examination and commitment to help those in need, the field of social work must shift its focus from a therapeutic approach to the individual and begin to train practitioners who are sensitized to social problems and who possess the skills to effectively work for change on a larger level. Whether or not the field will move in this direction remains an open question. Nevertheless, by at least providing learning models such as the one above, the field can give its practitioners an opportunity to explore new horizons and define the field of social work for themselves.

Footnotes

1. National Safety Council, Accident Facts, 1972.
2. Quoted in Nicholas A. Ashford, Crisis in the Workplace: Occupational Disease and Injury, (Cambridge: MIT Press, 1976), pp. 10, 93.
3. Appalachian Alliance, "Appalachia 1978: A Protest From the Colony."
4. Dr. Jeanne Stellman and Dr. Susan Daum, Work is Dangerous to Your Health, (New York: Vintage Books, 1973), p. 6.
5. Dr. Arend Bouheys, "Epidemiology of Chronic Lung Disease in a Cotton Mill Community," Lung, Vol. 154, p. 168.
6. Dr. Eula Bingham, Director of the Occupational Safety and Health Administration, February 4, 1979, CBS Interview.
7. Daum and Stellman, op. cit., p. 5.
8. Leo Perlis, "Industrial Social Work--Problems and Prospects," NASW News, Vol. 23, No. 5 (May, 1978), p. 3.
9. Roland Warren, Studying Your Community, (New York: The Russell Sage Foundation), 1955.