

Women helped by women

Standing with the female employees trying to get their occupational diseases recognised are female trade union officials striving to convince their organisations of the need for a gender-based approach to risk prevention. These employees can also count on female doctors who know how to listen to them. This may be the expression of what feminism calls "sisterhood", a concept invented by the anthropologist Marcela Lagarde to define the mutual support networks between women.

Berta Chulvi

Journalist

Thanks to backing from the trade unions, Isabel's health problems were recognised as being in part linked to her work as a hairdresser.

Images: © Tania Castro (p. 26, 28, 29)



The first problem encountered by women who fall ill is that no one gives much credit to their symptoms. As a result, in the muted battle being waged across Europe against the under-declaration of occupational diseases, women have had to fight for themselves and wait for a long time to be included in the statistics. In Spain, the trend in recent years has been very clear: those occupational diseases recognised for women are virtually the same as those recognised for men. In 2014, for the first time almost as many women as men saw their occupational disease recognised (see the graphic). Strangely, the authorities seem to act as if there is a "ceiling" figure for the recognition of occupational diseases: the distribution may vary by gender, but the total figure for recognised occupational diseases hardly changes.

Occupational diseases recognised in Spain

The official explanation for this redistribution of occupational diseases by gender is twofold: firstly, the decline in economic activity in male-dominated sectors due to the economic crisis; secondly, the intensification and increasing insecurity of work in the service

sector, particularly hotel and catering and cleaning, where women are in the majority.

However, experts question this version, and instead point the finger at the role played by the mutual insurance companies, which in Spain recognise and pay compensation for occupational diseases. "Since the mutual insurance companies started paying compensation for occupational diseases from their own funds, there has been a sharp drop in the number of diseases recognised", explains Dr José María Roel, who has worked all his life in public service. Dr Roel is not surprised that fewer occupational diseases are being recognised among men now that women's diseases are starting to be recognised: "What's important to the mutual insurance companies is that the total number of diseases recognised, which translates into real costs, does not change."

Although the statistics invite optimism, the ordeal that female employees have to go through to get their disease recognised remains considerable, as proven by the cases of Isabel and Manoli. The former worked as a hairdresser until she was recognised as having an occupational disease. The latter still works as a security guard, but faces a real struggle every day, even though the occupational origin of her plantar fasciitis has been recognised.

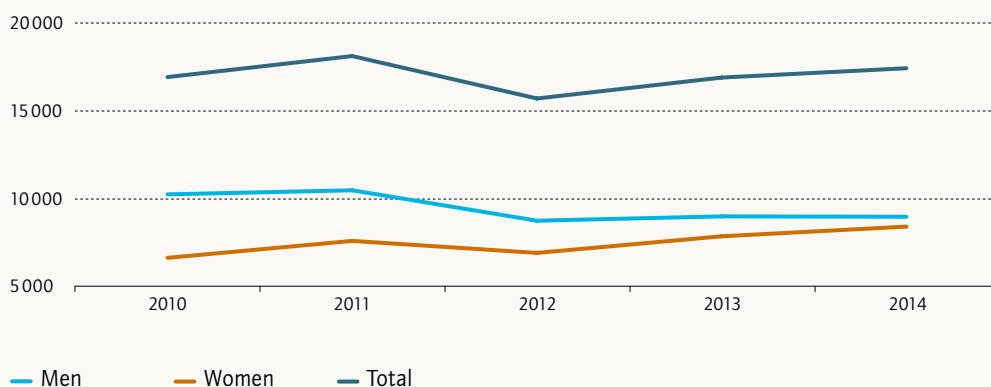
Hairdressing salon in a basement

Isabel, who is 56, started work at the age of 14. A whole life spent colouring hair has ruined her health and any hope of continuing in the profession that she adores. "It took me a long time to make the link between what was eating away at me and the fact of handling chemical products throughout the working day", she now explains. Thanks to the support of the Comisiones Obreras (CCOO) trade union, Isabel has had her occupational disease recognised and receives a total disability pension as she cannot pursue her profession.

She worked in a small hairdressing salon situated in a basement with obvious ventilation problems, but the risk prevention service never noticed this "detail". "They came to deliver training courses, but never realised that, although fitted with air-conditioning, the basement had no ventilation", laments Isabel. It was in 2009 that she started to notice the first symptoms: her face became deformed and she had difficulty breathing. "My glottis swelled and I could no longer breathe. I consulted our family doctor who diagnosed food allergies and prescribed antihistamines, but I kept working." The owner of the business that employed her – a hairdressing salon with two chairs and around 20 employees – kept telling her that she was amazing: "I had a monstrous face and my boss just kept saying that I was brilliant. That I was complaining out of habit", she explains.

Isabel started to make the link between her symptoms and her work when her health improved while on holiday and at weekends. It was a client at the salon who recommended that she consult Doctor Neus Moreno. Dr Moreno was responsible for occupational health issues at the Catalan branch of CCOO at the time of the famous Vall d'Hebron hospital case, when over 30 employees were poisoned during a fumigation that was incorrectly carried out (see the box, p.28). "She made me realise that I should approach the mutual insurance company and get them to assess my situation, given that I was constantly exposed to chemical products. 'React', she told me, 'because your health will only get worse'.

Occupational diseases recognised in Spain



Source: Ministry of Employment and Social Security

So that's what I did", explains Isabel. It was then that her long battle with the mutual insurance company began, hand in hand with Loly Fernández Carou, who is responsible for the occupational health unit at the Catalan CCOO, which ended with the company paying out. "Isabel's case is interesting because normally it is difficult to reach small and medium-sized businesses where the employees are more isolated", explains Loly Fernández Carou.

Isabel suffers from dermatitis on her hands, but it is the fact that she cannot breathe properly, having inhaled the chemicals contained in the dyes that she handled, that handicaps her most on a day-to-day basis. After undergoing allergy tests, she was diagnosed as hypersensitive to paraphenylenediamine, a product contained in all hair dyes. However, the mutual insurance company's pulmonologist believed that her problems had nothing to do with her work and referred her to social security.

The fear of not being listened to

So Isabel returned to work. The very first day, she started to swell up and suffered a

respiratory attack. As luck would have it, when she went back to the mutual insurance company, there had been a change: the pulmonologist was absent and this time she was examined by a new female doctor who immediately understood the situation and asked the risk prevention service to approach the business. But no real progress was made: the risk prevention service took a few urgent measurements, but declared that the presence of paraphenylenediamine, a dye contained in hair colours, was imperceptible. That was then Isabel, supported by the occupational health department of the Catalan CCOO, decided to report her case to the labour inspectorate. It was only then that the business started to give credit to her illness: "In order to stop the complaint procedure, my boss proposed finding me a job as a cashier in a supermarket, ignoring the fact that I adored my work as a hairdresser", Isabel remembers, outraged. It was clear that the business was not in good shape as the owner of the hairdressing salon closed the establishment as soon as he learnt that Isabel had submitted a complaint.

Eventually, the courts recognised the hairdresser's total disability preventing her from pursuing her profession, but due to her

dermatitis, rather than her respiratory problems. "Isabel's hands were seriously damaged by contact with the dyes and it was on that point alone that the court found in her favour and ordered that she should receive a disability pension, increased by 50% because the case involved an occupational disease", explains Loly Fernández Carou.

Following this battle to defend her rights, Isabel's life is far from having returned to normal. She has had to deal with a major blow: "Having to stop work was really hard for me. I drew so much satisfaction from my work", she says. In addition, her sensitivity to many different chemicals forces her to go out wearing a mask because any perfume or cleaning product can cause her to suffer an attack. "My mobile has an app that allows me to contact the public health service and inform them that I am hyperreactive. In fact, during an operation that I had, the disinfectants that are normally used triggered a respiratory attack, resulting in immediate suffocation", she explains.

"A few years ago, I was admitted to Bellvitge hospital for an operation on a carpal tunnel injury, which was actually very minor outpatient surgery. I had clearly warned them about my problem, but they took no notice.

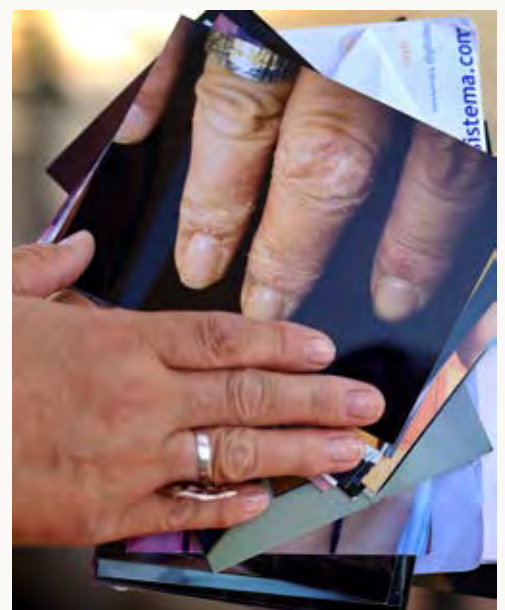
20 years after the Vall d'Hebron case

Dr Neus Moreno, a doctor and member of CCOO, is a shining light in the world of gender-based occupational health. We asked her to recall a key episode, which now dates back 20 years: the poisoning with pesticides of 37 female employees at Vall d'Hebron hospital. This case marks a before and after in the public awareness of chemical hazards. In 1994 pesticide companies acted without taking any risk prevention measures, and fumigation with organophosphates was commonplace. At Vall d'Hebron hospital, over 30 male and female employees were exposed to these substances. Seven women subsequently became permanently unable to work and two others were seriously affected, having been diagnosed with multiple chemical sensitivity syndrome. The CCOO trade union played an important role in the legal

action and in the media information campaign so that everyone would be aware of the gravity of the case.

"The collective action and complaints submitted have had positive effects in terms of the use of pesticides in enclosed spaces and the adoption of preventive measures when their use is unavoidable", says Dr Neus Moreno 20 years later.

"The organisation of those affected, the creation of a network of professionals providing medical care to those affected and the trade union network allowed a longstanding problem to be identified and given a new name: multiple chemical sensitivity syndrome. Progress has been made in objectifying the damage and exposure, but there's still a long way to go, mainly at administrative level, by legislating to encourage the banning and replacement of hazardous substances and compounds, as well as recognising damage to health," she concludes.



Dermatitis resulting from contact with chemicals contained in dyes is a condition that affects most hairdressers at some time in their career.

Listening to women

The medical profession has never properly listened to women, and female workers are no exception. Doctor Carme Valls-Llobet, a pioneer in objectively considering the inequalities suffered by women in terms of health, has spent her whole life proving this gender-based segregation: "Aside from everything related to pregnancy, the medical profession has ignored the fact that women's bodies are different from men's bodies and that, in the event of illness, the reasons that prompt women to consult a doctor and the most common risk factors are also different."

"Because it is 'normal' for women to suffer from an iron deficiency during child-bearing age as a result of menstruation, no action has been taken in this area. Yet a chronic shortage of iron is not a minor issue. It actually has consequences not only in terms of haematology, but also systemically due to increased absorption of toxic minerals, such as lead, cadmium and mercury, and also insecticides and volatile solvents", explains Carme Valls-Llobet. She underlines that social inequalities have a clear impact on illness: "The research carried out concerns women chosen at random, without us knowing how many people they care for and whether or not they have help. It is clear that living conditions have a huge impact on illness, but science has ignored that evidence."



Trade unionist Consuelo Jarabo coordinates an epidemiological monitoring programme that has enabled improved recognition of the occupational ailments suffered by women workers in the Valencia region.

And so they ended up having to urgently get me out of the operating theatre because I was suffocating", she remembers. The operation had to be rescheduled and, since then, Isabel has lived in fear of not being listened to, that people will think she's exaggerating when she talks about her symptoms.

When asked if she felt understood by her doctors, the only positive memory that she has of the entire ordeal is that female doctor at the mutual insurance company who referred her to the risk prevention service. "She was an Argentinean doctor who was not prepared to follow the organisation's instructions if that meant declaring a patient cured when they were actually not fit to work. Shortly after my case was closed, she told me that she was leaving the risk prevention service because she couldn't work under those conditions", she states.

Female security guard among men

The belief that women exaggerate their health problems is one of the characteristics of the patriarchal culture that women face, particularly when working in male-dominated sectors: "You girls are so quick to complain. We all suffer with our feet." Those were the words that Manoli had to listen to from the mouth of her line manager when, after several months of having to stand for eight hours a day at the tills of a supermarket, she started to suffer from unbearable pain in the soles of her feet. Manoli is 48, lives in Torrejón de

Ardoz (Madrid) and has worked since 1994 as a security guard. During her initial years of work, spent with a courier company, she didn't suffer any health problems. It was in 2011 that her ordeal began, due to her position as a woman among men. "Because all the workers were men, I couldn't search them. That was why they assigned me to a screening service that made my colleagues jealous because I was sat down and had set hours. My colleagues put pressure on my boss until he removed me from that service and transferred me to a supermarket at Alcampo, in Torrejón de Ardoz", she states.

Manoli started working in the supermarket with set hours, a work right that she had earned with her previous company that her boss was now trying to take away. "By chance, I met Julian Montes, a CCOO member, who helped me to fight the company's manoeuvring", she confides. Asserting her rights cost her dear: they assigned her to a duty that meant standing for eight hours at the tills. After three months of this work, she started to suffer unbearable pain in her feet, but no one took any notice. "Perhaps we should roll out the red carpet for you", her immediate superior threw at her.

The company game

She stood it as long as she could until one day she collapsed because her feet would no longer respond. She immediately contacted the mutual insurance company. They

"Having to stop work was really hard for me."

Isabel, hairdresser

"Those people who cause a nuisance are brought together within one service, and then the contract for that service is allowed to lapse."

Manoli, security guard

diagnosed plantar fasciitis, which resulted in her being signed off sick for nearly four months. When she returned to work with the medical opinion that she was "fit for work, but with restrictions", the company refused to alter its practices in any way and transferred her to Barajas airport (Madrid), to passenger screening, which meant that she had to stand for several hours. After three days, she again began to suffer unbearable pain in the soles of her feet. She therefore returned to the mutual insurance company and was signed off sick again. When, after a period of rest, the mutual insurance company returned her to work, she did so with explicit medical recognition of her problem and a series of restrictions: she couldn't stand for more than a few minutes and she also couldn't walk continuously over long distances. Once again the company just didn't care: "They sent me to a train depot where I had to carry out 15-kilometre security patrols every day. So I developed a problem again", she explains. Although she had a medical opinion recognising the occupational origin of her problem, the mutual insurance company referred her to social security arguing that this was a common complaint.

So Manoli turned to the occupational health team at the Madrid CCOO, where Azucena Rodríguez and Carmen Mancheño took on her case. The trade union appealed against the mutual insurance company's decision to social security, who recognised that Manoli's problem was occupational in origin and that she should be compensated by the mutual insurance company. But it did not end there. "We submitted two complaints to the labour inspectorate and they found in our favour, ruling against the company because it had not adapted Manoli's work. In the end, the company was penalised and forced to compensate

Manoli for failing to adapt her work and then make this adaptation by assigning a guard to Manoli to help her open doors", explains Azucena Rodríguez.

This adaptation, which at first sight was a victory, was in fact designed to mask the company's game. "They did this because they knew that they would lose the service and could move me to a new company", explains Manoli. She has now started from zero again with a new company, because her service was terminated after the contract was taken over by another company. She therefore has new bosses. Manoli believes that she has been cast aside: "Those people who cause a nuisance are brought together within one service, and then the contract for that service is allowed to lapse. In the service where I was, they brought together four female employees who had complained to the company for various reasons. We are now all four of us working for another company. They have cast us aside."

Manoli's case illustrates the limits of the fight for recognition of the occupational origin of diseases. Even though she and her trade union got the occupational origin of her problem recognised, her employer learnt nothing, by denying her suffering and making her return to work under the same conditions until the damage became irreversible.

Manoli and the CCOO are currently fighting to get her total disability for her profession recognised, but this whole ordeal has simply damaged her health further. She now suffers from anxiety and depression that the public health system's psychiatrist attributes to her work situation. All because a doctor surprisingly declared her fit to resume work because, in his opinion, that was how to solve the problem; a doctor who, once again, did not give any credit to the suffering and pain of a female worker.

Drawing attention to the situation of women

Behind the statistics that reveal the occupational diseases affecting women, there are painful situations such as those of Isabel and Manoli, but also trade unionists who are investing body and soul into this issue, such as Azucena, Carmen, Loly and Neus. Gender-based trade union action is one of the approaches that has enabled occupational diseases in women to be considered objectively. The introduction of monitoring schemes in general practice is another decisive approach: improving diagnostic systems specifically aimed at women brings immediate results and highlights those occupational diseases that particularly affect women.

This is precisely what has happened in the Valencian Community, where a health information and epidemiological monitoring scheme has recently been introduced. The occupational health secretary for the Valencian Community CCOO, Consuelo Jarabo, explains as follows: "Due to the introduction of this scheme in 2014, reported cases of occupational disease have increased by 42%, with 61% involving women." A more detailed examination of the figures shows that these cases primarily involve musculoskeletal injuries that affect women in the service sector and manufacturing industry, where they hold very insecure jobs and are subject to very onerous working patterns. For Jarabo, the conclusion is clear: "It is vital that the gender dimension is included in the analysis of occupational diseases. We must demand this of governments and ensure that this becomes a reality within those organisations representing both female and male workers." ●