

# GHETTO HEALTH SERVICES

"Ghetto medical services" is a term used by many workers to describe the services provided for them by industry. It suggests that such services are hidden from public scrutiny behind the walls of industry. The term conveys the mistrust workers feel for these services.

This article will examine health services in industry and will present some of the reasons why workers often mistrust these services. It will then look at the people administering these services and examine the contradictory position in which they find themselves. In conclusion a few suggestions will be offered as to what can be done to improve these health services.

In many areas of production management provides health services for workers on the shop floor. These services appear to be advantageous to both workers and management. The workers are given a health service right where they work. They can get treatment immediately if they are hurt or feel ill at work. There is no waiting for hours in queues at government hospitals. No money is spent travelling. They do not have to take time off work which in some industries may mean not getting paid or losing their job. They may also receive (depending on the service provided) good health care.]

However behind this benevolent face we find the real reasons why management will spend money on such a service.

Minor injuries are treated at the production site and the worker goes back to work. Very little time is lost which is advantageous to the owner.

Wages are calculated to cover living costs- the cost of food, housing, clothes as well as health care. In other words wages cover what a worker needs to live, to keep him/her healthy enough to work but wages are

also low enough to keep him/her coming back to work day after day.\* By providing one of these (food, housing) directly employers can decrease the amount they have to pay in wages. By providing a health service management can pay workers less. If employers can provide this at less than they would have to pay workers to get it themselves it adds to their profits.

So it is economically profitable for management to provide a health service at the work place.

Providing a "caring service" also serves an ideological function. The health care service gives management a benevolent face. The workers are led to believe that such a service is provided with their interests at heart. This belief operates as an effective means of control. Workers who believe their employer is caring are more reluctant to make demands for improved working conditions.

It is possible then to conclude that the primary motivation for providing a health service is not the health of the worker but the maintenance of high productivity and therefore high profit.

#### WHAT IS THE FUNCTION OF THE PERSON RUNNING THE HEALTH SERVICE ?

Such a person is trained in the traditional medical model. This model deals with individual illness and disease and not with collective risk. It identifies the careless individual worker as the problem rather than the unsafe working conditions where any worker might be injured.

By approaching industrial accidents and disease in this way the health service does two things. Firstly it lets management off the hook. In this view it is the worker who is at fault for letting him/herself get sick or injured.

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\*This is an idealised view and in many instances, in particular migrant labourers, the wage is not enough to live on. Workers then supplement their income by other means.

Management therefore appears to have fulfilled its obligation by providing a service which treats those who are sick or injured. The real cause of illness- the work conditions- are left unchanged but by providing a health service management legitimizes the poor working conditions.

Secondly by looking at accidents on an individual level the health service inhibits the development of collective action.

For collective action to develop workers have to have



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information available to them about risk factors and about disease processes. They have to know that a continuous cough could be the first sign of chronic bronchitis or lung cancer. The worker also has to know that he/she is not the only person with the particular complaint. A cough is not an individual failing but a result of exposure to a particular hazard. In a factory this hazard is often part of the work environment.

This point is illustrated by the following example:-  
The person providing the health service has detailed records. She/he would know where most injuries occur in a particular factory. In a meat processing factory most injuries occur in the room where meat is cut rather than where it is packed or labelled. It is unlikely that all the "careless" people just happen to be employed in that section. Rather it is the nature of the work which is dangerous. The work process should be blamed and not the individual worker.

As the injuries in this example are usually minor and the worker can be patched up in the factory clinic and sent back to work with little production time lost it is not in management's interest to prevent the accidents. But it is in the workers' interest. It is interesting then, that this information is available to management who will do nothing about it and not to workers who could demand safety measures to protect their health.

WHY DO THE PEOPLE RUNNING THE HEALTH SERVICE NOT PROVIDE THE NECESSARY INFORMATION TO WORKERS?

Most people employed by industrial health services are qualified nursing sisters trained in hospital medicine. They themselves have little knowledge of occupational disease. They often do not know the provisions of the Factories Act, which sets down (minimal) protection for workers, as well as restrictions on overtime and shift work. They may know little about provisions of the sick pay funds, Unemployment Insurance Fund or Workmans Compensation. It is therefore unlikely that they will be aware of contraventions of these limited protections for workers.

To impart the information on prevention to workers

takes time, time during which workers could be producing. Management is reluctant to give up that time as it would decrease production for that day. The knowledge workers would gain would give them more bargaining power when confronting management and this is another reason management doesn't allow education sessions with health professionals.

Thus by preventing the awareness of collective risk management also prevents the resultant collective action.

Screening services are also provided by industry. Again this has two sides to it.

On the one hand should a worker develop an illness such as lung disease after being in a particular job for a few years, a review of his her pre-employment clinical could help prove whether or not the disease is work related.

On the other hand the system weeds out susceptibles. So in a mine asthmatics would not be employed. Again the health service is looking at the individual and not the collective risk. By excluding the asthmatics it will not prevent the other employees developing lung disease due to exposure to dust. Thus it is the occupational exposure to dust which needs to be eliminated and not the susceptibles for example asthmatics. The health service would prevent more illness by monitoring dust levels than performing pre-employment examinations.

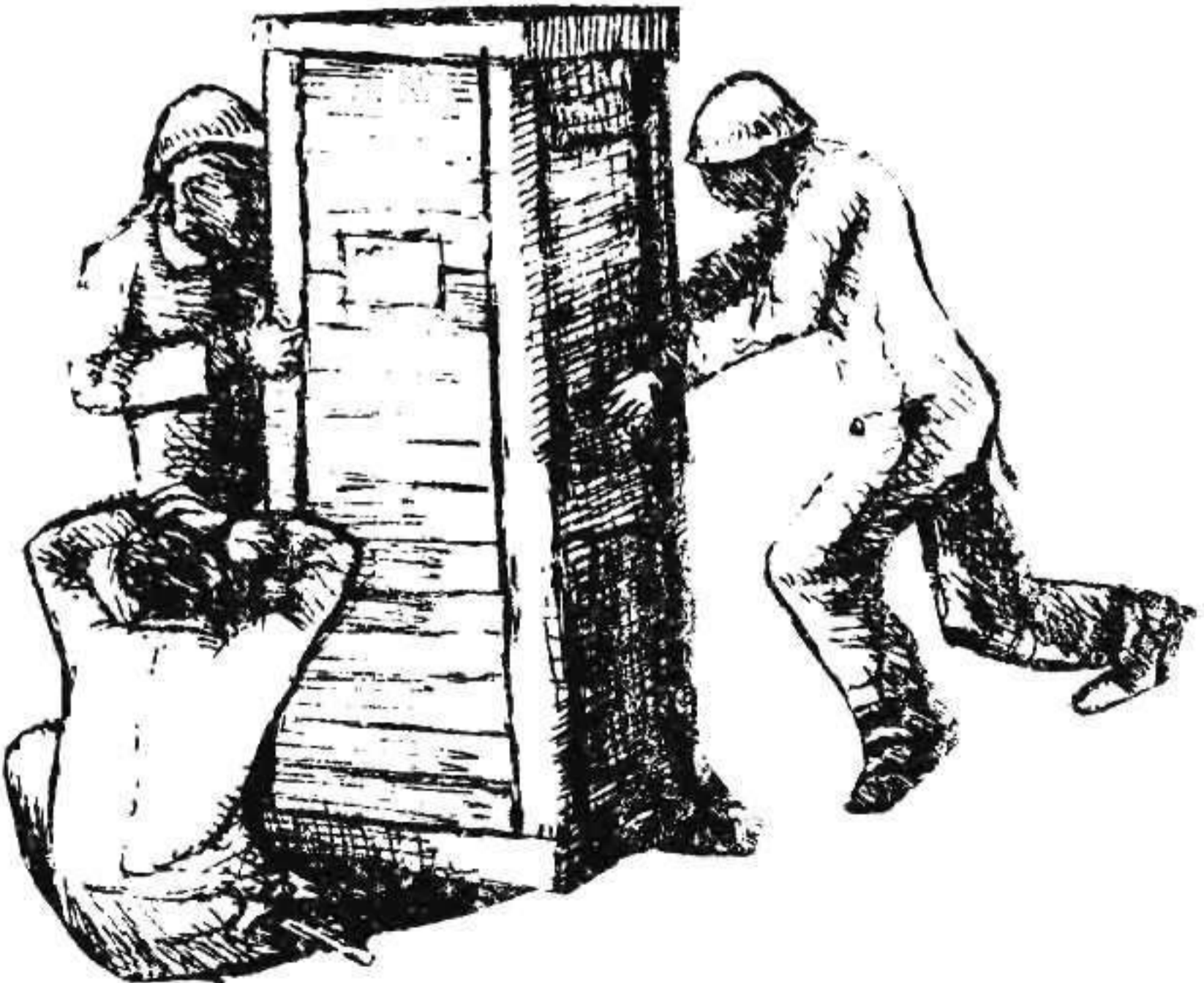
The health service also provides an efficient policing service for management. Factory health workers do home visits when workers do not report for work. They assess if, in their terms, workers are really ill. They decide on the length of time a worker may be off. Often certificates of outside doctors (those not working for industry) are ignored or the time off is decreased. The explanation given is that "outside doctors don't understand the problems of the factory, they are too gullible and much too generous with time off". This implies that the person providing the industrial health service has the problems of the factory as their primary concern and not the problems of the sick or injured worker.

## HOW DO PEOPLE PROVIDING THESE SERVICES FIND THEMSELVES IN SUCH A PECULIAR POSITION?

There is no doubt that a significant proportion of people employed in the health service have the workers' interest at heart. Yet they find themselves making sure production is kept at the maximum level and running smoothly instead of looking after the health rights and needs of workers.

Most importantly they are employed by management who pay their salary and do the hiring and firing. These people earn a salary much higher than they would in conventional nursing (which is very poorly paid) and are obviously anxious to protect this improved salary. So the threat of being fired is very real.

Management is in a position of power and severely curtails the area of professional independence of these health workers. Often these professionals have to bow to the profit motive of management rather than adhere to what they believe is in the best health interests of the workers.



Thus the nature of the health service as well as the area of activity to which health professionals in industry are restricted make it very difficult for a person employed by industry in their health service to act in the interest of the workers.

### WHAT CAN BE DONE TO IMPROVE THESE "GHETTO SERVICES"?

Firstly it is important for everyone, workers, management and also those delivering the health service to see it in its real light - to see the real function it serves.

Since these services do already exist and do have some benefit for workers, there is little point in advocating their dissolution. Rather the people delivering the health service should insist on total independance from management so they can serve the interests of workers. To acheive this occupational health workers will have to bargain with management, and their power in the bargaining process will only be realised if they group together and organise themselves

As has been emphasized already occupational health services are severely limited as they are provided by management. In countries all over the world, including South Africa, trade unions provide their own health services. This has proved to be cost effective and also does not have the inherent conflict between health and profit which management provided services do. Perhaps ultimately this is the best solution to "ghetto health services".

Anyone wanting to do more reading on this subject may find the following reading list usefull.

- 1 Sick Pay. South African Labour Bulletin Vol.6 No.8 pg.55
- 2 Hazards at Work and How to Deal With Them. P Kinnersley  
Pluto Press 1978.
- 3 Cape Town Medical Students Conference Papers 1981.