

# FOCUS

ON OCCUPATIONAL HEALTH AND SAFETY

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HEALTH CENTRE

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## IMMIGRANT WORKERS AND JOB SAFETY

In 1910, George Bryce, a leading Winnipeg clergyman, said the proper role of the Slavic immigrants was to “dig the sewers, labour on the railways, do the heavy work in the towns and cities.”

It was hard, dangerous work. And there were few unions or settlement agencies to speak for the immigrant worker.

Manitoba continues to attract new workers from around the world. Each year over 3,000 people immigrate to Manitoba. And many of these immigrants find themselves at the bottom of the job ladder. Over 40 percent of recent female immigrants and a quarter of recent male immigrants work in the sales and service sector.

### SERIOUS HEALTH RISKS

According to Karen Hamilton, the author of a recent study on the occupational health and safety needs of immigrant workers in Manitoba and the MFL Occupational Health Centre’s health educator, “Immigrant workers continue to face very serious health and safety risks. At the same time many of them are not sure where they can turn to for assistance.”

The needs assessment study, which was funded by the Workers Compensation Board of Manitoba, conducted interviews, organized a number of focus groups, and surveyed available literature.

Hamilton said the stories and experiences that emerged from discussions with immigrant workers provided a complex picture of the web of problems facing immigrant workers.



Immigrants arriving at the CPR station in 1927. (Provincial Archives of Manitoba)

### POWER RELATIONSHIPS

Immigrant workers must deal with more than the problems that arise from differences in language and culture. The fear of job loss is ever present. One worker spoke of how he and his co-workers had refused to work with a substance until they received a translation of the product information. “We were told that we would be reprimanded if we did not.” Luckily, they continued to refuse to work with the product, which they eventually discovered contained asbestos.

Hamilton pointed out that if training material is not clear or meaningful, workers are still at risk. One worker said “WHMIS tells you one thing and you may not be able to understand it, even if you can read English. You might not understand the concept which can help you see if you are at risk. What are parts per million? What does that look like?”

In other cases, economic need drove workers to work in risky situations. “I worked shift work with three different

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# New OHC director

**S**heila Braidek, the MFL Occupational Health Centre's new executive director, brings with her over 15 years of community health experience.

Since the mid-1980s, she has worked at community clinics in Saskatoon, and health treatment and education projects connected to both AIDS and sexuality. Throughout her career she has also been an active union member. In taking on her position with the MFLOHC, Braidek said she was pleased to be able to bring together "my commitment to trade union principles of people working together to improve their lives with my interest in community health."

## COMMUNITY CLINIC EXPERIENCE

Originally from Regina, Braidek's early experiences in community health came in Saskatoon, where she worked in that city's Community Clinic. This is one of the oldest and largest community health centres in Canada, employing over 120 people.

Braidek worked at a storefront facility that the Clinic ran in an inner city neighbourhood. From there she went to work as the executive director of AIDS Saskatoon. She moved to Winnipeg in 1995.

Immediately prior to coming to the MFLOHC as executive director, Braidek served as the executive director of the Village Clinic in Winnipeg. Prior to that she was the executive director of the Sexuality Education and Resource Centre (formerly known as Planned Parenthood Manitoba).

Braidek said that her career has provided her with a clear commitment to the values and strengths of community-based approaches to health care and an understanding of the important role that unions can play in improving workplace health.

## GIVE PEOPLE THE TOOLS

"If you give people the tools, they can understand and identify those things that make them ill – and they can often do a better job of this than anyone else. And people – either in a community or a workplace – can also articulate solutions to these health hazards."

Community health approaches, Braidek said, recognize that health is not simply a matter of individual responsibility and individual solutions. "The health of an individual can depend on how healthy their community is. An unhealthy community can be one where there is poor housing or where workers are exposed to hazardous chemicals. The way to improve people's health is to change the community, not to simply treat the individual."

She believes that there are important insights that she can transfer from her work with people with AIDS at both the Village Clinic and AIDS Saskatoon. "The similarity is that both people with AIDS and workers with occupational health issues only get their health care needs addressed when they take an active role in identifying and



New OHC director Sheila Braidek

dealing with the issues.

"It is very exciting to come to the OHC, because it is clear that the Centre is doing that sort of work. The immigrant workers' project is just a recent example of how the Centre is reaching out to involve a community of people in improving their own health."

In other staff news, the MFLOHC's ergonomist, Eero Laansoo is leaving at the end of January to take up a new position with the Ford Motor Company in Dearborn Michigan. We wish him all the best.

## IMMIGRANTS AND H&S

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shifts. The shifts would change every ten days. I could not get accustomed to the changes because they occurred too often. Sometimes I fell asleep at work because of this and it was even more dangerous."

It is often not enough for a worker to know their rights. Hamilton said that in some cases workers said they were penalized for exercising their right to refuse.

In others, the very real threat of unemployment was held over their head. "They sometimes say 'if you don't like this job, go back to your own country.'"

While many of these problems are similar to those faced by other Canadians

in the workforce, immigrants feel extra pressures and are concentrated in jobs where there is little unionization or job security.

"There is no single solution to this issue," said Hamilton. "Services have to become immigrant friendly and there is a need for better legislation and enforcement. It is also important that immigrant communities are given the tools and assistance to develop their own strategies." Hamilton said that the MFLOHC is developing its own outreach and education program based on this approach.

For a summary of the report contact the MFLOHC at 949-0811.

# Newcomers and H&S Committees

**Q** We have many immigrant workers in our workplace. But they rarely communicate with our joint health and safety committee. What can we do to make sure the joint health and safety committee is addressing their concerns?

**A** First you need to speak with the workers and ask them about their concerns. If possible, ask a member of one of the ethnic communities who is trusted by the other workers to talk to them about their problems. The workers should understand that this information will be shared with the joint health and safety committee. The committee should develop an action plan to address the problems.

It is important for all workers to

- know their rights
- understand the health and safety hazards in the workplace

- know how to work safely
- Review the information you share about hazards. Make sure it is easy to understand. Avoid technical words and long, complicated sentences. Even better, have training sessions where workers can talk to each other and learn about their health and safety rights and the hazards in the workplace. Consider providing training and written materials in the first languages that are present in the workplace.

Immigrant workers need to be represented on joint health and safety committees. Provide immigrant workers with the health and safety training they need to be effective committee members. Avoid having a “token” immigrant worker on the committee. Try to ensure that there are at least a couple of immigrant workers who can give one another some support.

## New Books at the Centre

*Occupational injury: risk, prevention and intervention*, by M. Feyer, 1998. Occupational injury is a major and often preventable health problem in the work environment. Each year throughout the world, millions are affected.

*On the practice of safety*, by F. Manuele, — 2nd ed., 1997. Offers a comprehensive review of the fundamental principles and practices of the safety profession, showing how top-quality workplace safety programs are developed, managed, and maintained.

*PPE made easy* by J. Stull, 1998. A useful introduction to personal protective equipment.

*Responding to community outrage: strategies for effective risk communication* by P. Sandman, 1993

*Safety and health in confined spaces* by N. McManus, 1999.

## COUNT ME IN!

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

I will assist the Occupational Health Centre to continue to publish the Focus newsletter and purchase up-to-date information for the library in the following manner:

\_\_\_ a direct donation today of \$ \_\_\_\_\_

\_\_\_ a payroll deduction sent directly to the MFL Occupational Health Centre

\_\_\_ I authorize the MFL Occupational Health Centre to withdraw \$ \_\_\_\_\_ from my account on a monthly basis. I am enclosing a sample cheque with the word void written across it, indicating my account number and branch address.

\_\_\_ a contribution through the United Way specifically designating the MFL Occupational Health Centre

Please return this form (Don't forget your voided cheque) to:

MFL Occupational Health Centre

102-275 Broadway

Winnipeg, Manitoba

R3C 4M6

# WINTER SESSIONS

**Please note, our educationals will be held on the first and third Tuesdays of the month.**

You are invited to the MFL Occupational Health Centre Winter 2000 weekly sessions at 275 Broadway. Topics relating to occupational and environmental health will be presented by invited guests and staff of the Centre. The sessions are held on the first and third Tuesdays of the month from 9:00 a.m. to 10:00 a.m.  
Phone: 949-0811 • Fax 956-0848 • email [mflohc@mflohc.mb.ca](mailto:mflohc@mflohc.mb.ca)

February 1	Workplace Based Treatment Intervention for Myofascial Pain: Stretch, Massage, Breathe	Dr. Rob Chase MFLOHC Staff  Denise Fisher Licensed Massage Therapist Atlas Massage Therapy
February 15	Creating a Respectful Workplace	Maureen Morrison Equality Representative Canadian Union of Public Employees
March 7	Latex Allergy Awareness	Kit Galvin Occupational Hygienist MFLOHC Staff
March 21	Auditing Process at Pepsi Cola	Mike Waite Product Availability Manager Pepsi Cola Bottling Group  Daryl Lucysahen Quality Control Manager Pepsi Cola Bottling Group

*The MFL Occupational Health Centre was established in 1982 by the Manitoba Federation of Labour to help Manitoba workers deal with job-related health issues and to assist those in many sectors of our society who strive for safer work environments. The Centre is funded by Manitoba Health and is a member of the Manitoba Association of Community Health and the Association of Occupational and Environmental Clinics.*

*The Centre's medical diagnostic services attempt to ascertain whether a specific health problem is work-related and does not take the place of a family doctor. A multidisciplinary team assists workplace health and safety committees with workplace hazard evaluations and hazard control measures.*

*Our Resource Centre provides the public with a wide range of health and safety information, and we conduct education programs upon request. The Centre is open weekdays 9 a.m. to 5 p.m.*